

Homosexuality and Medicine

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Homosexuality is a medical disorder which has reached epidemiologic proportions; its frequency of incidence surpasses that of the recognized major illnesses in the nation. Homosexuality may be classified in two categories: obligatory (true) homosexuality and episodic homosexual behavior. It is essential to differentiate carefully between these types in order to determine the significance of the disorder, its treatment, and its prognosis. This condition is not innate or inborn but is an acquired, learned maladaptation arising from faulty gender identity in the earliest stages of life. Only massive childhood fears can damage and disrupt the standard male-female pattern and ultimately lead to the later development of obligatory homosexuality.

The issue of homosexuality is dominated by emotional thinking which can not help but generate confusion, fear, and rage. These charged attitudes, at first individual, have become widespread throughout the community¹ and compound the difficulties in dealing with this major health problem.

Homosexuality, overt but also covert, upsets us. Polls have shown that the majority of the public still favors legal punishment for homosexual acts even if performed in private; homosexuality is considered more harmful to society than adultery and even than abortion with its actual threat to life.² In our culture the very thought of effeminacy in the male is tremendously disturbing.

The historical evidence of the practice of homosexuality from earliest recorded times has led to grave

misconceptions. One can often discern in the homosexual a feeling that if this condition has been extant over so many centuries what hope is there for him? Surely his fate is sealed. This defeatism infiltrates the public and unfortunately influences our laws and our scientific objectivity. Rather than assume that homosexuality, like poverty, is an inevitable component of the human condition it behooves us to acknowledge that homosexuality is a form of mental illness which has not yet been adequately studied by those who are best trained to investigate and treat it. Reports on therapeutic outcome, in this country and elsewhere, have changed the clinical prognosis from an essentially pessimistic one to one in which at least one third of lifelong, exclusively homosexual patients can become exclusively heterosexual.³⁻⁵

Attempts to obfuscate the fact that homosexuality is a medical problem have not been met head on by those most qualified to clarify the situation.

Only in the consultation room does the homosexual reveal himself and his world. No other data, statistics, or statements can be accepted as setting forth the true nature of homosexuality. All other sources may be heavily weighted by face-saving devices or rationalizations or, if they issue from lay bodies, lack the scientific and medical background to support their views. The best that can be said for the well-intentioned but unqualified observer is that he is misguided because he does not have and can not apply those techniques which would make it possible to discern the deep underlying clinical disorder or to evaluate the emotional patterns and interpersonal events in the life of a homosexual.

There are many doctors who, by ignoring and disregarding homosexuality, hope to render it invisible and nonexistent. To acknowledge it would be tantamount, they fear, to permitting it. In my opinion, part of medicine's neglect has been due not only to uncertainty concerning etiology, treatment, and prognosis but also that acceptance of homosexuality as a medical disorder alongside all other medical disorders has been unconsciously and consciously perceived by us as tantamount to being in favor of it, encouraging it, and perhaps endorsing it, thereby putting us in direct conflict with established standards of human conduct. This I have discovered is the current status of the problem of homosexuality on the part of many colleagues in the medical profession in respect to a dread dysfunction, malignant in character, which has risen to epidemiologic proportions. Exact statistics on homosexual practices are understandably difficult to compile;

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a conservative estimate is that between 2,500,000 and 4,000,000 adult American males suffer from this condition. By way of comparison, a Public Health Service report estimates the four major illnesses in this country (1963 to 1965) as: heart disease, 3,619,000; arthritis and rheumatism, 3,481,000; impairment (except paralysis) of the back and spine, 1,769,000; mental and nervous disease, 1,767,000.

The female homosexual finds herself in a paradoxical situation. Although suffering in essence with the same disorder as her male counterpart, little concern has been manifest by either the medical or legal professions about her condition. She too, however, needs special medical, legal, and sociological consideration.

Many writers prefer to use the term "lesbianism" to describe the clinical condition of female homosexuality. This reflects an attempt to romanticize and minimize it. Homosexual relations between women are often considered superficial and some sources do not regard female homosexual contacts as sexual at all despite intense orgasmic experiences between the women involved. Nevertheless, their plight is as grave if not more so than that of the male homosexuals. For example, the loss of a homosexual partner can lead the bereft female homosexual to severe depressions and suicide with greater frequency than in the male.

I have dealt intensively with the illnesses diagnosed as perversions,⁷⁻¹⁵ especially with homosexuality, for the past 15 years—both in clinical practice and in teaching. Our first step is to ask ourselves "What is a homosexual?" In essence, a homosexual is a person who consistently and from inner necessity engages in homosexual acts. This pattern arises from faulty sexual identity, a product of the earliest years of life. Typically, we find a pathological family constellation in which there is a domineering, crushing mother who will not allow the developing child to

achieve autonomy from her and an absent, weak, or rejecting father.

There are two categories of homosexuality: obligatory (true) homosexuality and episodic homosexual behavior. The latter is characterized by isolated homosexual acts without the stereotypy, the compulsion, of the former and is due to the conscious desire for variational experience, the achievement of "special gains," such as power and prestige, or the quest for unusual sensations. Such transient behavior may occur in specific situations as well; it may be rampant in prisons, remote settlements, or during other types of confinement where persons of the opposite sex are not available. Except for those already predisposed to homosexuality through early psychological trauma, the individual reverts to heterosexual behavior when members of the opposite sex are again available. Current research points to the fact that a person does not become a true obligatory homosexual if the initial design is not laid out by 3 years of age, that is, during the preoedipal period of development.

There is a high incidence of paranoia or paranoid-like symptomatology in overt homosexuals. This is related to the medical fact that overt obligatory homosexuality is either a fixation or regression to the earliest stages of ego development. As a result, archaic and primitive mental mechanisms belonging to the earliest stages of life characterize the homosexual's behavior. Also, homosexuality, obligatory or not, can be seen in the schizophrenic in his frantic attempt to establish some vestige of object relations as an expression of the fragmented and disorganized psychic apparatus with which he has to struggle.

It is misleading to classify homosexuality as a sociopathic disorder. Not all homosexuals or perhaps even a majority display the "absence of conscience" mechanism so characteristic of the so-called psychopath.

The compulsion of the sexual expression, its insistence for expression despite all dangers to the contrary and all risks, gives the appearance that one does not care about established social institutions or about oneself. The annals of political history include personalities at the very highest levels, men with an exceptionally well-developed sense of public and social good, who have experienced the tragic consequences of their homosexual illness.

This communication is concerned only with obligatory homosexuality which is reparative in nature and occurs as a result of intolerable anxiety. The underlying pain and anguish, if added to the damage done to the family of the homosexual, produces dire consequences beyond the imagination of anyone not in a position to directly observe the intensity of the suffering. I ask you when you take a sexual history to respond with interest and compassion to efforts on the patient's part to communicate his shame and despair in the guilty revelation of behavior so demeaning and injurious to pride.

At this point we must make certain definitive statements gained from our clinical research and accumulated knowledge of the human psyche in health and in illness. The claim that homosexuality is simply a variant of normal sexual behavior and exists alongside heterosexuality as an equivalent expression of adult sexual maturation is utterly false:

1. True obligatory homosexuality is a form of psychiatric or emotional illness. After detailed exploration, the Committee on Public Health of the New York Academy of Medicine reported its findings that homosexuality is a mental disorder whose only effective treatment is psychotherapy. The committee, totaling 30 members, consisted of several deans of medical schools, prominent representatives of the medical specialties including six psychiatrists, the then commissioner of police of the city of New York as well as members of

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the judiciary. This 1964 report recognized homosexuality as an illness of social proportions, national significance, and serious portent.¹⁶

2. Homosexual object choice is not innate or instinctual nor is heterosexual object choice since both are learned behavior. The choice of sexual object is not predetermined by chromosomal tagging. Heterosexual object choice is determined from birth due to cultural and environmental indoctrination. It is supported by universal human concepts of mating and the family unit with the complementariness and contrast between the two sexes. It is further determined by 2½ billion years of human evolution and is a product of sexual differentiation, at first solely based on reproduction but later widened to include sexual gratification, e.g., from one-celled nonsexual fission the development of two-celled sexual reproduction to separate entire organ differentiation and finally to the development of separate individuals reciprocally adapted to each other anatomically, endocrinologically, psychologically, and in many other ways.

Only massive childhood fears can damage and disrupt the standard male-female pattern. Such early unconscious fears are responsible for the later development of homosexuality.

3. Homosexual behavior which is nonobligatory (episodic) is practiced by individuals through choice for a variety of motivations and should not be confused with true homosexuality. These motivations are as complex as any other motivations which may influence human behavior: personal gain, power, search for a variational experience (an extra sexual "thrill"), preferred status and position, etc. This form is not caused by unconscious fears and ensuing guilt but is due to conscious, deliberate choice. One must carefully differentiate between the obligatory and the nonobligatory as the latter type would like to mask

behind true homosexuality in order to save pride and justify its occurrence.

4. Since the obligatory homosexual is suffering from an illness it is obvious that he should not be penalized for the consequent activities carried out in private, not offensive to public decency, and in partnership with a consenting adult. He should not be made to suffer special penalties because of the manifestation of his illness so long as it is not accompanied by antisocial or criminal behavior.

The view that obligatory homosexuality per se is punishable by law and the view that it is, in fact, a medical problem are antithetical and this matter requires revision. However, any change in the legal code should be accompanied by a clear-cut statement as to the nature of obligatory homosexuality, its diagnosis as a form of mental illness, and a universal declaration of support for its treatment by qualified medical practitioners.

The Wolfenden report¹⁷ succeeded in having legislation passed in England redressing the inequities faced by the homosexual but it regrettably failed both the homosexual and the public by not making it explicit that homosexuality is an emotional illness and, therefore, lies within the province of medicine. One might have recommended this addition to the Wolfenden report:

Homosexuality is a form of emotional disorder which may cause such grave disruption to the equilibrium of the individual that all meaningful relationships in life are damaged from the outset and peculiarly susceptible to breakdown and destruction. Further, attitudes toward the opposite sex are so filled with distrust, abhorrence, hate, and revulsion as to render them impossible of any relationship except on the most superficial and brittle basis, if then. These characteristics are an outcome of childhood fears which cripple the individual in his total adaptation.

All male homosexuals suffer, paradoxically, from the yearning to be a

man, not a woman as commonly assumed. They hope to achieve a "shot" of masculinity in the homosexual act. Ostensibly they may behave in an affectionate and kindly way toward the sexual partner but this is a veneer, a rationalization, to cover the life-saving, ego-saving operation of obligatory homosexuality. The homosexual must carry out his act; unless he does he will suffer intolerable anxiety and experience massive threat to his psychic organization and functioning. Like the addict, he must have his "fix."

In the light of clinical research the homosexual symptom can be seen as an intricately designed defense whose purpose is to maintain the equilibrium of a severely disturbed individual. Tampering with his psyche by unqualified persons is to be condemned as he may become seriously disorganized if a premature attempt is made to interrupt his homosexual activities. Conversely, an individual, however impelled toward them, who has refrained from homosexual activities may be tragically pushed into them by unwise guidance.

5. There is no obligatory homosexual who can be considered to be healthy. The very existence of this condition precludes it. Despite the appearance at any given time of adequate life performance, there is always extreme conflict present which threatens to disrupt this fragile adjustment.

6. As obligatory homosexuality can not be considered to be a legal issue, so it can not be viewed as a problem of morality. As with psychosis and neurosis, it can not be regarded as a consequence of immorality or a manifestation of evil spirits occupying the body for which special tortures were devised and special legal punishment was exacted.

These misconceptions must be corrected. It would, however, be the utmost folly to remedy them and then dismiss or overlook the deep

psychological disturbance which is the basis of the homosexual condition. Some well-intentioned groups would have us not only do away with legal and moral issues but have us announce that homosexuals are not ill at all. They point to disturbances among heterosexuals and attempt to make a comparison. While the existence of psychosis and neurosis are, of course, found in heterosexuality, the heterosexual orientation is not, of itself, an indication of pathological condition while homosexuality always is. The inability to function heterosexually and the extreme hostility toward the opposite sex originating in the fear of one's impulses toward the mother has led to a wholesale flight from the female forever and to a compromise adaptation of choosing a male for sexual gratification and to save the self from intolerable anxiety.

We practice today in the atmosphere of a sweeping sexual revolution. Together with the mainstream heterosexual revolt has come the announcement that a homosexual revolution is also in progress and that homosexuality should be granted total acceptance as a valid form of sexual functioning, different from but equal to heterosexuality. Such acceptance of homosexuality, as being a simple variation of normality, is naïve, not to say grounded in ignorance. Equally misleading is the idea that it is merely an aspect of normal development, a transient stage of adolescence, without meaningful sequallae. That we, as physicians, could be persuaded to overlook such tendencies among our young people is a harmful fantasy as shown by the fact that colleges can be pressured to charter homosexual groups on campus with all the privileges of other scholastic and social organizations, thereby lending tacit approval.

The implications of such trends are profound. For the adolescent, they make him uncertain and confused. Even for an adult, struggling

to strengthen what may be a frail heterosexual organization, the vicissitudes of maintaining sexual adequacy may drive him into a self-despising homosexual pattern. He does not know how else to resolve the deep conflicts which have persisted and tortured him since early childhood. Homosexuality is a foredoomed attempt to find a panacea for the tormenting fear which originated in early childhood and like any unrealistic solution remains unsatisfactory at all times and disastrous much of the time.

It is vitally important to realize this fundamental point: the diagnosis of homosexuality can not be self-made, imposed by jurists, articulated by clergy, or speculated about by social scientists. True obligatory homosexuality is a complex condition and has to be differentiated from episodic homosexual behavior entered into for a variety of conscious motivations as stated.

If the homosexual is to be granted his human right as a medical patient, issues which becloud his status should be clarified. Above all, the homosexual must be recognized as an individual who presents a medical problem.

The whole issue of homosexuality must be transformed into one more scientific challenge to medicine which has time and again been able to alleviate the plaguing illnesses of man. With this respected leadership on the part of the physician, we will see a surge of support for the study and treatment of the disorder by all the techniques and knowledge available through the great resources and medical talent of the United States.

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