

1. "True" homosexuality may exist as (a) an entity in itself (a sexual neurosis) or (b) it may represent a symptom complex of some other underlying pathology (most commonly Dementia Praecox).
2. In either case, psychotherapy is seldom beneficial except as it may temporarily assist the patient over an acute panic reaction.

The principal reasons why psychotherapy is usually ineffective in cases of "true" homosexuality, are numerous but in brief may be summarized as follows:

- A. The "true" homosexual has a basically immature and fixed personality in the psychosexual, and occasionally in other, realms.
- B. The "true" homosexual does not want to be cured, since for him his homosexual level represents normalcy.
- C. The "true" homosexual when he seeks psychiatric aid, usually does so with the hope that somehow the psychiatrist can rid him of the anxieties, depressions and panic reactions which accompany his difficulty, but still leave him free to follow his basic homosexual patterns.

For the "true" homosexual, sexual development and interest beyond members of the same sex is impossible. The reasons for this failure to progress to normal or heterosexual levels are not as yet clearly established.

3. Not infrequently the psychiatrist is called upon to see patients who have engaged in homosexual practices because of inadequate sexual education, lack of proper opportunity to meet members of the opposite sex, etc., but who, nevertheless, possess the potentialities to develop normal heterosexual patterns. Such patients are termed "pseudo" homosexuals since for them the homosexual level represents a temporary but not a fixed pattern. For such individuals, psychotherapy may be beneficial providing:

- A. The patient's motivation in seeking help includes elements other than fear.
- B. The patient is willing to undertake a prolonged course of therapy (usually measured in terms of months).
- C. The patient is capable of being re-educated along the lines of psychosexual growth and development.

4. It would appear that the role of the university psychiatrists is limited to determining:

- A. Whether or not the homosexual patterns in a given individual represents a "true" or "pseudo" homosexuality.
- B. If a "true" homosexual, whether or not the patient is neurotic (maladjusted) or psychotic (insane).
- C. However, whether or not the patient proves to be a "true" or "pseudo" homosexual the university psychiatrists must (especially in the first instance) take into account, the effect and influence which such individuals may exert upon other students. Since little can be anticipated from psychotherapy in the case of the "true" homosexual, it is believed that unless strong evidence can be shown to the contrary, such patients should be discouraged from continuing their university careers, particularly in those instances where their previous homosexual behavior has constituted a source of scandal or contributed toward the delinquency of others.

Where strong evidence can be found to the contrary, or in cases of pseudo homosexuals which appear amenable to therapy, it is believed that every effort should be made to render effective aid, providing that during the required period such students will not be a source of harm to the community.