

AIDE MEMOIRE
FOR THE MINISTER OF NATIONAL DEFENCE

SUBJECT: Rehabilitation of Homosexuals

AIM

1. The aim of this Aide Memoire is to outline the feasibility of establishing a programme of rehabilitation for homosexuals in the Canadian Forces.

BACKGROUND

2. The issue of rehabilitation of homosexuals is a difficult one because the American Psychiatric Association in 1974 determined that homosexuality is not a disease. This has been largely accepted by the Canadian psychiatric community. The discussion therefore is not rehabilitation of a disease but rather of a pattern of behaviour.

3. Behaviourally, homosexuality can be discussed under several headings:

- a. facultative homosexuality - this is homosexuality of contingency seen in situations when members of the opposite sex are simply not available;
- b. homosexuality associated with underlying disease or situational stresses - this may be seen in grossly psychiatrically ill persons, in persons under acute environmental stress, or those who are temporarily disinhibited (e.g. alcohol or drugs);
- c. ego-syntonic homosexuality - this is the person in whom homosexual behaviour is entirely consistent with his view of himself and is emotionally rewarding;
- d. ego-dystonic homosexuality - in this person there is a persistent distress (guilt) associated with a same-sex partner preference and the person

.../2

CONFIDENTIAL

006007

experiences a desire to change the behaviour or at least to alleviate the distress associated with his homosexuality.

4. The diagnosis of the type of homosexual behaviour which is present would pose an added difficulty in a situation where the person is under some administrative/legal duress to undergo "rehabilitation". This might very well extend the time and effort required for any "treatment" process.

5. The resolution of these four patterns of homosexual behaviour is as follows:

- a. facultative homosexuality - the most easily resolved by simple environmental manipulations;
- b. homosexuality associated with disease or situational stresses - the resolution of the homosexual behaviour is usually quite simple although resolution of the mechanisms which caused this behaviour may be very difficult.
- c. ego-syntonic homosexuality - this is the most difficult to treat since the motivation for change is minimal. The best one could hope for would be suppression of all sexual behaviour;
- d. ego-dystonic homosexuality - even in persons who have good prognostic features (youthfulness, previous heterosexual experience, lack of feminine traits, high motivation for re-orientation), the prognosis is not good. BIEBER (a well recognized American expert in sexuality) states that with a minimum of 350 hours of psychoanalytic

.../3

CONFIDENTIAL

006008

therapy (that is, two years of intensive psychoanalysis) only approximately one third of 100 bisexual or homosexually oriented males achieved a heterosexual orientation at five years follow-up. The number of re-oriented males would undoubtedly be significantly lower if one excluded the bisexual males from his series.

CONCLUSION

6. Even considering only purely medical facts, "rehabilitation" of homosexuals would not be a very rewarding undertaking. Since we have no psychoanalysts in the Canadian Forces we would have to contract out for civilian treatment. This would require a static posting to a location where psychoanalysis is available, finding an analyst who would be willing to undertake treatment when the prognosis is not good, and considerable expense (at least 75 dollars per hour for 350 hours, i.e. 26,000 dollars) with minimal assurance of success.

7. Accurate figures for the management of lesbians are not readily available and this is a reflection of the fact that far fewer females are referred for treatment/management/disposition in our society where female homophile activity is tolerated to a much greater extent than is male homosexuality.

8. However, it would be reasonable to expect that rehabilitation/treatment of females would present the same problem and have a similar outcome.

9. In consideration of all of the factors:

- a. the age of the personnel involved;
- b. their generally low level of training at point of discernment of the problem;

.../4

- c. the difficulty of determining the type of homosexual behaviour;
- d. the length of the treatment process;
- e. the cost involved; and
- f. the low probability of success

it is not recommended that a rehabilitation programme for homosexuals in the Canadian Forces be established.

Responsible Group Principal: LGen H.A. Carswell, ADM(Per), 2-7582

Prepared by: LCol M.M. Lange, DMTS 2, 5-6209

Date Prepared: 16 Feb 83

CONFIDENTIAL

006010