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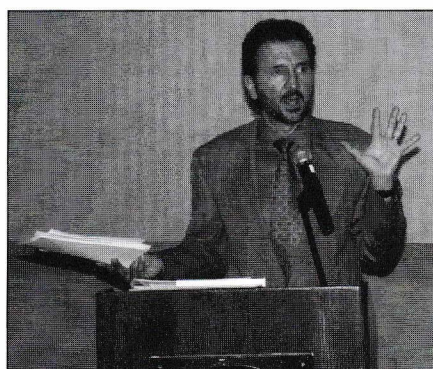
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NARTH's Annual Conference Celebrates Another Year of Progress

By Daniel Byrne, Ph.D.

NARTH's commitment to excellence via the organization's emphasis on client autonomy, self-determination and diversity was highlighted during the recent conference held in Orlando, Florida. Scholars from as far away as New Zealand, South Africa, Azerbaijan, Switzerland and Germany joined their American and Canadian colleagues for scientific and clinical presentations from Nov. 1-12, 2006.

Several speakers honored the memory of one of NARTH's founders, Charles Socarides, M.D., who passed away this year. Dr. Socarides dedicated one of his last books to his patients, "whose



Joseph Nicolosi, Ph.D., spoke on interpersonal relationships and brain plasticity.

courage and endurance for self-knowledge" had drawn his utmost respect and admiration.

The first annual Charles Socarides Lecture was given by Dr. George Rekers, Distinguished Professor of Neuropsychiatry and Behavioral Science Emeritus at the

University of South Carolina School of Medicine. Dr. Rekers' lecture provided an empirically-supported rational basis for the importance of mothers and fathers to the healthy development of children. "Optimal child development," noted Dr. Rekers, "occurs in homes where there is a married mother and father."

Clinical training was provided in workshops. Dr. A. Dean Byrd provided a day-long training focusing on an interpersonal approach to the assessment and treatment of unwanted homosexual attraction. Dr. Norman Goldwasser presented a clinically-based psychodiagnostic approach to the treatment of ego-dystonic homosexuality.

Dr. James Phelan focused on a practical approach to helping those with unwanted homosexual attraction, while Floyd Godfrey focused on characteristics of effective group work for this clinical population.

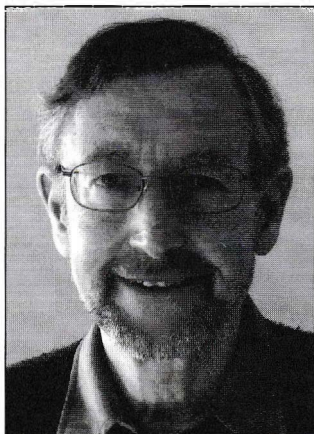
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New Zealand biochemist and neuroscientist, Dr. Neil Whitehead, co-author of *My Genes Made Me Do It*, offered a fascinating presentation on what genes do and what they don't do. "Homosexuality is not simply biologically determined," noted Dr. Whitehead, "because identical twins are not concordant for homosexuality." Dr. Whitehead focused extensively on the twin research conducted by J. Michael Bailey.

"In his first study," Dr. Whitehead noted, "J. Michael Bailey admitted selection bias—he recruited research participants from pro-gay venues. In his second study, he used the Australian twin registry, a source less vulnerable to selection bias. The concordance was significantly lower in the second study." An audience participant noted that the second study received almost no media coverage.

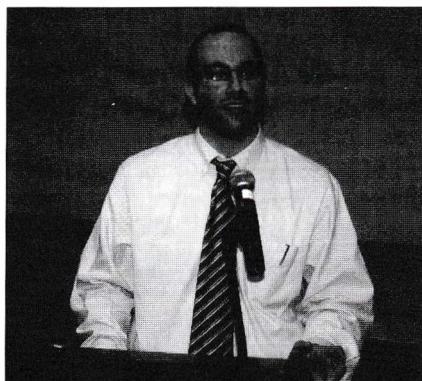
Dr. Elan Karten presented the results from his dissertation completed at Fordham University. As a logical follow-up to the Spitzer landmark study, the Karten research was designed to investigate the factors important in treatment success.

In his study, Dr. Karten defined success as "an increase in heterosexual functioning, a decrease in homosexual functioning, improved psychological well-being, and a greater heterosexual identity." Among Dr. Karten's most robust findings was that treatment success was best predicted by a reduction in conflict regarding the expression of non-sexual affection toward other men.



Dr. Neil Whitehead discussed the lack of evidence for a biological explanation for SSA.

Psychiatrist Dr. Sander J. Breiner provided a presentation titled, "Who Should Be In What Therapy? Gender Conflict." Dr. Breiner noted that "in every therapeutic experience, the patient gains increasing understanding of themselves; and the therapist likewise gains increasing understanding of the patient."



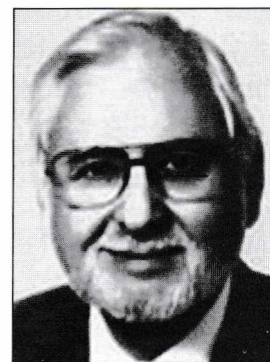
Dr. Elan Karten spoke on his dissertation at Fordham University about the factors involved in treatment success in individuals with unwanted same-sex attraction.

Dr. Breiner noted the importance of encouraging the patient to adopt this positive attitude toward this kind of self-understanding.

Other presenters included Mary Beth Patton who moderated a discussion on "personality disorders, mood disorders and female SSA." Konstantin Mascher, visiting from Germany, provided a stimulating overview of "The Erosion of Monogamy – What History Tells Us About Sexual Codes and Cultural Development," while Assistant Professor of Law at Liberty University Rena Lindevaldsen offered an interdisciplinary approach to litigation concerning same-sex attraction and gender-identity disorders.

Lindevaldsen emphasized that NARTH scientists must help those in the legal profession

understand what the science says and what it does not say. She noted that "the APA and other medical organizations appear willing to sacrifice the mental, physical, and spiritual well-being of hurting people to support a political viewpoint. The legal and medical communities need to jointly demand respect for an equality and diversity of viewpoints on the origins, causes, and treatments for SSA and GID."



Dr. Sander Breiner spoke on the importance of client self-understanding in counseling.

NARTH President Dr. Joseph Nicolosi offered a presentation on attachment theory and homosexuality, focusing in part on his interview with Dr. Alan Schore, the author of "Affect Regulation and Affect Deregulation." Dr. Nicolosi noted, "With our increasing understanding of the importance of interpersonal attachment as a major organizing principle of brain development, combined with the new research on neuroplasticity—the ability of the brain to reorganize itself—we are beginning to understand scientifically how therapeutic change occurs."

The Town Hall meeting, a new feature of NARTH Conferences, offered an opportunity for NARTH members to have a lively exchange with NARTH leaders. There was significant support for

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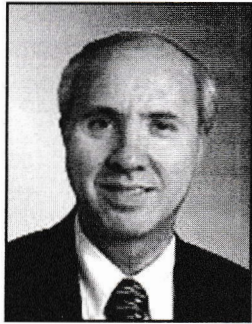


"Victory on the Bow of a Ship"

President-Elect To Focus On Science And Ethics In NARTH

By Frank York

NARTH's President Elect, Dr. A. Dean Byrd, comes to NARTH with excellent credentials from the academy--a doctorate in psychology, postdoctorate in child and family psychology, postdoctorate in behavioral medicine as well as a master's degree in



A. Dean Byrd, Ph.D.

business administration and a master's degree in public health. A strong supporter of evidence-based practice, patient autonomy, patient self-determination and diversity, Dr. Byrd is an ardent supporter of choice.

"Individuals have the right to claim a gay identity," stated Dr. Byrd, "or to seek psychological care in diminishing unwanted homosexual attractions and making changes in their lives." Dr. Byrd noted that there is clear and compelling

evidence that homosexuality is neither innate nor immutable. Citing the Spitzer research and the recent Karten study, Dr. Byrd indicated that the malleability of homosexuality is no longer in question.

"The evidence for born gay simply isn't there," stated Dr. Byrd, "because identical twins are not concordant for homosexuality." He noted that Friedman and Downey, the Columbia University researchers correctly concluded when they noted, "At clinical conferences one often hears...that homosexual orientation is fixed and unmodifiable. Neither assertion is true...The assertion that homosexuality is genetic is so reductionistic that it must be dismissed out of hand as a general principle of psychology."

Dr. Byrd opined that diversity, real diversity, includes different worldviews, not the narrow politicism which seems to be ever-present in the academy and so often echoed by the national organizations. Dr. Byrd indicated, "Ethicality would suggest that the suppression of data and the discouragement of further scientific research should not be tolerated. It is well within the purview of science to study issues such as the change from homosexuality. The well-intentioned caretakers of our national organizations slide down a slippery slope when advocating what amounts to a virtual censorship of the scientific investigation of politically unpopular views." He further noted that science only progresses by asking interesting questions, not by avoiding questions whose answers might not be helpful in achieving a political agenda.

Dr. Byrd says that he will encourage NARTH to adopt the Leona Tyler principle which states that scientific organizations should only take positions based on scientific data and demonstrable professional experience. "Certainly," noted Dr. Byrd, "NARTH professionals, individually or as a group, should speak freely as concerned citizens but when NARTH takes positions, they should be supported by research and clinical experience." He emphasized that NARTH simply cannot not follow the course

taken by national organizations like the American Psychological Association where "activism is so often masqueraded as science."

"Like Cummings and Wright," he noted, "we must bring to the attention of the public the lack of science behind many of the public proclamations made by the national associations for which there is inadequate science." (Cummings and Wright, longtime leaders within the American Psychological Association published a well-documented book where they revealed the dearth of science behind many of the positions taken by APA.) Finally, Dr. Byrd concluded, "Being supportive of the basic civil rights of self-identified gays and lesbians does not require a belief in the false notion that homosexuality is invariably fixed in all people. It is not." ●

New Evidence Found for Childhood Family Factors Influencing Sexual Orientation

By Linda Ames Nicolosi

("Childhood Family Correlates of Heterosexual and Homosexual Marriages: A National Cohort Study of Two Million Danes," by Morten Frisch and Anders Hviid, *Archives of Sexual Behavior* Oct 13, 2006; [E-publication ahead of print])

A major study has been published in the prestigious peer-reviewed journal, *Archives of Sexual Behavior*, which provides striking new evidence for the influence of childhood family factors on sexual-orientation development.

The study used a population-based sample of 2,000,355 native-born Danes between the ages of 18 and 49. Denmark -- a country noted for its tolerance of a wide variety of alternative lifestyles, including homosexual partnerships -- was the first country to legalize gay marriage. The researchers assessed detailed marriage records for all Danish-born men and women marrying a same-sex partner from the years 1989 through 2001.

With access to the "virtually complete registry coverage of the entire Danish population," the study sample therefore lacked the problematic selection bias that has plagued many previous studies on sexual orientation.

Parental Influences On Sexual Orientation Development

The authors conclude: "Our study provides population-based, prospective evidence that childhood family experiences are important determinants of heterosexual and homosexual marriage decisions in adulthood."

(Continued on page 29)

Four Principles Of Growth

I am a therapist in private practice and am co-creator (with Rich Wyler) of Journey into Manhood (JiM), an experiential weekend for men seeking to change unwanted homosexuality. The JiM weekend is sponsored by People Can Change (PCC), a web based support organization that offers information, list-serves, and is beginning to coordinate face-to-face "JiM Groups" in a few major metropolitan areas. JiM and PCC are based to a large degree on the concepts I will be presenting.

Many men seeking to overcome homosexuality become frustrated and discouraged when they find that their feelings and attractions don't change as quickly or substantially as they had hoped. I believe that the reason these men become frustrated is because their efforts at change are not broad enough. By this I mean that their work, however intense and sincere, has not covered enough areas of life to bring about real change. For instance, a man might focus on overcoming sexual addiction but spend no time building healthy relationships with other men. Or, he may work on spiritual healing but give little attention to healing his emotional wounds.

Diminishing homosexual feelings and opening the way for heterosexuality to emerge seems to require efforts in four broad, overlapping areas. These are:

- Masculinity (i.e., men changing have to feel manly and relate to other men)
- Authenticity (e.g., getting out of the false self, facing real feelings in open relationships)
- Need fulfillment (having those relationships, experiences, and opportunities that strengthen, nurture, and lead to joy and personal satisfaction)
- Surrender (letting go of everything that prevents change from happening and letting in the things that restore growth processes)

These Four Principles are interdependent and synergistic. They are interdependent in that, in many instances, one principle cannot be lived without another being lived at the same time. They are synergistic in that they affect and are affected by each other and it is the interactivity of all the principles that causes substantial and lasting growth to occur.

Splitting these principles out is somewhat like putting a prism in white light, with white light representing the overall growth process. The prism shows us the different wavelengths that exist simultaneously in a whole beam of light.

My hope in splitting the change process out into these four "wavelengths" is to empower us to create whole growth processes, rather than to allow men to languish in incompleteness.

The Problems

To give context to the Four Principles, let me first characterize my view of the problems that men with same-sex attraction (SSA) face. They have problems in four main areas:

Insufficient Masculinity. This refers to their feeling inadequate as men and having an insufficient connection with other men and to the masculine world. Men with SSA tend to be disconnected from the male world and from other men. And they are disconnected from their masculinity—from their own genderedness.

Inauthenticity. They are not just disconnected from their genderedness, but also from their most genuine feelings and impulses. Bracing against shame and deep fears of abandonment, they tend to interact with the world through a false self that has been carefully constructed so as to not arouse disapproval. They are not authentic.

Unmet Needs. With only limited access to their feelings, they tend to have difficulty perceiving their needs. They may also have beliefs about themselves and feelings of guilt that steer them directly away from meeting their needs. This means that their needs cannot be met, further weakening them emotionally and causing them to seek false means of self-nurture.

Emotional Rigidity. They tend to have difficulty making emotional shifts and being emotionally vulnerable. Their emotional and relational patterns tend to be rather rigid. Also, they often have deeply engrained thought and behavioral patterns.

I see all of these issues as reverberations and elaborations of painful childhood relationships where the boy was shamed and placed in double binds by his parents and peers. Most damagingly, he was placed in what I call a "gender double bind," by the overall situation of his boyhood.

Gender Double Bind

A double bind is a situation where there is no good way out—where there is pain or trouble no matter what you do. You are damned if you do and damned if you don't. To quote the rock group The Cure: "If I go there will be trouble; If I stay it will be double."

The men dealing with same-sex attraction that I and my colleagues have known over many years typically describe a particular family dynamic marked by double binds. This dynamic may be played out in a variety of ways, but the essence of it is that the boy is punished or hurt for being himself with his authentic personality, feelings, and needs.

The hurt and the punishment may be simply that his parents ignore his feelings and needs. Or it may be that he is disciplined or offended by a parent and then prevented from, or punished for, expressing his feelings about it. Or, more extremely, he may be abused and then beaten for crying. Parents, siblings, peers, teachers, and others can create double binds.

One of the worst double binds these boys experience involves their gender. They come to believe that it is bad to be a boy, or that they are unacceptable as a male. If they assert their masculinity, they are punished or shamed.

On the other hand, they cannot abandon their maleness because it is integral to who they are. And to make matters worse, there is no one they can safely articulate their dilemma to. So they remain stuck in this Catch 22 for years, feeling despair and hopelessness. Gender Double Binds (GDBs) are created from a profound rejection—by parents or the environment—of a boy's gendered self, whether by blunt force or by exquisite unconscious targeting.

It is important to note that the GDB experienced by any particular boy is created within the mind and emotions of the boy himself. Typically, there are real factors in the environment that contribute to his beliefs and feelings. And in some cases, these factors are more a matter of the boy's perception than of external forces working on him.

When boys routinely experience double binds, they become afraid of self-expression and even afraid of their own feelings. They develop defenses against feeling and create an inauthentic "false self" that doesn't arouse the disapproval of those around them. They become often passive and stuck in life. GDBs add to this a defensiveness against their own genderedness—against their own boyish masculinity.

ILLUSTRATION: Vic – "I think I knew from the womb: 'You'd better not come out male.'" But his mother didn't just expect him not to be male. He experienced a very strong expectation from her to be female—a fundamental violation of his body, mind, and spirit. To be male meant abandonment and death. To be female meant substantial loss of self.

ILLUSTRATION: Dave – Grew up feeling weak and inadequate—to try to be masculine would bring humiliation. Also, there seemed to be something bad, dirty, or even evil about masculinity. To be masculine meant shame and badness. To shun it brought more inadequacy, shame, taunting, and alienation from self and others.

Restarting Growth Process

The Gender Double Bind stops growth into mature masculinity and heterosexuality. The goal of gender affirming psychotherapy, the JiM experiential weekend, and JiM groups is to unblock the developmental processes arrested by problems in childhood so that normal growth can resume. But this growth needs optimal circumstances to proceed—especially when it has become blocked by powerful emotional and behavioral defenses. This requires a multifaceted approach that addresses all four of the problem areas described above. The Four Principles of Change are a way of guiding that process.

Masculinity

The general concept of masculinity includes three more specific areas. These are internal, interpersonal, and societal concepts of masculinity. "Internal" refers essentially to gender identity—the sense of maleness and masculinity that a boy or man has of himself. "Interpersonal" is about connections and affiliation with other men. And "societal" has to do with social concepts of masculinity, and with male roles.

What Are The Problems?

GDBs impact each of these three areas. Internally, the problem is that men with SSA typically feel a sense of inadequacy in their masculinity and may even doubt their maleness on less conscious levels. Despite a conscious knowledge of their given gender, they may feel feminine or weak in their maleness. One man described himself as having been "colonized" by his mother. Other men have mentioned that they can see their mother reflected in their own bodily movements or hear her voice when they speak. These men tend to view "normal" (i.e., heterosexual) men as having some mysterious masculinizing quality that they lack. They also tend to disconnect from their bodies, which—being irrefutably male—are a key element of the GDB.

Interpersonally, the problem is that men with SSA have become defensively detached from other men. The sense of being fundamentally different from other males, which arises from GDBs, has put a profound wedge between the boy and his male peers, teachers, leaders, and relatives.

The pain experienced in early relationships with these other males, which is typically described by men with SSA, deepens the defensiveness by adding an unconscious decision to never again attempt bonding. Defensive detachment leaves SSA men generally isolated from close, personal, non-gay relationships with other males.

Societally, men with SSA tend to feel alienated from, and resentful of, concepts of masculinity and male roles. This is essentially an extension of their internal and interpersonal detachment from masculinity and men. And the societal disconnection then interacts with the internal and interpersonal disconnection in a sort of "feedback loop," reinforcing and exacerbating the overall sense of being out of step with the whole concept of maleness.

How Is The Principle Of Masculinity Lived?

Authenticity

The GDB must be broken in order for a sense of masculine sufficiency (having enough maleness inside you and around you in your life) to develop and grow. And, the GDB is broken by exposing the lies in it and by contradicting them experientially. Ways to expose some of the most common GDB lies are discussed below.

Lie: "If I behave in masculine ways (i.e., according to socially defined male roles) I will be humiliated, rejected, or shamed." This lie is exposed and contradicted through little-by-little trying on typically masculine behaviors, including anything from sports to spitting. Some behaviors will stick and others will be dropped. Gradually, the newly adopted behaviors become integrated into the man's overall personality and contribute to a deepening of his sense of masculinity. Having mature male role models is important in this process.

Lie: "If I expose my true self to "normal" (i.e., heterosexual) men, they will shame me and push me away." Creating friendships with so-called "normal" men is the only way to contradict this lie. This must be done consciously, carefully, and with intention. Very often, the first step is to make deep and real friendships with other men in the process of change. The JiM weekend, JiM groups, and the many other SSA ministries and support groups offer opportunities for making such friendships in a safe and accountable environment. The New Warrior Training Adventure, New Warrior Integration Groups, church and synagogue groups and community clubs and associations offer opportunities for making the leap into close friendships with heterosexual men.

Lie: "If I pursue my authentic gender atypical interests (e.g., art, music, style, or nursing) I cannot be masculine and other men will not be able to relate to me." The truth is that you don't have to give up your passion in order to prove you're a man. Rather, the challenge is to integrate that passion into an overall masculine personality and self-image.

Lie: "If I express masculine power, aggression, and anger I will be punished and abandoned." This lie is core to the GDB and the contradiction of this lie often has a profoundly freeing and masculinizing effect. The root of this lie often goes all the way back to early childhood when the boy's attempts at individuating and separating from mother went off track. Separation from mother, development of male identity, and acquisition of personal power are very closely tied together. Failure to separate from mother typically has a cascading effect, derailing the other processes as well.

Contradicting this lie requires careful processes that lead the man into sometimes terrifying emotional places. There, he experiences feelings and conflicts he may have avoided for decades. The core of this work is typically anger, which is often conflicted by feelings of love and guilt. Working through these conflicts restarts the process of individuating and developing personal power, which deeply impacts in a positive way the sense of masculinity. It also provides increased energy and drive to do the other hard work of the change process to be described below.

To understand the principle of Authenticity, we must break it down into two related sub-principles. The first is Internal Authenticity, which in essence implies being whole within your self and accepting yourself totally, rather than splitting off, repressing, or hiding parts of yourself. This requires an understanding of who you are on a level deeper than your job description, sexual feelings, or the labels given you by family and friends. It takes the capacity to feel and tolerate the full range of your own feelings, which can sometimes seem conflicting, confusing, and painful. And it depends on an ability to integrate these feelings, along with your beliefs about yourself, others, and the world into a self that can meet the challenges of life and relationships. Internal Authenticity might appropriately be termed "the technology of self."

Interpersonal Authenticity is the second sub-principle within the overall concept of Authenticity. Simply put, Interpersonal Authenticity is the ability to be fully present and assertive in relationships to the degree appropriate and to respond out of your genuine self in those relationships. This starts with the assumption that each relationship is unique and calls for differing degrees of openness. Openness, or self-disclosure, is not synonymous with Interpersonal Authenticity. Not every relationship warrants disclosure of personal details and only a few relationships are conducive of true intimacy. Nevertheless, Interpersonal Authenticity suggests the ability to be genuine and true to your self in a majority of relationships whether intimate or more superficial.

What Are The Problems?

As boys, these men experienced emotional conflicts (e.g., double binds) that outstripped their own internal resources and the resources of their families and peers. As a result, not only were these specific conflicts left unresolved, but the boy's capacities to resolve internal crises did not develop. This left them unprepared to surmount conflicts over the span of their development. The pain and insecurity of unresolved conflicts caused them to shut down the feelings and split off the aspects of themselves that created the conflicts. They may have given up their anger or split off their assertiveness or needs for male friendship. They often disconnect from their bodies in order to avoid their feelings. They develop a "self" that doesn't create conflict, but that is also false. They have lost who they truly are.

Lacking the ability to resolve emotional conflicts, existing with important parts of the self split off, and interacting with the world through a false self prevents these men from relating authentically with others. They may be friendly, personable, and "nice," but they typically struggle with relational essentials including intimacy, attachment, self-assertion, empathy, honesty, and forgiveness.

How Is The Principle Of Authenticity Lived?

The principle of Authenticity starts with risking being whole. At first, wholeness must be explored in a very safe place (perhaps a

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The Double-Loop Experience

By Joseph Nicolosi, Ph.D.

"...All real living is meeting"
-- Martin Buber

The central healing process of reparative therapy is the Double Loop experience. In this process, an accurately attuned, empathic therapist helps the client re-experience the feelings that have split apart his psyche so that he can reconnect with the renounced parts of himself. Those split-off parts of the self have, we find, often been renounced because of conscious and unconscious feelings of shame.

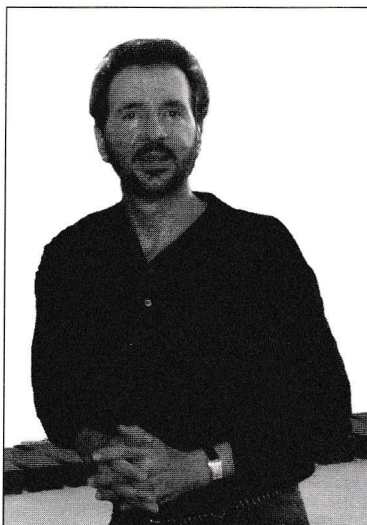
Several recent neurobiological studies have opened a window into this process of reconnecting the person back to himself. These findings suggest that the traditional, psychodynamic view of the division of the mind into unconscious-conscious, unrepressed-repressed, affective-cognitive is anatomically reflected by right-brain vs. left-brain activity. In reparative therapy, these two separate parts of the "severed self" are therapeutically united through what we call the Intensive Body Work of Affect-Focused Therapy.

Neurological studies offer us a picture of the actual reconfiguration within the brain that results after the client has engaged in successful psychotherapy. We might remind ourselves that this new information tells us nothing radically different from what any good psychoanalyst actually knew, fifty years ago. But what is important is that there now is a body of empirical data from neurobiology which reveals how therapy actually works. More importantly, such research will continue to help us discover which interventions are most effective.

The Origins Of The Split Mind

The origins of the split mind—i.e., the making of early trauma—are found in the family communication style that we call the Double Bind. This is the common communications style of the Narcissistic-Triadic Family, a family type that is often reported by our homosexually oriented clients. Double Bind Communication creates two schisms; the first within the self, and the second, between the self and others.

Personal identity development is the cumulative result of years of affective attunement with others. It is through attunement with others that our inner relationship with ourselves is ultimately determined. Traumatic malattunement—the inevitable consequence of the family communications style of the Double Bind—creates shame, and shame detaches the person from himself. In contrast, attunement with the therapist in the Working Alliance (a consequence of the Double Loop experience) resolves this barrier of shame and fosters re-attachment with the self.



Joseph Nicolosi, Ph.D.

Stated simplistically: the Double Loop experience repairs the psychic damage done by the communications style of the Double Bind. The Double Loop links the person back to himself and to others. Attunement with another person leads back to greater attunement with self.

Intimacy, Not Eroticism

A particular benefit of the Double Loop experience for many men is that it assures them that a felt emotional connection with another man need not be "gay," and that feelings that come up through an emotional connection with another man are healing and affirmative rather than erotic.

The Simultaneous Intrapsychic And Interpersonal Connection

The therapist begins by hearing the client's verbal reports. He expresses his accurate empathy, and responds with respect and care in the moment to validate the client's experience, thus sustaining and completing his emotional integration of the experience.

At the same time, the therapist attempts to establish the second part of the Double Loop—the one which links the client back to the therapist. He does this by encouraging the client to closely attend to his own embodied experiences, while also expressing them to the therapist in the here-and-now. During such experiences, the client is feeling his own emerging emotions while staying in emotional contact with the therapist.

In the early phase of treatment, the client's anxiety or defenses will cause him to shift attention back-and-forth, making it very difficult for him to stay connected both to his own feelings and to the therapist.

One client expressed the task of identifying the bodily expression of his feelings as "... watching a train go by. By the time I tell you the feeling, it's already gone." At such critical moments, the therapist can gently remind the client, "Try to stay in contact with me and also with your feelings at the same time."

The most powerful transformative moment is when the client reexperiences an early trauma, while emotionally present in the inter-subjective moment of the Double Loop. At such times—when all that exists for the two people in that session is the intense "here and now"—we see a re-attachment with the self through the medium of the other. It is through this connectedness

Shame About Shame

with the therapist that the client is able to feel the bodily sensations that are associated with his painful early experiences. The greatest healing moments occur when the client can feel what seems to be unbearable affect, while at the same moment, experiencing the care and support of the therapist. Thus in a process of interactive repair, their attuned relationship alters the neurological structure of the brain.

Communication—the putting into words of his feelings—is not just a cognitive act, but an act of trust. And it is this trust that enables unification between the client's left and right brain hemispheres; between cognitive and affective; and between conscious and unconscious—all through the medium of the body.

This integrative process deepens through the accurate empathy that links therapist and client together in the experience. Thus, through accurate attunement and the establishment of the Double Loop, the therapist facilitates the client's cognitive discernment of his own, long-repressed affect.

At the completion of the Double Loop, the client affectively receives the therapist's expression of respect and esteem, which results in the experience of feeling deeply known and understood. This intersubjective moment is, at its best, reminiscent of the earliest attunement that was felt between mother and child.

Three Steps Of The Double Loop

- Self -- Feeling and expressing authentic needs to the other
- Other -- Responds with affirmation (attunement, validation of needs, etc.)
- Self -- Receives and accepts this affirmation.

Results Of The Double Loop

- The client abandons negative interpretations of his feelings
- He integrates his valid self-needs
- He emotionally unifies with himself and others

Dissipation Of Shame Through Exposure

Shame is what blocks the homosexually oriented man from living in the Assertive Stance. Shame splits the mind apart and divides the person off from himself, while the Double Loop unifies it. The Double Loop experience is the most powerful tool available for disempowering the inhibitory affect of shame. And shame dissipates through exposure, the process for which the Double Loop is ideally suited.

The shame experience contains the feeling of being unworthy of human contact, and so the protective impulse is to hide, to cover oneself, to cower. Internally, shame is an affective inhibitor, a shut-down state. The therapeutic goal is for the client to sit in the shame (including the feelings that surround and underlie it) while he experiences contact with the understanding and accepting therapist (resulting in his affective expansion).

Revealing his Shame Posture to the therapist is often preceded by the client's comments such as "This is gonna sound stupid." "It's no big deal; I don't know why this upset me." Such minimizing and apologetic introductory remarks reveal a "shame-about-his-shame" reaction.

It is the therapist's empathetic response that validates all that the client subjectively experiences in the Shame Moment. This allows the client to surrender his shame to feel his deeper, underlying anger (at the other) or sadness (for himself). How this is accomplished can only be understood in terms of the positive transference and modeling.

There are two therapeutic opportunities to engage the client in the Double Loop experience toward resolution of shame— (1) revealing a past (childhood or more recent) Shame Moment to the therapist, and (2) presenting a Shame Moment to the therapist as it is happening in the present therapeutic setting. Many Shame Moments center around experiences of a deep feeling of gender inferiority. The Double Loop process does not take advantage of therapeutic opportunities to focus on interpretation—however tempting they may be for the therapist at the time. Interpretation is more effectively done after the Double Loop is completed and during the final, Meaning Transformation phase of therapy.

The Double Loop experience of psychotherapy is a uniquely human event between two people in time, and contains a sort of mystical or transpersonal quality with a surreal edge to it. When the client drops his usual defenses, the Double Loop offers a transformative depth of emotional exchange. Forming the Double Loop is not a science; there is inevitably a "hit-or-miss" quality to all intimate interpersonal exchange. This makes the happening of the Double Loop not so much a technical achievement as a truly artistic endeavor.

From Anxiety To Spontaneity

The goal of therapy is to accelerate the client's encounter with his fear-filled affective life. And so the therapist encourages the client to feel and express his anxiety-provoking bodily feelings and sensations, while at the same time, supporting him in maintaining their interpersonal contact. Toleration of this previously unbearable affect will be possible because of mutual emotional attunement between client and therapist.

The goal of therapy, therefore, is the integration of conflicting affects. When the client experiences the reintegration of these once negative-seeming affects, he experiences a surprising eruption of spontaneity, authenticity, vitality, and a feeling of self-integrity—all of which is prompted by the restructuring of the True Self. As the True Self gradually begins to emerge, no longer constricted by illusions and distortions, and no longer bound in the straitjacket of the False Self, we see a markedly greater outflow of energy in relating to others, and far less self-preoccupation. ●

'Do No Harm' – Working with Women In Conflict With Same-Sex Attraction

By Janelle Hallman, MA, LPC

Not every individual who receives psychotherapy finds the help they were hoping for or concludes therapy with a positive attitude

or experience. So it should not be a surprise that some men and women in conflict with same-sex attraction (SSA) have reported negative or unhelpful experiences within reparative therapeutic settings. Collectively, they have described such things as an increase in shame and self-loathing, self-contempt, confusion, depression, and even suicidal ideation. The seriousness of these claims and the extent of the damage may be arguable, but since reparative therapy is under constant scrutiny, the allegations are worth reviewing. Women in conflict with



Janelle Hallman,
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SSA can be damaged by:

Negative Attitudes About Homosexuals Or Homosexuality

It is not essential (and probably not possible) that a mental health or pastoral professional completely purge his or her self of any and all personal bias or prejudice before they can effectively work with people. But it is important that professionals practice self-awareness, evaluate the impact that an identified bias towards men and women with SSA may have on the therapeutic process, and be willing to seek professional accountability to explore and resolve the source and cause of the bias. Krajcski (1984) explains that:

Many gay patients, because of previous experiences, are quite sensitive to any signs of rejection or bias and will readily note minor indications of discomfort on the part of the therapist. For example, one patient stated that he was sure that his psychiatrist was homophobic because when he discussed issues connected with homosexuality, the psychiatrist changed positions in his chair, his face reddened slightly, and there was some alteration in his voice. (pp. 81-82)

Regrettably, when it comes to the issue of homosexuality, it is perhaps the mental health community itself that has been the source of a great deal of bias and misunderstanding. For example, historically and even into this present day, homosexual men and women have been referred to as being sick, mentally ill, neurotic, perverted, psychotic, pathological, deviant, and inverted, among other things. These terms are categorically offensive. Yet, when these terms were first introduced into the field more than 50 years ago, they were technically (medically) defined and used to psychoanalytically describe a variety of other conditions. Unfortunately, the general public was never privy to these tech-

nical definitions and continued to understand the common use of these terms as inherently negative.

To effectively work with women who have SSA, it is also important to continually challenge any inner moral bias that asserts that homosexuality is a greater wrong than any other human condition, temptation, or sin. Faith-based women with SSA often hear that they are the beyond redemption, contemptible, hated by God, and condemnable. A woman can be irreparably damaged by the toxicity of the sentiment of these terms and beliefs. The amount of time needed for a woman to heal, trust, and begin to assimilate positive words of affirmation about her personhood, will depend on the quantity of years and the extent to which a woman has been exposed to such derogatory words and attitudes, and the authenticity of her therapist's care and unconditional acceptance.

Misinformation And Insensitivity In The Use Of Terms

Over the years, I have learned to be extremely cautious in my communications with my clients. For instance, one person describes her deep discouragement after being told by her therapist that she had "chosen" her homosexual feelings:

I felt more depressed after I did the therapy. The negative aspect was that I really felt it was all up to me, a choice I had made, and because of that choice I was condemned to being in this pain forever. This need for unnatural affections. (Shidlo & Schroeder, 2002, p. 254)

While a discussion regarding self-determination may be appropriate at some point in the future as a client explores her same-sex feelings and behaviors, a blunt statement suggesting that she simply "chose" homosexuality is neither helpful nor true. Nor is it true that all homosexuals can easily "change" their sexual orientation or that homosexuals can never have a meaningful relationship. On the other hand, the message that all "homosexuality" is biologically based or core to a woman's true identity or that all homosexual people should be fully self-actualized and satisfied as a homosexual is equally damaging.

Margo Rivera, a gay-affirmative therapist, after emphasizing the extremely complex nature of human sexuality, the development of sexual preference and the lack of concrete or scientific "proof" as to the causes or roots of one's sexual orientation, offers this exhortation to any therapist working with a gay, lesbian, or transgendered client:

It is our responsibility to educate ourselves so that we do not promote or reinforce simplifications, and so that we are able to be a helpful and challenging travelling companion if our clients choose to explore the territory beyond simple answers

and soothing rationalizations. (1996, p. 206)

I also use sensitivity with respect to applying terms specifically related to a woman's struggle with SSA. A client may be initially vague as she first describes the thoughts and feelings that lead her to believe she may have SSA. I listen closely to the words and metaphors she uses to express herself, knowing that she may use the word "lesbian" for lack of a better descriptive word or in a spirit of confession while still not actually identifying with it. The best way to approach terminology is to discuss it with the woman. If I believe it would aid my client to "name" a struggle, I will explore options with her. Terminology should always be adjusted as the woman finds more fitting words.

And finally, I am also very careful in my use of any generalized label, diagnosis, or terminology that would "box-in" or rigidly categorize my clients. Any word that carries the sentiment of a label often adds to a woman's sense of shame or may become a permanent stigmatized label, potentially paralyzing her to further open up or progress in therapy (Hall, 1994a, p. 241).

Believing All Of A Woman's Problems Arise Out Of Her SSA

Clients have been misled to believe that many personal or interpersonal problems and difficulties such as depression, financial stress, or conflict with their boss, will be resolved once their same-sex feelings or behaviors are "changed." Not only is this assertion untrue, it places an unbearable burden on a woman to "fix" an aspect of her life that is not even directly "fixable."

Asserting That Behavioral Management, Alone, Will Curtail SSA

Some counselors have misguided and profoundly disappointed their clients by implying that one or more of the following recommendations, often in and of themselves, will "change" or alter SSA or a same-sex orientation:

- Aversive shock as a client views homosexual pornography
- Visualizing an aversive image (such as getting AIDS) when the client experiences a same-sex arousal
- Abstaining from masturbation
- Experimenting sexually with a member of the opposite sex
- Immersing themselves in work (as a means of distraction from their homosexual impulses)
- Reading the Bible or praying (implying that strengthened spirituality alone will conquer unwanted SSA)
- Curtailing "masculinized behavior" and replacing it with frequenting the mall or beauty salon

Many behavioral and cognitive methods are effective for a variety of issues that my clients address in therapy, but I would not use nor recommend any of the above interventions as a "solution" to their unwanted SSA or any other issue, for that matter.

Making False Promises Or Exaggerated Claims

"To try to encourage me they said, 'I know you can change because others have,' and 'Just think, some day you might even

get married!' But these things didn't help. I'm not like everyone else and besides, if you don't like men or are not attracted to them, the thought of marriage does NOT sweeten the deal." — Rebecca

Many men and women with SSA have reported substantial shifts in their same-sex arousal patterns, behavior, fantasy, desire, and even overall sexual orientation. But if you listen to them closely, most of them admit that from time to time, they still experience same-sex feelings or temptations, succumb to a same-sex fantasy, and may even act out a same-sex related erotic behavior. (MacIntosh, 1994; Nicolosi, Byrd & Potts, 2000a, 2000b; Spitzer, 2003).

Many of the women with whom I have worked start therapy with a conscious or unconscious hope that eventually (and the sooner the better) they will no longer struggle with any residual SSA, fantasy, or desire. Usually about one to two years into therapy, the women begin to discover that many of their same-sex erotic desires are literally woven into their legitimate need for emotional closeness and friendship with women, so that to extinguish their same-sex desire would require them to exterminate their natural and healthy longing and need for female relationship. Sometimes this can become a very discouraging point in therapy.

They realize that to commit themselves to non-sexual friendships with women may require them to continually confront and challenge their tendency (habit) to eroticize their longings for and experience of female warmth and closeness. It is not uncommon at this point for some women to decide to reintegrate and embrace their eroticized same-sex desires, believing that the level of change they originally desired is simply not possible. The work and effort required may be too destabilizing in their overall life and is no longer justifiable in terms of the cost, time, and energy required continuing in a life altering process. Other women, at this stage of self-realization, renew their commitment to continue to do whatever it takes to live a life free from the ultimate control of their same-sex struggle.

When I begin therapy with a new client, I have no idea how she might respond to crossroads, such as these. I, therefore, cannot make any promises or claims in terms of the extent of "change" she may experience in her SSA or future opportunities for marriage and family. I can give her assurance, however, with respect to my positive attitude or commitment to her, but I can't promise how she will respond or benefit from my involvement and presence. I do not say the trite words: "Yes you can change if you work hard in therapy" if the word "change" is interpreted as meaning she will no longer be oriented towards the same-sex but fully oriented to the opposite-sex.

Negative Attitude Towards Client's Parents And Friends

Some men and women report that their relationships with their parents deteriorated during therapy since they were told that their parents were the cause of their SSA. This simplified explanation of SSA is false. Many children experience inadequate parenting but do not later struggle with SSA. I have had the privilege, over the years, to meet hundreds of mothers and fathers of daughters

struggling with SSA. In the great majority of cases, they loved their daughters wholeheartedly and did the best job they could in raising them. As with other clients, when it is important for my client and myself to address the difficulties and imperfections that did exist in her family, I do so with respect and a spirit of grace towards her parents and other family members. Other men and women with SSA also report being forced to "cut off" same-sex relationships and long-term friendships with homosexual friends.

A friend told me of a lesbian, dying of cancer, being advised by her therapist to cut off all relationships and contact with lesbian friends in order to reconcile with her religion and find peace in herself. (Garnets et al., 1991, p. 967)

First, unless a client is in danger, mandating that a client "cuts off" any relationship violates the principle of client autonomy. Such a life-altering decision needs to be ultimately made by the client. Second, it is dangerous and extremely inadvisable to make such a recommendation during the initial stage of therapy. It will, more often than not, launch a woman into an overwhelming isolation, loneliness, and sense of hopelessness, often creating such an internal crisis, that hospitalization may be required. Third, it will most likely create a sense of threat rather than trust within the client. If I initiate the subject of redefining or ending a relationship, I do so respectfully, sensitive to a woman's ability to consider such events.

Forcing Disclosure To Others

Disclosure is a very individual and sensitive topic. It should never be taken for granted or assumed to be an automatic piece of a client's journey. More often than not, there will be a time and place within a woman's process for some disclosure, but it will rarely be at the beginning of the therapeutic process. Any disclosure should be made purposefully and with as much preparation as possible. A woman should be encouraged to process what she is going to say, how and when she is going to say it and to consider the possible reactions of the folks with whom she will be speaking (including husbands, pastors, and other family members). It is never wise to assume how certain people will react. It

is also important that she first establish a sense of trust with her therapist so that she can access their support and care if her disclosures result in negative reactions and rejections. Every therapist embarking into this challenging work should regularly consider the ethical mandate of "do no harm" while they negotiate a client's evolving therapeutic goals or treatment plan. ●

Bibliography

- Beckstead, A.L. & Morrow, S.L. (2004). Mormon client's experiences of conversion therapy: A need for a new treatment approach. *The Counseling Psychologist*, 32(5), 651-690.
- Garnets, L., Hancock, K., Cochran, S., Goodchilds, J. & Peplau, L.A. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. *American Psychologist*, 46(9), 964-972.
- Hall, J.M. (1994a). Lesbians recovering from alcohol problems: An ethnographic study of health care experiences. *Nursing Research*, 43(4), 238-244.
- Krajeski, J. (1984). Psychotherapy with gay and lesbian patients. In E. Hetrick & T. Stein (Eds.), *Innovations in psychotherapy with homosexuals* (pp. 75-88). Washington D.C.: American Psychiatric Press.
- MacIntosh, H. (1994). Attitudes and experiences of psychoanalysts in analyzing homosexual patients. *Journal of the American Psychoanalytic Association*, 42(4), 1183-1205.
- Nicolosi, J., Byrd, A., & Potts, R. (2000a). Beliefs and practices of therapists who practice sexual reorientation psychotherapy. *Psychological Reports*, 86, 689-702.
- Nicolosi, J., Byrd, A., & Potts, R. (2000b). Retrospective self-reports of changes in sexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports*, 86, 1071-1088.
- Rivera, M. (1996). Treating the lesbian and gay survivor of abuse. In M. Rivera (Ed.), *More alike than different: Treating severely dissociative trauma survivors* (pp. 190-208). Toronto: University of Toronto Press.
- Shidlo, A. & Schroeder, M. (2002). Changing sexual orientation: A consumers' report. *Professional Psychology: Research and Practice*, 33(3), 249-259.
- Spitzer, R. (2003). Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior*, 32(5), 403-417.

'Gay Liberation Movement' Founder Frank Kameny's Papers Archived By Library Of Congress

Frank Kameny, a pioneer of gay liberation in the 1970s, was honored at a ceremony on October 6 in Washington, DC, where his collected papers are being transferred to the Library of Congress.

On October 7, Kameny and Barbara Gittings traveled to New York City where they became the first recipients of the American Psychiatric Association's John M. Fryer, M.D., Award recognizing their contributions to fighting against what is referred to as "homophobia." Kameny, 81, is retired but still active in the Gay and Lesbian Activists Alliance in Washington, DC. Kameny was interviewed in the October 5, 2006 issue of *MetroWeekly*, DC-based online newspaper.

Dr. Jeffrey Satinover's paper, "The Trojan Couch" describes Kameny's historic role in lobbying the American Psychiatric Association to remove homosexuality as a mental disorder from the DSM in the 1970s. Dr. Satinover writes:

"Progressive psychiatrists, gay psychiatrists, and outside activists planned a disruption and sought the services of left-wing activist Frank Kameny, who turned for help to the New Left and non-accommodationist Gay Liberation Front. Kameny's cadre, with forged credentials provided by allies on the inside (some at the very top) [of the APA], broke into a special lifetime service award meeting. They grabbed the microphone, and Kamney declared 'Psychiatry is the enemy incarnate. Psychiatry has waged a relentless war of extermination against us. ... We're rejecting you as our owners. You may take this as our declaration of war.'" ●

Educating The Public On The Causes Of Homosexuality

By Julie C. Harren, Ph.D.
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Abstract

Education on the causes of homosexuality is greatly needed, as few people really understand the developmental nature of same-sex attractions. Many people believe the theory that homosexuality is solely biological, while many others mistakenly believe it is a choice.

Typically, the biological explanation is preferred by homosexuals as this explanation helps to generate greater tolerance and also helps to build their case for minority status. Since education on the developmental contributors to homosexuality discredits the theory that it is completely inborn, some people are opposed to this explanation. Even though education on the developmental contributors is not always viewed positively, it is very important that this information be shared. In this paper, less offensive, and therefore, more effective ways of educating the public on the developmental contributors to homosexuality are described.

Educating The Public On The Origins Of Homosexuality

In the 2004 presidential debates, a question came up regarding the nature of homosexuality. The moderator asked both candidates, "Do you think homosexuality is a choice?" President Bush answered that he didn't know, and Senator Kerry answered that he did not believe homosexuality is a choice, but that people are born that way. He referred to Vice President Cheney's daughter, saying that she, as a lesbian, is "being who she was, being who she was born as" (personal communication, October 14, 2004). I believe President Bush's and Senator Kerry's answers illustrate two aspects of a serious problem regarding the origins of homosexuality.

The first part of the problem is that there is a great deal of confusion regarding the causes of homosexuality. There is a clear need for education on this issue. Many people simply do not know what causes homosexual inclinations. Many others have believed the erroneous theory that homosexuality is solely biological. Most people have not been informed about the developmental contributors to homosexuality.

The second part of the problem evidenced in this presidential debate is illustrated in the moderator's question. He asked if they believe homosexuality is a choice, "choice" being the popular alternative to the biological explanation for homosexuality. The problem indicated here is that there seems to be only one alternative explanation for those who realize that the biological explanation is incomplete. In much of society there seems to be only two popular explanations: either people are born gay, or else it is a choice. Unfortunately, however, as NARTH members are aware, neither of the two widely held beliefs provides a comprehensive explanation for the origins of homosexuality.



Julie C. Harren, Ph.D.

The research has never revealed that people are born gay. In fact, the research indicates that there are many factors, including possible biological and environmental factors, which contribute to a homosexual orientation (LeVay, 1996; Whitehead & Whitehead, 1999).

While homosexuality is not simply biologically based, neither are homosexual attractions a conscious choice. Attractions and desires are like feelings; they come from deep within us and are not a conscious choice on our part. Furthermore, the idea that same-sex attractions are a choice is extremely offensive and hurtful to those who have these desires. Promoting the perspective that it is a choice often perpetuates judgmental attitudes towards homosexuals.

Although neither of the common explanations for homosexuality is accurate, the biological position is the one that is promoted by the gay community and secular society. This explanation, though incomplete and misleading, is extremely widespread. In the media and popular culture it seems to be assumed and implied that homosexuals are simply born that way. Flawed research studies are often cited as evidence for the biological basis of homosexuality.

There are a number of possible explanations for the popularity of the biological argument. Certainly if there are only two options, that it is biological or that it is a choice, it is clear that the biological option would be the preferred option, especially in the age of political correctness, in which tolerance is often the goal. Anything that promotes greater tolerance is more widely accepted. The biological explanation is used to do just that. It is assumed that if homosexuality is strictly physiological, society will be more compassionate and tolerant for homosexuals. In addition, the biological explanation is used as a platform for homosexuals seeking minority status. Many homosexuals will not entertain the idea that it is *not* biologically based, because any other explanation is often perceived as a threat to their cause. Thus, we are left with the promotion and widespread acceptance of information that, while considered politically correct, is incomplete and misleading.

Ironically, however, if people were taught that homosexuality is neither biological nor a choice, but a combination of both biological and environmental factors, the results of such education would include some of the advantages that homosexuals are seeking. When we educate on the environmental, developmental

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Life With A Gay Father: My Story

By Dawn Stefanowicz

Editor's Note: The following is a paper by Dawn Stefanowicz, a woman who was reared in a gay-headed household. It is reprinted from an article published in 2005, titled "Same-Sex Marriage: Have The Best Interests Of Children Been Considered?" In 2007, Mrs. Stefanowicz's book, Out From Under: Getting Clear Of The Wreckage Of A Sexually-Disordered Home will be published. Her web site features additional information about her life and her outreach to adult victims of gay homes: www.dawnstefanowicz.com.



Dawn Stefanowicz

My name is Dawn Stefanowicz, and I grew up in a homosexual household during the 60s and 70s in Toronto, exposed to many different people in GLBT (Gay, Lesbian, bisexual, Transsexual) subcultures, and explicit sexual practices. I am currently writing a book, soon to be published, on this experience. As well, I was a witness at the Standing Senate Committee on Legal and Constitutional Affairs on Bill C-250 (hate crimes), and I have presented at the local school board.

My biggest concern is that children are not being discussed in this same-sex marriage debate. Yet, won't the next step for gay activists be to ask for legal adoption of children if same-sex marriage is legalized? I have considered some of the potential physical and psychological health risks for children raised in this situation. I was at high risk of exposure to contagious STDs due to sexual molestation, my father's high-risk sexual behaviors, and multiple partners. Even when my father was in what looked like monogamous relationships, he continued cruising for anonymous sex.

I came to deeply care for, love and compassionately understand my dad. He shared his life regrets with me. Unfortunately, my father, as a child, was sexually and physically abused by older males. Due to this, he lived with depression, control issues, anger outbursts, suicidal tendencies, and sexual compulsions. He tried to fulfill his legitimate needs for his father's affirmation, affection and attention with transient and promiscuous relationships.

He and his partners were exposed to various contagious STD's as they traveled across North America. My father's (ex)partners, whom I had deep caring feelings for and associated with, had

drastically shortened lives due to suicide, contracting HIV or AIDS. Sadly, my father died of AIDS in 1991.

Are my childhood experiences unique? According to a growing number of personal testimonies, experts, and organizations, there is mounting evidence of strong commonalities to my personal experiences. Not only do children do best with both a mother and a father in a lifelong marriage bond, children need responsible monogamous parents who have no extramarital sexual partners. Parental promiscuity, abuse and divorce are not good for children.

If same-sex marriage is legalized, a person, couple or group who practice any form of sexual behavior would eventually be able to obtain children through previous heterosexual relationships, new reproductive technologies, and adoption due to the undefined term "sexual orientation." This would force all public and private adoption agencies to hand over children into experimental relationships or risk charges of discrimination.

What is the most suitable environment for children to be born or adopted into? The many personal, professional and social experiences with my father did not teach me respect for morality, authority, marriage, and paternal love. I felt fearfully silenced as I was not allowed to talk about my dad, his male housemates, his lifestyle and encounters within the subcultures without being browbeaten and threatened by my father.

While I lived at home, I had to live by his rules. Yes, I loved my dad. However, I felt abandoned and neglected as my needs were not met since my father would often leave suddenly to be with his partners for days. His partners were not really interested in me. I was outraged at the incidences of same-sex domestic abuse, sexual advances toward minors, and loss of sexual partners as if people were only commodities. I sought comfort looking for my father's love from boyfriends starting at 12 years old.

From a young age, I was exposed to explicit sexual speech, self-indulgent lifestyles, varied GLBT subcultures and gay vacation spots. Sex looked gratuitous to me as a child. I was exposed to all inclusive manifestations of sexuality including bathhouse sex, cross-dressing, sodomy, pornography, gay nudity, lesbianism, bisexuality, minor recruitment, voyeurism and exhibitionism. Sado-masochism was alluded to and aspects demonstrated. Alcohol and drugs were often contributing factors to lower inhi-

bitions in my father's relationships.

My father prized unisex dressing, gender-neutral aspects and a famous cross-dressing icon when I was eight years old. I did not see the value of biological complementing differences of male and female or think about marriage. I made vows to never have children since I had not grown up in a safe, sacrificial, child-centered home environment.

Due to my life experience, I ask, "Can children really perform their best academically, financially, psychologically, socially and behaviorally in such experimental home situations?" I can tell you that I suffered long term in this situation, and this has been professionally documented.

Over two decades of direct exposure to these stressful experiences caused me insecurity, depression, suicidal thoughts, dread, anxiousness, low self-esteem, sleeplessness and sexuality confusion. My conscience and innocence were seriously damaged. I witnessed that every other family member suffered severely as well.

It took me until I was into my 20s and 30s, after making major life choices, to begin to realize how being raised in this environment affected me. My healing encompassed facing reality, accepting long-term consequences, and offering forgiveness. Can you imagine being forced to tolerate unstable relationships and diverse sexual practices from a young age and how this affected my development? My gender identity, psychological well-being, and peer relationships were affected. Unfortunately, it was not until my father, his sexual partners and my mother had died, that I was free to speak publicly about my experiences.

I believe same-sex marriage will dispose of unique values esteemed within marriage as recognized throughout history. Marriage needs to remain a societal foundation that constitutes, represents, and defends the inherently procreative relationship between the husband and the wife for the welfare of their biological children. Children need consistent appropriate boundaries and secure expressions of emotional intimacy that are not sexualized in the home and community.

The legal term "sexual orientation" is far too open-ended. Using that broad terminology, a person practicing pansexuality, which is diverse sexual expression, could not be discriminated against even with children present. Are the government and judicial systems playing games with children, forcing upstanding citizens to tolerate all forms of diverse sexual expression against their will, conscience and or religious freedom?

Why does such a small, unrepresentative clique within the GLBT subcultures want same-sex marriage? Mr. John McKellar,

Executive Director of H.O.P.E. (Homosexuals Opposed to Pride Extremism) has stated, and I quote: "It is selfish and rude for the gay community to push same-sex marriage legislation and re-define society's traditions and conventions for our own self-indulgence Federal and provincial laws are being changed and the traditional values are being compromised just to appease a tiny, self-anointed clique."

In my opinion, same-sex marriage will put the human rights of the individual in a higher place than what is best for society, families and especially children. Canadian citizens should decide and not our judges. Human rights were meant to protect the individual and not groups. In this crucial debate, children's human rights have become secondary, ignored and denied.

Moreover, if Canadians do not stop same-sex marriage, we will lose all of our freedom to address issues around sexuality with moral and religious vigor. The gay agenda will prevail in every Canadian public and private academic environment, inundating school environments with advocacy and sexually explicit resources and curriculum that mock parents' authority, moral rectitude, and religious traditions.

Already this is happening under the banner of anti-bullying, safe schools' policies and through Gay-Straight Alliances. In reality, these policies provide a direct legal entranceway of indoctrination, desensitization, personal and political recruitment of our vulnerable children by some gay activists within our schools while silencing all students who oppose the gay agenda.

Similarly, all those who oppose the Canadian laws recognizing same-sex marriage would not be allowed to speak, express or gesture opposition, even on religious grounds. Look how the hate crime legislation Bill C-250 has instilled fear and is silencing the church. Did you know that the separation of church and state was enacted to protect religious freedom and conscience? Will religious freedom be trumped by sexual freedom? Will religious faith expressions and practices by individuals and organizations be prohibited by such bills as C-38 and others? We have an obligation, for the sake of our children, to speak freely and to direct the laws of our land.

Will the Canadian government and judges legally promote unhealthy and unsound environments that encourage motherless and fatherless units through same-sex marriage? Ultimately, children will be the real victims and losers if same-sex marriage is legally enacted. What hope can I offer innocent children who have no voice? What price is Canada willing to pay for sexual freedom, tolerance and diversity? Is that price children's lives? Government and judges need to advance and defend marriage as between a man and a woman to the exclusion of all others for the sake of our children. ●

Stay Informed

Keep updated on the latest in the field of reorientation therapy and trends in the study of sexual orientation by accessing NARTH's web site. The site is updated frequently.

erance for homosexuals. Some of the results of education include: a deeper and more widespread societal understanding of their struggles, increased compassion for the hurts they have encountered, and decreased hostility. Hence, there are many advantages for society in general and for homosexuals in particular when expansive explanations are provided. Tolerance and respect are the result of education, even for those who do not approve or accept homosexuality as a moral lifestyle. Therefore, it is not only important to educate on this issue, but appropriate and beneficial to do so. Education on the developmental contributors to homosexuality does not have to be viewed negatively by homosexuals. As I have educated on this important topic I have found that education produces positive results for all people.

Education on this issue includes information about environmental contributors to same-sex attractions. When I educate I begin by explaining the various developmental needs children have, needs for connection with the same-sex parent and same-sex peers. I explain that children are not simply born with a sense of their own gender but that their gender identity is formed through connections and interactions with others, primarily members of the same sex. I explain that children look first to their same-sex parent and then to same-sex peers to form their own identity: to understand how they measure up, how they fit in, what value they have as male or female, what it means to be male or female, etc. When children do not form healthy same-sex bonds and their needs for same-sex connection go unmet, these needs do not go away; they simply intensify or take on another form. Typically, near puberty, these unmet needs take on a sexual form, the emotional needs become sexualized (Satinover, 1996).

These developmental factors, combined with genetic temperament, which impacts perceptions, all go into the development of homosexuality. Other factors such as sexual abuse or traumatic experiences may also contribute to the formation of same-sex attractions. Since this information is largely unknown to the general public, it is very important that we begin to share it in order to generate a more widespread understanding of this issue.

I believe there are various ways of educating on this issue, some more effective than others. I believe that if we are going to be effective in our educational attempts we must do so in non-offensive ways, in ways that promote tolerance and are acceptable to all people, both heterosexuals and homosexuals alike. Although education on the origins of homosexuality has not always been well-received, I believe there is a way of doing so that can be non-offensive. As I have educated on this issue, I have found a way that seems to work well. I believe there are two keys to educating effectively: our motivation behind educating and our emphasis in educating.

Motivated By Compassion

Our motivations for what we do greatly impact the outcome of what we do. Our motivations are often evident in the delivery of the information we are sharing. The motivation that seems to yield the most acceptable results is love. I have a brother who is gay, whom I love dearly, and with whom I have a wonderful rela-

tionship. When I educate the public on the causes of homosexuality, it is my love for my brother that motivates me. My love for him produces in me a desire to raise awareness about the origins of homosexuality. My goal in educating is to decrease hostility towards homosexuals (especially within conservative faith-groups) and to increase compassion. With that as my goal, I share the information in a way that is not only palatable to heterosexuals, but also acceptable to my homosexual brother, his partner, and their homosexual friends.

On the other hand, if our motivation to speak on this topic is anger or outrage at homosexuals, I believe we lose some effectiveness. When anger motivates, the message we offer tends to contain a tone of hostility, which is not usually as palatable as a message given in love. When the information about homosexuality is presented in anger, the message often becomes lost in the delivery. An approach to education which conveys anger or intolerance will repel, rather than attract, listeners. I believe that education on this issue is absolutely imperative, but it must be done in a way in which people will listen, a way which draws people in rather than turns them away.

In addition to having motives that help rather than hinder, our emphasis, that is, what we choose to emphasize or highlight, also makes a big difference in regards to our effectiveness. I believe that we must highlight the positive contributions of education on society, positive implications for both heterosexual and homosexual members of society. Educating on this issue can have a positive impact on homosexuals in that education offers a more complete understanding than either of the two inaccurate explanations which are currently promoted. When we educate, we are most effective if we emphasize the benefits of sharing the information, that is, a complete understanding of the issue yields more positive results for everyone than either of the two popular misconceptions. For example, in contrast with the false idea that homosexuality is a choice, understanding the developmental nature of same sex attractions yields a much more compassionate response towards homosexuals. When people who believe it is a choice are educated on this issue, they gain understanding, have greater levels of compassion, and become less judgmental. Tolerance is the outcome when people who believe it is a choice learn that it is instead developmental. All people, including homosexuals, should be treated with respect and dignity even by those who may not approve of their lifestyle.

When I have educated on this issue to conservative-faith groups, greater kindness to homosexuals is often the result. I continually receive feedback from seminar attendees regarding their new resolve to become more loving and kind to homosexuals. One person, who recently attended one of these seminars, doing so reluctantly, at his pastor's bidding, was so impacted that he stood up at the end of the seminar to share his newly gained insights. He said that he had a co-worker who was gay, and of whom he strongly disapproved. He explained that he regularly demonstrated his disapproval by treating his co-worker with contempt. However, upon attending our seminar, he expressed a new awareness of the need to simply love his co-worker and show kindness to him instead of contempt. When participants learn of the needs

humans have for same-sex connection and the results of those unmet needs, compassion is their response.

Understanding the developmental nature of homosexuality is not only a better alternative to believing it is a choice, but it is also better in some ways than believing it is solely biological. Believing homosexuality is biologically based is actually quite limiting to homosexuals, and therefore has negative implications. For homosexuals who are not happy in the gay lifestyle, the biological explanation gives no hope for any other option.

I have met countless homosexuals who were told by psychotherapists that their condition was unchangeable, despite the fact that they were very miserable and were seeking change. Believing that it is biologically based implies that change is impossible. In a society that highly esteems freedom of choice, it seems ironic that we accept and promote a theory of homosexuality that leaves the homosexual with no other options. Taking away all hope for change seems restrictive at best, detrimental at worst. On the other hand, when we educate we promote the truth that people can seek change if they so desire.

The developmental understanding of homosexuality offers more options and increased hope. Of course, educating does not mean

that homosexuals who are uninterested in changing should ever be coerced into trying to change against their will.

Information about the developmental contributors to homosexuality must be shared. Our society has been saturated with misinformation. Yet educating must be done in a way that is effective, a way that promotes kindness and compassion. Educating effectively requires right motives and a right approach. I believe if we lovingly share information that has positive implications for all people it will be much better received.

The need for education is great, but the way it is done will determine how effectively that need is met. As we educate, it is imperative that we consider our motives and our emphasis and that we seek to promote a greater understanding in the most effective way possible. ●

References

- LeVay, S. (1996). *Queer Science*, MIT Press.
Satinover, J. (1996). "The gay gene?" *The Journal of Human Sexuality*.
Whitehead, N., & Whitehead, B. (1999). *My genes made me do it*. Lafayette, LA: Huntington House Publishers.

Social Work Study Examines Psychosocial Factors And Drug Use In Barebacking

"Condomless sex: gay men, barebacking, and harm reduction," by psychotherapist Michael Shernoff, MSW, was published in *Social Work*, April 1, 2006.

Shernoff's report surveys the current research on barebacking, including discussions of crystal meth use and various psychosocial factors that contribute to individuals engaging in risk taking behaviors.

Shernoff also notes that gays who practice safer sex for years are experiencing safe sex fatigue or burnout as a reason to return to unsafe practices such as barebacking.

High-risk behaviors have been linked to the advent of HIV antiretroviral therapy and provide gays with a misplaced sense of complacency. "Many believe that contracting HIV is not a big deal anymore -- certainly not a risk to life," said Shernoff.

In addition, party drugs have spawned an increase in barebacking. These include ecstasy, GHB, ketamine, and crystal meth. Research has shown that the use of crystal is clearly related to barebacking among gay and bisexual men in sexually charged venues such as circuit parties, which can last several days.

The Internet has also contributed to an increase in barebacking, according to Shernoff, as gay males can easily find others who are willing to bareback.

Barebacking can be used as a way of meeting interpersonal and interpsychic needs. According to Shernoff, "It is all too easy to adopt

a reductionistic approach and pathologize sexual risk takers as self-destructive, suicidal, damaged individuals or to believe that for some gay men danger is a permanent fetish, (Savage, 1999, p. 62). ... It is the task of clinical social workers to help an individual articulate the particular meanings of his high-risk behaviors."

Shernoff urges counselors to deal with this issue in a non-judgmental manner and to urge harm reduction behaviors for those who continue to bareback. One harm reduction method is to sign a mutual "negotiated safety agreement" on what each man expects during barebacking.

Writing for the Gay Health web site, Shernoff describes some of the other harm reduction practices, which include "serosorting," which means having unprotected anal intercourse with a man who has the same HIV status; "strategic positioning": where the infected male adopts the receptive bottom role during unprotected sex; "assessing the viral load": using information that they or a partner have undetectable viral loads to make decisions about whether or not to bareback; "substitution": using oral sex as a substitute for anal sex. ●

Access NARTH's Medical Issues Site

For regularly updated information on health issues associated with same-sex attraction, access the NARTH Medical Issues Section of the web site: <http://www.narth.com/menus/medical.html>.

(continued from page 6.)

therapist's office) where the shut down feelings and split off aspects of self can be expressed and explored. Integration of contradictory feelings (like love and hate, anger and guilt) creates a greater sense of inner stability and clarifies relationships of the past and the present. Open exploration of split off aspects of self (e.g., assertiveness or sexual desires) reduces the shame that has accumulated around these and allows them also to be integrated into the self as well.

This entire process requires facing fear in a profound and new way. Men must let down their defenses in order to re-enter internal conflicts that they deemed intolerable years ago. And they must venture into their bodies where illogical, uncomfortable, and unpredictable emotions exist. The process also requires looking for self-created double binds (transferred from relationships of the past into relationships in the present).

As the therapeutic process proceeds, men naturally begin to carry their newfound assertiveness, clarity, and wholeness into the real world of relationships. They allow others to see their feelings in the here-and-now. They become able to reveal themselves to others and stay in relationship rather than defensively detaching. And they find themselves in fewer double binds.

It is important to understand that Authenticity is both the catalyst and the linchpin of change. Without it there is not going to be any real change. It must be the primary focus from the very beginning of the change process.

Need Fulfillment

First, let me define the word "need." I define "need" as that which is required in order to maintain joy. I consider joy to be the central purpose of human existence. By joy, I mean the experience of satisfaction, well being, and completion; the sense that life is good, that it has purpose and meaning. I am speaking of joy in its mature, bigger-than-self form—not mere excitement, stimulation, or even bliss, although each of these may be part of joy. But joy encompasses much more than those, including pain, disappointment, and grief.

A reverse description of "need" may add context: It is a need if not having it causes deterioration of the personality, for example depression, defenses, intense yearnings, loneliness, alienation, shutting down of feelings, or loss of interest or creativity. These are the opposite of joy and thus indicate unmet needs. Absent from this list of negative experiences indicating unmet needs are the core emotions of anger, sadness, and fear. Though many may view those feelings as running counter to joy and need fulfillment, experiencing them when warranted is actually a need in itself and part of the process of maintaining joy.

Need Fulfillment depends on two masculine drives: to preside and to provide. Presiding implies self-governance—creating order and balance in your life, which must be maintained if needs are to be adequately met. Providing implies the actual work done to meet a need, whether that is bringing home the paycheck or spending time bonding with a male friend.

What Are The Problems?

The problems described earlier that block men with SSA from experiencing Authenticity are the also the root problems that block Need Fulfillment. Meeting needs requires first knowing self. Of particular importance is the shutting down of feelings, splitting of self, and disconnection from the body caused by childhood double binds.

Men with SSA often do well at meeting some of their needs, but do poorly meeting others. Typically, shame or an emotional conflict surrounds the needs they do not meet. For example, meeting the need to feel at ease in the body—to feel confident and secure in your own skin—might require exercise and dieting. But intense body shame can make it very difficult to even acknowledge the body's needs, much less care for the body or expose it by going to the gym for a workout. Or, meeting the need to individuate from mother might require creating boundaries in the relationship. But conflicting feelings of love, anger, and guilt can undermine the setting of boundaries with her.

Childhoods characterized by double binds can also diminish a man's ability to meet his needs by engendering a passive personality. Essentially a learned helplessness, passivity results from life situations that left the boy with no power in his own life—he was damned if he did and damned if he didn't. To make matters worse, he likely created a false self to interface with his hostile or unpredictable double-binding world. The purpose of the false self is to perceive the needs or wants of other people and to satisfy them. Awareness of self—along with the needs of the self—is lost.

The further in life these men go without knowledge of their needs, the further off track they can become. In some cases, a fundamental incompatibility develops between their lifestyle and the meeting of their authentic needs. Getting back on track can then require substantial effort and sacrifice.

Grief is what naturally happens when we are thwarted in meeting our needs. If grief is too painful or pervasive, grief might be defended against through various inaccurate methods, including masturbation, pornography, and homosexual fantasies or behavior.

How Is The Principle Of Need Fulfillment Lived?

Authenticity opens the way for Need Fulfillment by increasing awareness of both cognitive and physiological aspects of emotion. This means that a man can feel his feelings and understand what they mean. He is thus capable of understanding his emotions when they tell him what his needs are and when they tell him that his needs are either met or unmet.

When men first begin the change process, they often don't understand their needs. One way to help them find out what their unmet needs are is to follow their grieving emotions (i.e., anger and sadness) to their source. This process is used in therapy to resolve feelings from painful relationships. But it can also point out needs that were left unmet in those relationships as well as

needs that are being left unmet in the present. This process also makes viscerally clear to the man the painful consequences of not meeting his needs. Feeling these consequences can be extremely motivating.

But psychotherapeutic work alone may not be sufficient to help a man understand and meet his needs. Some men benefit from personality profiles, interest inventories, and aptitude tests to broaden their self-awareness, which can shed light on their individual needs profile. Also, accessing their own memory to review interests and life experiences can help shed additional light on their needs.

It may be helpful for men to consider various categories and types of needs. This can help them become aware of areas they might not have considered previously. While each person's specific needs are unique, most men working to change SSA seem to have needs in each of the following areas:

- Relational:** love, affiliation, community, affection, trust, understanding, and intimacy from people in general
- Male friendship:** attention, affection, and approval from men specifically
- Physical:** touch, pleasure, rest, work, exercise, nourishment, and grooming.
- Spiritual:** connection to God, the universe, or something bigger than self; inspiration,
- Work/Vocation:** to produce, feel effective and useful; to enjoy daily activities; to have variety.
- Empowerment:** safety, freedom, self-direction, autonomy, and opportunity
- Rest:** relaxation, sleep, diversion, and entertainment
- Self-expression:** the opportunity to articulate to myself and the world who I am.

As difficult as the foregoing processes of learning about needs may sound, the more difficult work of Need Fulfillment is the daily devotion of time, energy, and resources that is required in order to actually meet the needs. For some men, this can require substantial adjustments in their lifestyle as they begin committing their time and money to meeting their needs. This often requires a high level of commitment the people close to the man as well, especially if he is married and has a family.

Surrender

Put most simply, Surrender is letting change happen. Surrender is releasing from your life everything that inhibits growth and receiving into your life those things that foster it. As the previous sentence suggests, Surrender is bi-directional—it involves both letting go (releasing) and letting in (receiving).

Imagine a fortress that has been defending against an invading force for some time. The occupants of the fort are out of provisions and ammunition. They are beginning to starve and die. They are ready to surrender. Doing so requires that they first put down their weapons. This represents the "letting go" aspect of surrender. Once they have relinquished their arms, they must accept the new command of the opposing force. This represents

the "letting in" aspect of surrender. When the surrendering occupant of the fortress is a man with SSA, he soon discovers that the "opposing force" is benevolent and brings replenishment and healing.

Yielding To Change

Men with SSA tend to have a difficult time letting change happen. This is not a trait unique to them—many if not most people experience at least a little discomfort with change and many will avoid it if at all possible. Anyone who responds to change in this way foils his own growth and development—his own transcendence to something greater. Men with SSA tend to have problems with surrendering cognitively, emotionally, behaviorally, and spiritually. The problems in each of these areas results from unmet needs and unresolved painful feelings.

Cognitively, many men with SSA develop beliefs about themselves and the world, and about their places in the world, that are inaccurate and self-defeating. Most significantly, they have the belief that they are homosexual or "gay." Their perspectives are often full of distortions (inaccurate negative beliefs) and illusions (inaccurate positive beliefs) that prevent them from seeing things as they truly are. Relationship interactions are often misinterpreted. Personal traits (of self and others) are often misperceived. And future possibilities are frequently misunderstood. Additionally, some men with SSA have obsessive or ruminative thought processes that they cannot let go of. Whether or not these are directly linked to homosexuality, they tend slow the change process down. And they often lead to compulsive behaviors, (to be discussed below) further slowing the process of growth.

Emotionally, men with SSA tend to be rigid and narrow in their emotional and relational patterns. They have difficulty shifting from one emotion to another. They may get stuck in anger and be unable to shift from anger into forgiveness or sadness. Or, they may get stuck in depression and be unable to descend below the depression into the anger or grief that lies beneath it. Or they may lock themselves into a defensive posture that prevents them from feeling certain or all feelings. Anxiety, numbing out, superficiality and the subterfuge of the false self are all common defenses.

Behaviorally, SSA men tend toward addictions and compulsions. Most commonly, men with SSA are involved in sexual addictions, which may include fantasies, pornography, masturbation, and sex with another person whether live or by electronic means. These behaviors are repeated again and again for the pleasure or relief from pain that they bring. In homosexual relationships, engaging in very specific sexual patterns with specific types of men is often the rule.

Compulsions grow out of obsessive thought patterns and tend to be an attempt to "get it right." Although only a percentage of SSA men also have full-blown obsessive-compulsive disorder, many SSA men experience obsessions (discussed above) and show tendencies toward compulsive behavior. Repetition compulsions are common, and some would argue ubiquitous, among homosexual men. In a repetition compulsion, the man sets up a situation that repeats a painful dynamic from childhood in an attempt to "get it

right.” But the situation merely creates more painful—though familiar—feelings and ends up working as more of a punishment and distraction from moving on with life. He never really allows himself to “get it right.”

Gender-atypical behavior, although seemingly less serious than addictions and compulsions, can nonetheless slow a man’s change process. This is particularly true when the behavior reinforces to the man, or to those around him, that he is unmasculine, effeminate, or gay. Another behavioral problem worthy of mention might be termed “distractive lifestyle.” This refers to a way of living that keeps a man so busy doing unimportant things that he has no time to fall into his underlying pain or grief, or to pursue healing and change. Frequent partying, overworking, and excessive television watching are signs of a “distractive lifestyle.”

Spiritually, the problems tend to involve difficulty trusting something bigger than self and fears about being controlled and being out of control. The man’s deep shame often results in a narcissistic reaction of putting his own ego at the center of his universe. He may be wary of organizations, religion, authority, and power in any form. He may also believe that God has let him down and develop deep resentment toward the Supreme Being. From this position, the man is not open to mentoring, guidance, or inspiration. And he cannot transcend himself for fear of losing control of himself.

How Is The Principle Of Surrender Lived?

Cognitively, new mental constructs about self and the world must be acquired; illusions (inaccurate positive beliefs) and distortions (inaccurate negative beliefs) have to be exposed and relinquished. Perhaps the most significant belief about self that must be given away is the man’s belief that he is homosexual or “gay.” I believe that homosexuality cannot be changed without a conscious choice to do so. Often, the most significant belief about others that must be released is the stereotyped perspective of heterosexual men. Deep relationships with other men can help greatly in these processes, especially once trust begins to develop. Trust itself is a surrender of defensiveness and it opens the man to seeing other views of life that will challenge and correct his own. Sometimes, cognitive therapeutic processes must be employed to stop or reduce the obsessive or ruminative thought processes. These generally include an aspect of releasing or relinquishing (letting go) the obsessive thought.

Emotionally, the principle of Surrender begins with letting go of defenses and fully receiving and feeling your emotions. Emotions bring physical sensations and impulses in the body (e.g., anger might bring a pounding heart and an impulse to hit) and understanding to the mind (e.g., anger might bring recognition of the extent of abuse). Men must learn to release the physical sensations and impulses (often called a “charge”) in ways that don’t hurt themselves or others. And they must integrate the new

understanding, which creates growth and expansion of emotional capacities. Men in the change process must also surrender emotionally in relationships with trustworthy people by releasing information about themselves, exposing their feelings, and receiving love and affirmation.

Surrendering unhealthy behaviors depends on surrender in the other three areas since addictions and compulsions tend to be based on cognitive, emotional, and spiritual issues. For example, sexual addictions are often held in place by a deep sense of alienation or self-hatred while repetition compulsions are often based in unresolved traumatic parent-child interactions. Working through and surrendering these underlying issues can have a dramatic impact on the addiction or compulsion. Even so, additional behaviorally based or 12 Step work is often required to fully overcome the addiction or compulsion.

Similarly, gender-atypical behavior is essentially a reflection of underlying issues involving the man’s self-perception. Emotional and cognitive surrender (as described above) is the pathway to deep changes in self-perception. At the same time, consciously surrendering non-masculine behaviors and adopting gender-typical behaviors can be quite helpful in the overall process. Finally, surrendering a “distractive lifestyle” necessitates emotional surrender but also usually requires a purely behavioral intervention to help the man change his pattern.

Spiritual surrender may be done as one powerful act of faith—willingly letting go the control of your life, trusting that something bigger than you will benevolently step in. Some men can do this. Other men can only spiritually surrender a bit at a time as they gradually feel greater trust through successful experiences with powers greater than their own, whether that power is seen as the natural change process or as God. For many religious men, the love shared between them and God creates a willingness and desire to surrender. Whether done at once or through many small decisions, spiritual surrender requires a recognition that you are a smaller force in the universe and that there is some force greater than yourself that wants your wellbeing. Spiritual surrender also involves seeking transcendence. By this I mean, seeking to rise above where you have been, looking within yourself for more mature responses, and going to sources higher than yourself for guidance and inspiration.

Conclusion

The Four Principles of Change are useful because they are easily understood and implemented by men in the change process. They also provide a paradigm for therapists that can be applied in very specific ways to a full range of issues facing all men in the process. To me, “change” means that growth toward mature masculinity and heterosexuality is resumed and completed. Growth needs optimal circumstances to proceed. My hope in splitting out the whole growth process into the four Principles of Growth is to empower us to create whole growth processes and optimal circumstances for change. ●

Le règne de Narcisse: les enjeux du déni de la différence sexuelle

The reign of Narcissus: the risks of the denial of sexual difference

Reviewed by Robert L. Vazzo, MA, MMFT

Robert Vazzo holds a Master of Arts degree in linguistics from the University of Pittsburgh and a Master of Marriage and Family Therapy from the University of Southern California. Currently, he is a Marriage and Family Therapist Intern at the Thomas Aquinas Psychological Clinic in Encino, California. The majority of Mr. Vazzo's clients are men dealing with unwanted same-sex attraction, pedophilia, and transvestic fetishism. Mr. Vazzo is also an adjunct faculty member at the Community College of Southern Nevada, where he teaches French and English.

In *Le règne de Narcisse: les enjeux du déni de la différence sexuelle*, Tony Anatrella communicates his thesis early on, namely that by its very nature, homosexuality involves the denial of the importance of the difference of the sexes. Furthermore, he asserts that society's affirmation of this denial through acceptance of gay parenting engenders grave social consequences including the loss of the nature of true parenthood and the ensuing identity confusion among children.

Anatrella underscores the idea that in our development from infancy, we are first preoccupied with ourselves and our own needs, then by those similar to ourselves (the same sex), and finally by those different from ourselves (the opposite sex). For

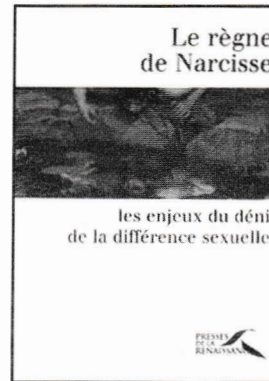


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Anatrella, the homosexual is stuck at a period of psychosexual development in which he is attracted to and seeks out individuals similar to himself. Therefore, central to Anatrella's thesis is the claim that by its very nature, homosexuality is narcissistic.

The danger, according to Anatrella, lies in our acceptance of homosexual activists' demands to participate in building a society in which we accord the same value to same-sex parenthood as we do to opposite-sex parenthood. Inclusion of such demands necessitates that we acquiesce to a philosophy of narcissism, which involves subjecting universal, societal

needs to individual, subjective ones. For Anatrella, the idea that we can construct a society on the notion that an individual's needs, based upon sexual impulses, are more important than society's at large is not only ludicrous, but also dangerous. He cites anthropological history as a testament that all enduring societies have been built on the concept of societal good taking precedence



over individual wants and desires.

Anatrella believes that civilizations continue because we value the innate sexual differences in being male or female and that the valuing of these differences leads to heterosexuality and thus continuation of the species. To support this notion, Anatrella emphasizes that as human beings, we all have different sexual impulses to varying degrees. He refers to homosexual feelings as *tendances partielles*

(partial/incomplete impulses) and underscores that all human beings experience various desires and impulses throughout the lifespan. Anatrella asserts, however, that we can never base the foundation of our society on just feelings and impulses. Our society must be based on the objective reality that we are either male or female and that these differences lead us to unity in marriage and later parenthood.

Le règne de Narcisse: les enjeux du déni de la différence sexuelle clearly illuminates the implicit, narcissistic nature of homosexuality and contributes to the reader's understanding that the homosexual finds himself in an unfinished stage of psychosexual development. Unfortunately, however, the author's scholarly support of that assertion is lacking. Anatrella consistently cites many of his own publications, and he provides few other citations for his principle arguments. For example, in discussing the possible developmental issues regarding the etiology of homosexuality, Anatrella states, "L'homosexualité se développe souvent à la suite d'un problème lié à l'identification et à une incertitude narcissique . . ." (p. 55). (Homosexuality often develops following a problem related to identification or to a narcissistic conflict.) Yet, he offers no scholarly support for this assertion. A review of the literature, however, yields ample scholarship related to psychoanalytic theories regarding the etiology of homosexuality. Likewise, in a large portion of the text in which he delineates the consequences of homosexuals adopting children, he provides only two citations. This lack of collegial support results in a text that reads more like a treatise rather than a scholarly work in psychology.

Anatrella states that his text is addressed to parents, educators, teachers, doctors and even elected officials (back cover). The problem, however, is that the complexity of his argumentation both from linguistic and philosophical perspectives does not render the text an easy read. Furthermore, the author writes in a clas-

sic European style, which consists of digressing to various sub-issues only to return to the thesis and principal arguments later, regardless of the explicit theme of the chapter. Many of the examples that he uses relate to France and French politics. Readers from the U.S. may find such examples culturally bound.

Finally, the psychological, sociological, and political issues he treats regarding such issues as gender, psychoanalytic thought, anthropology, and the political process are rather complex, and understanding them requires more than just a general education. If Anatrella intended to publish a philosophical work, based largely on his own experience as a psychoanalyst, which pro-

duces even more intellectual inquiry, then he has succeeded and his work can stand alone. If, however, he intended to convince his reader of the psychological/psychoanalytic bases for his argumentation, he has not succeeded, as his text lacks scholarly support.

I believe that the text would be quite suitable for a philosophy, philosophy of sexuality, or religious studies class that focuses on human sexuality and/or human rights. Because of insufficient scholarly support, however, the text would not be suitable for a psychology or human sexuality class unless Mr. Anatrella chooses to revise the text and include adequate documentation. ●

Gender Identity Disorders

UK Physician Investigated Over Rushed Sex Change Operations

British psychiatrist Russell Reid faces charges by five individuals who allege he failed to follow minimum international standards of care for sex change operations. Reid is a member of the Royal College of Psychiatrists and is considered one of the world's leading experts on Gender Identity Disorders.

Richard Tyson, who is representing one transsexual patient and four psychiatrists, said: "The story that I will unfold will tell you how we state how Dr. Reid has consistently jeopardized the safety of his patients and in particular by prescribing to them irreversible hormones to help change their gender without appropriate assessments and physical checks."

In testimony before the General Medical Council, a male-to-female (MTF) transgender told the council that when he consulted with Reid about a sex change, Reid told him that he could fund his sex change by working as a prostitute.

According to the MTF transsexual, Reid told him: "...there is always a market for effeminate young men such as yourself." The MTF began having psychiatric problems after he was prescribed for hormone treatment by Reid in 1998. In 2001, the patient had a full sex change operation at the Charing Cross Hospital Gender Identity Clinic.

Another patient, a female-to-male (FTM) person consulted with Reid with her sister who asked for a second opinion before her sister underwent the operation. Reid ignored her concerns and prescribed hormone treatments. The girl's father wrote a letter of

concern to Reid. In it, he said: "From conversations with quite a few health professionals, it seems clear that accepted guidelines have been ignored and in view of the seriousness of treatment or an operation it is an understatement to say that your diagnosis has been rushed. After conversations with other members of the family it appears that you have almost encouraged my daughter in her belief that the latest solution is the correct one without first ensuring that she had general therapy to ensure that there are no other less extreme alternatives. Given the irreversible nature of the treatment, the risk of it all being in vain is horrifying." ●

Gay And Transgender Students Push For 'Gender Blind' Dorm Rooms

Gay and transgender students at The College of William and Mary are pushing for gender blind dorm rooms. The student Senate has passed a bill calling upon the administration to permit males and females to live in the same room next year.

According to *The Virginian Pilot* (10-02-2006), "The impetus came not from boyfriend-girlfriend couples but from gay students who complained about uncomfortable experiences living with same-sex roommates, student senator Zach Pilchen said." Pilchen noted that students of different genders already study, eat and participate in campus activities together.

Swarthmore College in Pennsylvania has permitted men and women to share about 20% of its dorm rooms for at least four years. Gay and transgender students pushed for the arrangement, according to Myrt Westphal, associate dean for student life. College officials recommended against roommates having romantic entanglements, but the school took the stand that it's the student's choice, not the parents'. ●

'NARTH Conference Reports' Coming In Early 2007

Papers presented at the November 2006 NARTH Conference in Florida will be compiled into a complete report and available for purchase early in 2007. The *NARTH Conference Reports* will include the following papers -- and many more too numerous to mention: "How To Help Youth Overcome Homosexual And Addictive Temptations"; "Will And Grace: The Role Of Faith In The Healing Of Lesbianism"; "How People Change: The Many Roads From Same-Sex Attraction" and more. The *NARTH Conference Reports* will be available for PDF download for \$10 each.

The Treatment Of Childhood Gender Identity Disorder (GID)

By Marc S. Dillworth, Ph.D.

As my topic deals specifically with children, I'd like to preface my remarks with the old story, the Emperor's New Clothes, which I think provides a good illustration of what we, as professionals in the field of homosexuality and gender disorder, are facing.

If you remember the story, it deals with a wealthy, handsome, very well-dressed emperor, who loved to show himself off to his people as a real fashion plate. On one of his sartorial jaunts around the kingdom, he encountered two strangers who claimed to be weavers of the most exquisite clothes from the finest linens. Not only that, but their garments possessed a unique, magical quality: they were invisible. They assured the emperor that, while he would be able to see the fine garments they would make him, no one else could. He decided to take them up on their offer, and would employ the supernatural suit of clothes to discover who in the kingdom was a fool.

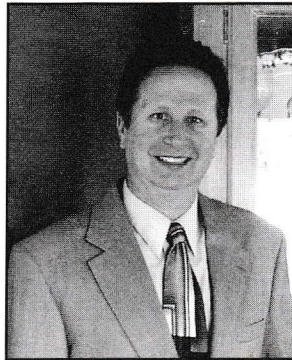
While the clothes were allegedly being made, he sent two of his servants to check on the weavers' progress. Of course, neither one could see the nonexistent clothes. However, not wanting to appear foolish, they pretended they could see the clothes and reported the same to the emperor. When the emperor was informed the clothes were finally ready, he couldn't see them either. But he was no fool, so he gushed over the luxuriousness and allowed the weaver's to dress him in the ethereal finery. Then he proceeded to stroll through his kingdom in nothing more than his birthday suit. His subjects, no fools they, all complimented him on his extraordinary garments. All except one small child, who pointed out that the emperor, the greatest fool of all, wore no clothes.

Homosexuality is akin to the emperor in the story. We are assured by colleagues and lay people alike that it is normal behavior and anyone who dares disagree is scorned as foolish. Thus, many are afraid to state the obvious. Sometimes, however, it takes an insouciant child to speak the truth, if only because no one has yet informed them that it is not politically correct to do so. I believe that, although now only a few voices dare speak with candor, people's natural bent toward honesty will one day lead the entire community to accept the truth as it is.

History Of Gender Identity Disorder

GID appears in the *Diagnostic and Statistical Manual* (III) in 1980. This is surprising because the political climate surrounding homosexuality led to its being removed from the list of psychological disorders in 1973.

The effect of that occurrence on the scientific community has been chilling. Powerful pro-homosexual activism has effective-



Marc S. Dillworth, Ph.D.

ly silenced the voice of the opposition. Freedom of speech and scientific investigation are being sacrificed upon the altar of political correctness. This is especially alarming in a country that prides itself on its tradition of free speech and the free expression of ideas. NARTH and other researchers in the field are barred from presenting papers, studies, or research that conflicts with the current paradigm.

Reports of gender identity disorders go back over a century. Frankel reported the first case, which dealt with an adult transsexual, in 1853. The 1930's and 40's saw the appearance of reports involving children. It was not until 1960 that Green and Money published a series of case studies on young boys exhibiting cross gender behavior. Nevertheless, it has only been in the last thirty years that the syndrome was recognized, documented, and studied by many researchers (Zucker, 1995). This well-documented history and research are the reason GID was first included in the DSM III in 1980, but this inclusion was not without controversy.

Current Status Of GID As A Disorder

The inclusion of GID in the DSM (III) has been controversial for two reasons: the strong correlation between GID and homosexuality, and the fact that it creates an inconsistency in the DSM.

The relationship between GID and homosexuality is a widely accepted fact and was demonstrated by Green's landmark 1987 study. He placed the number of children treated for GID who grew up to be homosexual, lesbian, or bisexual at 73% (Green, 1987). His findings showed a smaller percentage became either transsexual or heterosexual. These findings have been replicated by many other researchers and have been widely accepted as factual by experts in the field. Even the DSM (IV) quotes the same finding and states, "three fourths of children with GID turn out to be homosexual."

The inconsistency in the DSM stems from the fact that there are two sides to the issue. NARTH and its former president, Charles Socarides, M.D., have taken the position that GID is a pre-homosexual condition, which justifies its inclusion in the DSM. NARTH has a great deal of support for keeping GID in the nomenclature. Most of the major experts in the field, such as Green, Zucker, Bradley, Coates, and Rekers, want to keep GID as a formal disorder.

Granted, these authors have differing reasons for doing so. Zucker, for example, argues that the consequences of GID are severe enough to warrant amelioration of the disorder, although he doesn't take a strong position on the homosexual aspect of GID. However, both he and Green believe parents have a right

to seek treatment for a pre-homosexual condition for their GID children.

On the other hand, the politically powerful gay activists, led by Richard Isay, M.D., argue that GID should be removed from the DSM (Isay, 1997). Isay admits that atypical gender behavior is one early manifestation of homosexuality which he defines as a normal variation of sexuality and, as such, should neither be labeled psychopathology nor be subject to treatment.

In a gay activist's book, edited by Rottnek (1999), the position was taken to remove GID as a childhood disorder, but to retain it as an adult condition. In this case, GID would only be used to diagnose transsexual disorder for the purpose of hormone therapy and sex reassignment surgery. The pro-homosexual group wants to remove any diagnosis that would lead to the treatment of pre-homosexuality in children or adolescents. In addition, the gay activists not only recognize, but also point out the inconsistency of the nomenclature. In fact, they use the scenario as their strongest argument for removing GID from the DSM.

The conflict really boils down to whether GID is simply a pre-homosexual condition or a pre-transsexual condition in and of itself. Some authors have argued that GID is nothing more than a pre-homosexual pattern and question why treatment is alright for children but not for adults (Bern, 1993; Fagot, 1992; McConaghy & Silvone, 1991). Zucker and Bradley (1995) and others do not view GID as simply a pre-homosexual condition; they believe it is a separate condition that can lead to homosexuality or transsexualism.

I tend to believe that GID is a pre-homosexual condition and is, in fact, one gateway into homosexuality. I say "one gateway" because 73% of GID cases turn out to be homosexual adults. In addition, a study done on adult gays and lesbians showed a high propensity toward cross-gender behavior. Saghir and Robbins (1973) found that 67% of the GID men and 70% of the women reported cross gender behavior in childhood.

Conversely, the same study demonstrated that a vastly smaller number (3% of the men and 6% of the women) had a desire to change sex. I consider this to be more of a transsexual problem than a homosexual one. In other words, the correlation between homosexuality and GID symptomology is very high, but lower for homosexuality and transsexual symptomology. Therefore, some of the symptoms within the DMS criteria are more related to transsexuality, such as wanting to be of the opposite sex or actually changing sex. Other DSM criteria, however, such as cross-dressing, are more relative to homosexuality. My conclusion, therefore, is that the DSM diagnosis of GID probably has two separate disorders under one category, homosexuality and transsexuality.

The danger for those of us who treat homosexuality is if or when these two disorders are separated, GID will be dropped from the DSM nomenclature, although transsexual disorder will remain and be used for hormone therapy or surgery. As I stated previously, this is precisely what the gay agenda calls for.

Increasing Numbers

Although there has been no formal study of the growing number of GID cases, several reliable sources indicate a significant increase. Lothstein (1983) speculated that the current "non-sexist" zeitgeist may have been indirectly responsible for the increase. Zucker and Bradley (1995) report an increase in the number of referrals to their clinic, the Child and Adolescent Gender Identity Clinic at Clarke Institute of Psychiatry, Toronto, Canada. Another author, Nicolosi, says school counselors are reporting greater numbers of sexual identity problems. Additionally, the *Journal of Sex Research* has reported an upsurge in homosexual experimentation and activity (Butler, 2000). In a ten-year period, from 1988 to 1998, women reported a fifteen-fold increase in same-sex experimentation while men reported a ten-fold increase during the same period.

Diagnosis and Assessment

I will first outline the DSM (IV) criteria, which is rather straightforward. I will then discuss GID symptomology in-depth and give illustrative examples. I will conclude with a differentiation between diagnoses of GID and other conditions.

A. DSM (IV) Criteria

A strong and persistent cross gender identification accompanied by a consistent discomfort with one's gender characteristics. I wish to emphasize the persistence aspect as well as the following criteria:

- Repeatedly stated desire to be, or insist that he or she is, of the opposite sex.
- A preference for cross-dressing behavior.
- Preferences for cross sex roles and make believe play or persistent fantasies, of being the opposite sex.
- Intense desire to participate in stereotypical games or pastime of the opposite sex.
- Strong preference for playmates of the opposite sex.

Symptoms In-Depth

Typically, cross-gender behavior begins to evidence itself early, surfacing between the ages of 2 and 4 years. Parents, however, rarely pay attention to such behavior until the ages of between 7 and 11. There are seven gender behavior problems that I will discuss in detail: gender identity statements, cross dressing, toys and role playing, peer relationships, manners and voice, anatomical dysphoria, and rough-and-tumble play.

Gender Identity Statements

Identity statements are verbal comments by children who either say they are members of the opposite sex, or that they would like to be. Older children tend to deny such feelings. During clinical interviews, younger children (ages 2-9) will be more likely to admit to such feelings, whereas older children (9-12) will not. The older children have learned that such comments are socially

unacceptable, therefore, when dealing with children in the older group, it is necessary to ask the parents if they have ever heard their children make such comments.

Cross-Dressing

Cross-dressing occurs in GID children of both sexes. In boys, they enjoy wearing their mothers' or sisters' clothing, including high-heeled shoes, dresses, jewelry, and make up. As they get older, they may wear more masculine clothes, but tend towards more feminine colors, such as pink or purple. Furthermore, these boys have a strong aversion to clothes that express a decidedly male persona, such as T-shirts with sports teams emblems, or those related to masculine characters such as Batman or the Power Rangers.

Girls will wear more masculine clothes, such as sweats or slacks. Typically, they have a reluctance to wearing dresses. On special occasions, when a GID girl would be expected to dress in a traditionally feminine manner, a major conflict between parents and child may erupt.

Toys And Role Playing

GID boys typically role-play female characters, such as their mother or sisters. He identifies with female figures in popular television series, movies, and cartoons, such as The Little Mermaid and Power Puff Girls, or even evil female role models, as the Wicked Witch of the West in The Wizard of Oz.

They also enjoy playing with dolls. Games include playing house where he will take the role of the mother, nurturing the younger siblings, as well as many other stereotypical female activities.

For girls with GID, the role-playing is of male figures, such as their father and brothers. They like to play stereotypical male games, such as war, sports, and other aggressive types of activity. She likes to be the hero, rather than the nurturer, focused on competition, winning, power, and control.

Peer Relationships

GID boys display a marked preference for female playmates. Their friends are girls; they enjoy playing with girls and identify with their femininity. Sometimes these friendships are sincere, other times the girls do not accept the boys. On the other hand, GID boys are afraid of other boys, fearing they do not fit in with their male contemporaries. The other boys tend to pick on them for their effeminate appearance and behavior, subjecting them to bullying and teasing.

The girls show strong identification with male playmates and tend to avoid other girls. The GID girls, however, are rarely accepted into the male hierarchy, although they appear to be the target of less teasing than the GID boys.

Manners And Voice

GID boys typically appear feminine in voice and manner. They speak in a high-pitched voice and their phraseology commonly has a feminine sound. They tend to walk and run as do girls. The girls tend to have more masculine voices and mannerisms.

Anatomical Dysphoria

Both the boys and girls tend to dislike their sexual anatomy. Boys prefer to sit when urinating, attempting to hide or tuck the penis between the legs. Sometimes they verbally express hatred of their genitalia, saying such things as "I want to cut it off," "I hate it" or "It's not mine." Girls seem equally dissatisfied with their vaginas and are obsessed with acquiring a penis, often putting a hot dog or other phallic symbol in their underwear.

Rough-And-Tumble Play

The boys intensely dislike rough-and-tumble activities, competition group sports, or aggression. They seem to have a great deal of fear and anxiety in the presence of such play, having difficulty distinguishing between play and real violence.

B. Treatment of GID

Treatment Model

My approach is the same as Drs. Rekers and Nicolosi. Their work details the fertile ground in which homosexuality is born and we have the *in vivo* opportunity to pick out the weeds and allow heterosexuality to grow.

Encourage Father/Son Bonding

There are four steps to father/son bonding: reducing criticism, winning over, turning toward, and playing together. Let me discuss each one.

Reducing Criticism

The father-son relationship is typically distant and strained. Therefore, working on this relationship may need to proceed slowly. The father is usually hypercritical of his son. I am rather direct about criticism. In session I will point out criticism if I see it. Basically, criticism needs to be stopped. Criticism is often a pattern of inaction between father and son; each is very critical of the other. It begins, however, with the father's criticism of the son, leading to a critical response from the son. I explain that criticism is destructive, based upon the definition that criticism is an attack upon the character of the one being criticized.

For example, a comment such as, "What is wrong with you, you're playing with girls' toys?" is an attack by the father upon the son's character and will tend to arouse contempt for the father on the part of the son.

Winning Over By Building The Emotional Bank Account

I suggest to the father that he needs to win his son over, and caution that this will require some time. I warn the father that his son will probably reject this approach and not want to have anything to do with him. I encourage him to persevere, because deep down, the son does want to have a relationship with his father. I explain that the son is being defensive and the father needs to break through the barrier with love and firmness.

One way to slowly begin the process is increasing positive father-son interaction. Research conducted by relationship expert John Gottman, Ph.D. (1994), found that the ratio of positive-to-negative interactions can be decisive in making or breaking a relationship. In fact, he developed a ratio that seems workable, which is 5-to-1 positive-to-negative interactions. Relationships conforming to this model appear to be happy and healthy, while a change one either side, such as 2-to-5, strains the relationship.

The goal, therefore, is to begin at a basic level, i.e., increasing the number of positive interactions. Simple, day-to-day conversations and interactions can do this. Examples would include greeting each other in the mornings, saying a simple "goodbye" when parting for the day, and the father regularly telling the son that he loves him. Each day should include a conversation, even about superficial subjects, such as asking the son about his day, discussing a television program, or even talking about the weather.

It is important to note that every positive interaction is akin to putting money in the bank; every time the father has a positive interaction with his son, it is placing emotional currency in the account. This positive input accumulates over time, while each negative interaction is a withdrawal from the account.

Thus, the goal is to keep the balance in the emotional savings account as high as possible. Of course, it is not humanly possible to avoid all negative situations and conflicts; they are part of life. What I advocate is the father's keeping the account so balanced on the positive side, preferably at the 5-to-1 ratio, that the inevitable occasional conflict does no damage to the relationship.

The problem with these estranged relationships is that there is no emotional savings account, no positive resources upon which to draw. Therefore, the negative interactions have nothing to counteract, much less neutralize, their destructive effects.

It is, therefore, a slow building process, over time, that will eventually win the son over. Increasing positive interactions and decreasing the negative will increase the likelihood of the son becoming less defensive, therefore becoming more positive in his responses and beginning to trust his father. Again, I emphasize the need for patience as it will take time.

Turning Toward The Son – Attentiveness

Fathers of gender-disturbed boys have usually been turning away from their sons for years. Needless to say, the son's reflexive response is to turn away from the father. It is the father's respon-

sibility to reverse this pattern of behavior. This is not an easy task; the process has been going on for a long time and has become an ingrained habit on both sides. It will therefore require great effort to make the change. The father's continued practice of turning toward the son will eventually lead to new patterns of behavior. Common clinical wisdom tells us that it takes approximately thirty days to change a habit and thirty days to develop a new one.

The first step is to be attentive to the son's seeking attention. The father must learn to know when the son specifically desires his father's attention, and to make a definite effort to respond by not turning away but toward the son.

As an illustration, a boy may ask his father to watch him ride his bicycle. The father's turning away can be demonstrated with a response such as, "No, I am busy right now." A positive response of turning toward the son might be, "Yes, I'll be outside in a minute."

Boys may try to get their father's attention in many ways. Some GID boys, however, never even make the attempt. I will discuss the latter type presently. It is important for the father to notice when the attempts are made and to respond appropriately.

I frequently ask fathers how they know when their son is trying to get their attention; what methods do they use? Do they ask them to watch them ride their bike, to look at a minor injury or, for older children, to see their new CD player?

I then ask them how their son would know that they, the father, was paying attention to and showing interest in them. The first sign of turning towards the boy is for the father to stop whatever he is doing and establish eye contact, that is, turn away from what is occupying the father's attention and turn, literally, towards the boy. This isn't easy for many fathers. Men tend to be more single-minded and more focused in what they are doing, and find it difficult to pay attention to other things happening around them. Nevertheless, once attention is given here are some examples of how the father can turn towards the son: make eye contact, reach out and touch, display interest in what he is saying (even if it is not particularly interesting), ask questions, and be positive and encouraging. Remember, the father is building the emotional bank account.

Another way to make contact is through physical touch. As I mentioned earlier, some GID boys never seek their father's attention. These boys are especially alienated for their male parent. Physical touch is an excellent way to break down extreme defensiveness.

Touch, especially from the father, has been extremely rare for these boys over the years. It may not come naturally at first. I suggest the father fake it until he makes it. In more extreme cases, it is necessary for the father to initiate the contact and reach out to the son. For example, the father may try to sit next to the son on the couch, in the car, the movie theatre, or at any other opportunity. Methods of building from there include pats on the back, scratching his back, putting one arm around him and

giving a small hug. The ultimate form of physical affection is hugging and kissing. It may take awhile to get to this point, but I think it should be a goal. This type of affection is, of course, easier when the boy is younger. Teenagers usually do not like to be touched by their parents. However, even in the case of teenagers, I believe the fathers need to touch their sons. Nevertheless, a bit more discretion is advised with teenagers, i.e., kissing on the mouth may be inappropriate or awkward, whereas a kiss on the cheek or forehead would be better.

Play Together: Finding Common Interests

The best way to discover common interests is to ask both father and son in a joint session what their interests are. Many times, the answers are quite diverse. What I am looking for is an commonality of interest. I also want to find something the father is very good at and can be used for the son's developing respect for the father.

Another issue is to find activities that are more masculine. However, it may be necessary to begin with more gender-neutral activities. In the long run, though, I am looking for activities that enhance masculinity. Care is required here, because to leap right into playing football or something along those lines could quickly result in complete failure. Again, as with many of the above detailed steps, a gradual approach is most desirable.

One case comes to mind, of an especially estranged teenaged son and his father. The son who, at the time, was seventeen years old, was particularly unwilling to spend time with his father. He had very little respect for his father, who happened to be a carpenter. After going around and around for several sessions, we settled on the father and son collaborating on a landscaping project. This was a compromise and more gender-neutral, because the son was interested in the artistic aspects of landscaping. This first assignment went well and was followed by a second, building an entertainment center. After they completed the handmade, wooden entertainment center, the son found a new respect for his father's carpentry skills, and the relationship began to build from there.

Another method of play, especially for younger boys, is rough-and-tumble activities. As mentioned earlier, GID boys are often fearful of this type of play, so initial attempts will probably meet quite a bit of resistance. I repeat my suggestion to move slowly and not push too hard. However, one always needs to bear the goal in mind and be determined to achieve it.

Perhaps the most common type of rough-and-tumble play is wrestling; but remember, it is meant to be play, not the real thing. Nevertheless, it is alright to pretend it is a real wrestling match. The goal here is to enjoy each other and teach aggressiveness. Here are a few basic guidelines I give the father: Do not overpower the child; let him think he is giving you a hard time. This means allowing him to win sometimes. Let the boy be the aggressor and believe he is really beating you. On the other hand, balance the matches out, by also beating him and establishing dominance. If you have a five round match, for example, let him win two of them. The goal here is to make him believe he

is strong, stronger than he previously thought, and that he has a chance to beat you. This type of play produces aggressiveness, confidence, and self-esteem as a male.

There are many other types of rough-and-tumble play: war games, electronic games, exploring, climbing, hunting or guns, and sports such as baseball, soccer, hockey, football, basketball, or any other type of contact sport.

War games are a rather fun type of father-son activity. They can go into the backyard and pretend they are having a battle. It is alright to play with guns and pretend to shoot one another. Another option is to battle one another with plastic army men.

Electronic games are a common activity for boys these days. Fathers and sons can compete against each other in some of them. The father must be certain, though, that it is a masculine game, including fighting, adventure, racing, or any other type of competition.

Exploring is a fun masculine activity. I used to take my son on Sunday afternoon adventures. We would hike back into the woods, pretending we were explorers. Sometimes we would take BB guns, knives, bows and arrows, or whatever new toy we had. More often than not, we would return home sweaty and dirty.

The last area of father-son activities is sports. I mention this last because it can be one of the most stressful of activities. GID boys are typically fearful of sports. I also make sports last because fathers need to build up to this point. Think of these suggestions as a pyramid, with sports as the capstone.

The earlier activities, such as wrestling, are better to begin the building process, with every new step developing trust and enhancing the bonding between father and son. Once the son feels comfortable with the father, sporting activities will not be perceived as such a threat.

The father needs to act as coach to his son in a non-threatening environment. GID boys are usually uncoordinated and appear non-athletic. Therefore, the father acts as coach to teach his son a particular sport and help him to catch up with the other boys. It is similar to helping with homework. A parent wants the child to keep up with his or her studies. However, instead of academic study, here we focus on athletic training.

I tell fathers that an excellent way to do this is to take their sons, one-on-one, and teach them to play the sport. I, myself, used to play soccer or baseball with my son in the backyard. I taught him how to hit and throw the baseball. We would also spend many hours playing catch. I made it a non-stressful and fun time together. And, most of all, it gave him confidence in his ability to play sports.

Mothers Distancing Themselves And Affirming Father's Masculinity

This is often the most problematical of all goals. The relationship between the mother and son has been very close over the

years. Initially, the mother may have felt the need to protect her son from a cold, unloving, and sometimes abusive father. In addition, the mother has had many of her emotional needs met through her son, and the son enjoys this special relationship with his mother. Therefore, distancing themselves from one another can be painful.

I make a point of discussing this issue with the parents without the son present. I ask the following very important questions: How can the mother back off? What does backing off look like? If you did back off, what would likely happen, both pro and con?

The parent usually knows what to do and come up with a good plan. I prefer to have the parents come up with answers, but sometimes they need help. The following are examples of how to disengage mother and son.

First, the mother can push the son towards the father by affirming the father. These women have often been very critical of their husbands and demonstrate little respect for them. I try to help mothers reduce such criticism and find reasons to respect the father. During the session, I will find ways to build up and compliment the father.

For example, in a recent case, a teenage boy was depressed and refused to go to school the day after a conflict. The mother, who usually would be the conflict manager, left for work and left the father in charge of the situation. The father gave his son a choice of either going to school or spending the day with him at work. The boy chose the latter.

During the session, I reinforced the father's way of handling the situation, telling the father I thought not leaving the son at home alone was a caring thing to do. Apparently, it was the right decision because, later that same day, the boy was back to his normal self. Both the mother and son were pleased that the father's actions demonstrated love and caring for his son.

A second way for mothers to disengage from their sons, is to refocus attention on other areas. If there are other children in the home, particularly girls, I suggest the mother spend more time with their daughters engaged in female activities. In addition to helping the mother disengage, this gender pairing sends a clear message to the gender disturbed boy that mothers and daughters are different from fathers and sons and, so, do different things.

Other ideas for redirecting the mother include getting a job, going out with friends, joining a club, membership in a health spa, and taking up a new hobby.

Extinguishing Feminine Behavior and Play

Extinguishing feminine behavior and play can be a delicate issue. Rekers' approach is simply to ignore the feminine behavior. He uses the behavioral approach of extinguishing behavior by not reinforcing it.

Nicolosi, by contrast, suggests setting firm but loving boundaries, and redirecting. This technique involves direct interven-

tion to stop the female behavior and then providing the option of masculine behavior. For instance, if a boy wants to play with dolls, the parents need to point out that boys do not play with dolls, and redirect him to a masculine toy. It is perfectly acceptable to draw clear lines of distinction between appropriate behavior for boys and girls.

Thus, the parents letting the boy clearly know what they want him to be, is helpful. Conflicting memory and ambiguous direction contributes to gender confusion. By the same token, parents need to be to avoid criticism and outbursts of anger.

Criticism, as I stated earlier, is an attack on the boy's character. An example might be, "What's wrong with you? You act like a girl when you play with toys." That type of comment could reinforce the boy's negative self-image and strengthen his belief that there is something wrong with him.

Another concern is anger. If a parent is angry at a particular demonstration of femininity, it is best to step away from the situation and regain composure before addressing it. Therefore, when a feminine behavior occurs, parents need to be dispassionate and observe verbal boundaries, phrasing their corrective statement as they would for any other inappropriate behavior.

In one recent case, a five-year old boy was wearing his mother's shoes around the house. The parents were perplexed as to how to handle the situation. I asked what they wanted him to do, and the mother replied that she did not want their son wearing her shoes. I followed up by asking her why she did not want this, and she said because boys do not wear women's shoes. Having provided her own answer to the problem, I advised her to repeat it to her son precisely as she had said it to me. The expression on the parents' faces assured me they considered me a genius.

Positive Encouragement For Gender-Appropriate Behavior More Effective Than Punishment Or Criticism

Rekers uses positive reinforcement to increase masculine behavior. He encourages parents to comment directly upon and praise positive behavior. He also uses a self-monitoring behavior counter. This is typically used with older boys, who monitor their own behavior with the wrist counter. A reward is given at the end of the day for positive behavior. I find this approach rather artificial and mechanistic.

I suggest parents reinforce masculine behavior by showing signs of affection, or simple verbal phrases, such as, "good boy." This approach is good for younger boys (ages 2 to 4). As boys grow older, however, and become more verbal, I advise that parents give positive feedback on positive changes they observe. This is done in family therapeutic sessions and can also be employed in family meetings.

During the session, I will enquire as to what positive changes they have observed. Then we discuss in detail what the child is doing that pleases the parents.

To give an example, in one recent family session, a father said he

liked the fact his son helped him build a mailbox. I asked what the father got out of the experience. He replied that he liked the fact his son chose to help him with the project, rather than play with his girl friends. As a rule, the son would play with the girls in the neighborhood than spend time with his father. On this occasion, the boy decided to help his father without any argument or defensiveness. I then asked the boy what he received from the experience, and he said he had learned to use power tools and that that had been fun.

To me, what is important here is the providing of specific, positive feedback for each person, so they know exactly what they are doing to improve the situation.

Peer Relationships: Encouraging Same-Sex Friends, Play, and Activities; Discouraging Opposite-Sex Play and Activities

Same-sex play is a very important area, especially if there is a problem with the father. For single parent homes, or if the father is unwilling to help, same-sex friendships and activities can make up the difference.

The importance of peer relationships and acceptance cannot be overestimated. This is especially true as children become adolescents. Parents, especially mothers, can be very helpful in this regard. Mothers who have had to back off of their sons, can focus their attention on finding friends. One mother I recently worked with told me how she makes friends with other women who have sons, so that the boys could play together. The mothers regularly get together for this express purpose.

Parents need to open up their home on a regular basis and invite boys over. A home is made boy-friendly by having action-oriented activities available. Building a fort in the backyard or a bike ramp, having ropes and other climbing devices, a swimming pool, basketball hoop, and many other similar things are very attractive to boys.

Further, you can have regular sleepovers, inviting male friends and relatives to spend the night at your home and allow your son to spend the night at other boys' homes. The latter encourages independence and self-reliance. Boys like to play outside and should be encouraged to do so. If there are other boys in the neighborhood, the parents should encourage their son to play with them and, as I said, invite them into your home.

A major problem with GID boys is that they feel more comfortable with girls than boys and, so, prefer to play with them rather than with their male contemporaries. Parents of GID boys therefore need to discourage opposite sex play and friendships. The goal is to have the boy develop male friendships and play relationships, and stay away from girls. He needs other males to sharpen and affirm his masculinity. Obviously, girls cannot provide this example. Boys get their masculinity from other male figures, both peers and adults.

The problem can be dealt with both directly and indirectly.

Parents can tell their son to play with other boys because they have more in common with them than with girls. Verbal rules need to be back up with action, such as only inviting other boys into the house, and discouraging your son from inviting girls. If the boy should invite a girl, he can be redirected by saying no, but he may invite Bobby. Monitor your son's playmates and activities and redirect them as much as possible. Say it directly - "I don't want you to play with Mary, but you may play with Bobby." Over time, he will want to play with other boys rather than girls.

Initially, such segregation between male and females is essential; this is because of lack of male identity. In order to form a masculine identity, a boy needs other males; playing with girls diminishes masculine identity. In time, when the boy develops a masculine identity, it is not so much of a problem for him to play with girls. Of course, having both male and female friends is not a problem for children who do not have a gender identity disorder.

Treatment Outcomes – The Earlier The Better

One can evaluate treatment outcomes in two ways: first, the clinical literature and, second, formal scientific studies. Clinical research is based upon practical experience and reported as small group or single case studies. It is a pragmatic approach that focuses on what works and what doesn't, and is then passed on to professionals in a mentoring or training situation. Much of what is taught in medicine and medical school is based upon clinical information. It has not been until recently that formal scientific studies have been used to prove the effectiveness of certain medical procedures.

The same is true in the psychotherapeutic community: most of the knowledge and information has been passed along through clinical experience. Recently, however, there has been an emphasis on determining the effectiveness of treatments through formal scientific research. Before the 1990's, the effectiveness of psychotherapy was seriously questioned. Since the studies have been reported, however, the naysayers have diminished their criticism.

I have discussed the above to articulate treatment outcomes for GID. For the clinical literature, all of the major authors in the field, including Green, Rekers, Nicolosi, Zucker, Bradley, Coates, and others, have reported positive results. The authors reported a decline in feminine behavior and corresponding increase in masculine behavior, and vice-versa for girls. Many report less identity confusion in GID cases. Some report a change in sexual orientation. Most of the authors report that sexual orientation was the most difficult area to change, and there is no guarantee change will occur. Green, for example, reported no change in sexual orientation (1987). Zucker criticized him for his conclusion that no change is possible. Zucker believes change is possible, in certain cases, while Rekers believes sexual orientation can be changed but has not yet proved it in his research.

On the other hand, there is a dearth of formal scientific study in

the area of GID. It is not unusual for there to be a lack of scientific study of certain disorders. The major disorders, such as depression and anxiety, have been extensively studied, whereas GID and other more minor disorders have not. Additionally, the current political climate makes researchers unlikely to study Gender Identity Disorder. Most academics do not want to get involved in political issues. Unfortunately, GID, like homosexu-

ality, has been politicized.

Nevertheless, one major study was done by Green (1987) and some studies by Rekers (1995), that have found positive results for a change from feminine to masculine behavior. ●

(Reprinted from the NARTH Conference Reports, 2002.)

(Continued from page 3)

Assuming that people who marry heterosexually are almost always heterosexual -- especially in a country where homosexuality carries little stigma, and gay marriage is legal -- and people who marry homosexually can be presumed to be homosexual, the study's findings offer intriguing evidence about family factors separating homosexual from heterosexual persons.

The Following Are Findings From This New Data:

Men who marry homosexually are more likely to have been raised in a family with unstable parental relationships -- particularly, absent or unknown fathers and divorced parents.

Findings on women who marry homosexually were less pronounced, but were still associated with a childhood marked by a broken family. The rates of same-sex marriage "were elevated among women who experienced maternal death during adolescence, women with short duration of parental marriage, and women with long duration of mother-absent cohabitation with father."

Men and women with "unknown fathers" were significantly less likely to marry a person of the opposite sex than were their peers with known fathers.

Men who experienced parental death during childhood or adolescence "had significantly lower heterosexual marriage rates than peers whose parents were both alive on their 18th birthday. The younger the age of the father's death, the lower was the likelihood of heterosexual marriage."

"The shorter the duration of parental marriage, the higher was the likelihood of homosexual marriage...homosexual marriage rates were 36% and 26% higher among men and women, respectively, who experienced parental divorce after less than six years of marriage, than among peers whose parents remained married for all 18 years of childhood and adolescence."

"Men whose parents divorced before their 6th birthday were 39% more likely to marry homosexually than peers from intact parental marriages."

"Men whose cohabitation with both parents ended before age 18 years had significantly (55% -76%) higher rates of homosexual marriage than men who cohabited with both parents until 18 years."

The mother's age was directly linked to the likelihood of homosexual marriage among men—the older the mother, the more likely her son was to marry another man. Also, "only children" were more likely to be homosexual.

Persons born in large cities were significantly more likely to marry

a same-sex partner—suggesting that cultural factors might also affect the development of sexual orientation..

"Whatever ingredients determine a person's sexual preferences and marital choices," conclude the study's authors, "our population-based study shows that parental interactions are important." ●

New York Health Department Nixes Plan On 'Freedom Of Choice' In Gender

The New York City Health Department has rejected a plan that would have permitted New Yorkers to change their birth certificates without undergoing a sex change operation.

The original plan had been promoted by transgender activists who asserted that the action was needed because some transgendered individuals do not have money for a sex change operation.

According to a *New York Times* report (Nov. 7, 2006), the policy proposal comes after a four-year series of discussions among health officials and an eight-member panel of transgender experts. The *Times* notes: "It is an outgrowth of the transgender community's push for recognition that some people may not have money to get a sex-change operation, while others may not feel the need to undergo the procedure and are simply defining themselves as members of the opposite sex. While a radical notion elsewhere, New York has often tolerated such blurring of the lines of gender identity. The proposal also reflects how the transgender movement has become politically potent, having roots in the muscular politics of the city's gay rights movement."

City Health Commissioner Thomas R. Frieden noted: "Surgery versus non-surgery can be arbitrary. Somebody with a beard may have had breast-plant surgery. It's the permanence of the transition that matters most."

In December 2006, however, the city backed off the plan for further study. Law enforcement officials had pointed out the problems that would result in prisons if males who claimed to be females had to be housed with females. Frieden noted: "This is something we hadn't fully thought through, frankly. What the birth certificate shows does have implications beyond just what the birth certificate shows."

The city, however, did approve the changing of birth certificates for transgender individuals. ●

Do Elder Brothers Make You Gay?

By Neil Whitehead, Lower Hutt, New Zealand

It has been a theme in gay science studies for many years that having elder brothers makes you gay, (the Fraternal Birth Order effect, or FBO), and there are about 20 relevant studies, including three in which a very weak effect, or no effect was found, and three in which different sexual orientations were involved.

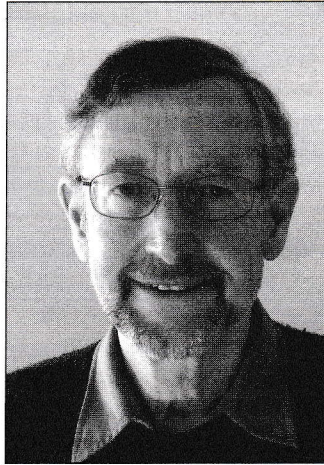
This being gay science, the preferred assertion has been that the explanation is biological rather than social, and a complex biological theory has grown up to explain it called the maternal immune hypothesis. That, in itself, is suspect and a paper rather sketchily surveying the defects of that theory will appear in the conference papers from the 2006 conference. Now a recent study, one of the three, casts more doubt on the fundamental premise that there is a Fraternal Birth Order at all [Frisch, M, Hviid, A (2006) Childhood family correlates of heterosexual and homosexual marriages: a national cohort study of two million Danes. *Archives of Sexual Behavior*. Preprint, Oct 13. DOI 10.1007/s10508-006-9062-2.]

Even advocates of this theory calculate it only explains the SSA of about 17% of all cases. This is because many men with SSA do not have elder brothers or any siblings. Nor is the effect overwhelming. It is supposed to increase the probability of SSA by about 30% for each elder brother in the family.

The previous studies included re-analysis of Kinsey's data, re-analysis of the Kinsey Institute 1970 sample, which formed the basis of the well known Bell and Weinberg studies, re-analysis of the gold standard Laumann, et al. (1994) Chicago-based study, and various samples recruited from the gay and lesbian communities.

No Fraternal Birth Order Effect Found

Most of the studies showed the effect, but a few did not. The most recent, however, is unprecedented. Frisch and Hviid analyzed relationships from the two million Danes 18-49 years old, and found no Fraternal Birth Order effect and that those from stable traditional families favor traditional heterosexual marriage and the larger the family, the better (no surprise).



Neil Whitehead, Ph.D.

The Scandinavian countries have a thorough civic/health registration system, in which all the important events happening to a single person throughout their life can be correlated. To many readers this may seem a huge invasion of privacy, but there are stringent safeguards. In the accounts I have heard, researchers are not allowed direct access to the data. An experienced Ministry employee works for them at a significant hourly rate and gets exactly the numbers they require, while giving no identifying details of individuals. This is expensive research, and limits the studies that can be done, but the research value of the studies is very high and often definitive. In many cases, as the present one, the entire population of Denmark can be studied.

There does not seem to be an entry in each person's records giving their sexual orientation, so the present researchers used records of registered homosexual marriages (available since 1989 in Denmark according to the paper) which at least should be a reliable indicator of SSA status. However, only 1-10% of gays have entered such formal unions, so we must be aware that this group may not be typical of gays at large whose lifestyle is more typically quite short liaisons which are never formalized. Similarly those who registered heterosexual marriages were classed as OSA (opposite-sex attraction). That will be fairly reliable, though a few percent may be closet SSA. It does not consider, except by default, the large group of the population who are de facto or cohabiting. It presumably targets the more conservative or traditional OSA group.

There was no significant correlation of homosexual marriage with elder brothers, but again different from the emphasis in earlier findings, if a man had three or more elder sisters he was 60% more likely to enter a homosexual marriage. This was only marginally significant however, and it would be likely such a finding might not be repeated in a fresh survey.

Of the 1,890 men who entered homosexual marriage, 1,316 had no elder brothers. In addition, 463 had one and were 6% more likely to "marry"; 97 had 2 and were 8% more likely to marry; and 14 had 3 or more but were only 75% as likely to marry. Individually, none of these were significant, and considered all together there was an insignificant 2% positive trend per brother

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rather than the 30% in other studies.

Short Parental Marriage Increased Likelihood Of Gay Marriage Of Son

A quite significant finding was that a short duration of parental marriage increased the probability of homosexual marriage as much as 36%. Considering the size of the errors, this was a reasonably significant effect. There seemed few significant correlations for lesbian homosexual marriage. The number of SSA men (1,890) is large but we must remember that Blanchard (2004) combined the results from 10,143 men containing approximately the same number of men with SSA and confirmed the FBO effect. So why the conflict?

The main difference between studies is that samples drawn from gay/lesbian groups have tended to show the FBO effect, whereas truly random samples did not. At first sight this might be another case of very biased samples affecting the results, as they did for Kinsey's work, and some twin studies, but the excellent random sample of Laumann et al. (1994) also showed the effect, so it ought on balance to be real. What other reasons for the conflict could there be?

Could smaller families be a factor? Some researchers commented even in 2003 that the studies which have not shown the FBO effect have generally had smaller families. This should mean, however, that the families with large numbers should show the effect most strongly, and we don't see the FBO effect at all in the Danish families with three elder brothers who were actually less likely to marry homosexually (though the result might statistically have been as high as 27% more likely to marry, which might be a positive effect as high as 9% per elder brother). The Danish study would definitely have seen a 30% effect per elder brother and did not.

If this theory about small families negating the FBO effect proves correct, the FBO effect will apply less and less to modern families, which are smaller and smaller. Denmark could already have reached this point. This could make the theory irrelevant for many countries.

Is there something about those who homosexually marry which is atypical? Perhaps. They are thoroughly out of the closet. They will tend to be those who are most convinced their SSA is innate, and I suspect will have the largest number of factors producing SSA. I surmise their SSA may arise from several simultaneous social factors of which "elder brothers" is only one, and probably minor. I would judge that perceived father absence, sexual abuse and reinforcement of childhood gender non-conformity are stronger effects than an elder brother effect in which there is a rebellion against the masculine values of elder brothers (following Bem's "exotic makes erotic" theory, Bem, 1996). The latter is probably real in some cases but minor overall.

It is rather interesting that 30% of men with SSA see elder brothers as a factor in the development of their SSA but 50% see their peers as a factor (Otis and Skinner, 2004). This further indicates the brother effect is probably relatively minor in the mix. Bem

would further argue (and I agree) that the effect has never been found in lesbians because elder sisters tend to create a nurturing atmosphere rather than a competitive one, and do not provoke rebellion in girls to the same extent that elder brothers provoke rebellion in their younger brothers against masculine values. So I think there could be something atypical about those who homosexually marry, and they might not show an FBO effect. This might explain why the effect was not shown in the Frisch and Hviid sample.

FBO researchers increasingly insist on biological connections. They point to an FBO link to left-handedness and the fact that the FBO survives adoption (the number of elder brothers in the adoptive family does not seem to matter – however, the effect size is small). They say that excess boyhood femininity is not connected (social explanation), but their test sample showed a very weak FBO effect so does not support a plausible test. Early sexual experience, perhaps with brothers, does not seem connected.

It is also possible in some cases that elder brothers are more directly to blame. Although Bogaert could not show there was a correlation with early sexual experience, I have been told by NARTH members of cases where SSA has almost certainly resulted from sexual abuse by older brothers.

FBO For Rapists, Transsexuals And Pedophiles?

Alternatively, it may yet prove that the FBO effect is more illusory than would appear. The FBO effect is also shown by rapists, the transgendered and pedophiles, and as UK researcher James (2004) commented, it is more likely there is a social explanation than a biological one for correlation with such a diverse collection of sexual proclivities.

There may, indeed, finally be some biological connection, but alternative social explanations have definitely not been ruled out. We should certainly conclude FBO applies only to a small minority of those with SSA, and is not very significant in the overall scheme of things. ●

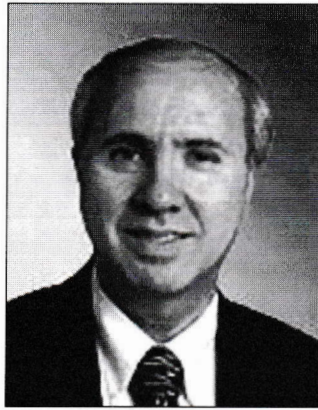
References

- Bem, DJ (1996) Exotic becomes erotic: a developmental theory of sexual orientation, *Psychological Review* 103, 320-335.
- Blanchard, R (2004) Quantitative and theoretical analyses of the relation between older brothers and homosexuality in man. *Journal of Theoretical Biology* 230, 173-187.
- Frisch, M, Hviid, A (2006) Childhood family correlates of heterosexual and homosexual marriages: a national cohort study of two million Danes. *Archives of Sexual Behavior*. Preprint, Oct 13. DOI 10.1007/s10508-006-9062-2.
- James, WH (2004) The cause(s) of the fraternal birth order effect in male homosexuality, *Journal of Biosocial Science* 36, 51-59, 61-62.
- Laumann, EO, Gagnon, JH, Michael, RT, Michaels, S, (1994) *The Social Organization of Sexuality*, University of Chicago Press, Chicago.
- Otis, MD, Skinner, WF (2004) An exploratory study of differences in views of factors affecting sexual orientation for a sample of lesbians and gay men. *Psychological Reports*, 94, 1173-1179.

(NARTH Conference news, continued from page 2.)

NARTH's message of hope and help to find its way in both the professional and lay communities. A number of volunteers offered to assist NARTH with both professional and community outreach efforts.

Closing comments were offered by President Elect, Dr. A. Dean Byrd who highlighted the year's successes and invited NARTH members to participate in a variety of NARTH's efforts including membership, ethics, public relations, and writing both scholarly and opinion pieces.



NARTH President-Elect A. Dean Byrd highlighted this year's successes and encouraged NARTH members to become more active in working on scholarly research and writing opinion pieces for NARTH.

He noted, "It's time for NARTH members to emerge from their places of safety in the academy and in the public sphere and proclaim the truth about homosexuality—homosexuality is neither innate nor is it immutable. People can and do make changes in their lives. The choice to seek help can indeed be a rational, self-directed goal, even a worthy goal, and individuals have the right to pursue that goal in the context of ethical, effective treatment." ●

Protesters Fail To Create Controversy

Less than a dozen protesters were present at the NARTH Conference in Orlando this year. Hotel officials required them to maintain a substantial distance from the conference building, so there was no disturbance to the attendees or to the conference proceedings. ●

