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A. P. A. Symposium Debates Whether Pedophilia, Gender-Identity Disorder, Sexual Sadism Should Remain Mental Illnesses

by Linda Ames Nicolosi

On May 19th, 2003 in San Francisco, at a symposium hosted by the American Psychiatric Association, several long-recognized categories of mental illness were discussed for possible removal from the upcoming edition of the psychiatric manual.

The mental illnesses being debated in the symposium at the APA's annual convention included the paraphilias—among which are pedophilia, exhibitionism, fetishism, transvestism, voyeurism, and sadomasochism.

Also being debated was gender-identity disorder, a condition in which a person feels persistent discomfort with his or her biological sex. Gay activists have long claimed that gender-identity disorder should not be assumed to be abnormal and is a healthy expression of pre-homosexuality.

Dr Robert Spitzer responded to the symposium as a discussant, urging that the paraphilias and gender-identity disorder be retained in the psychiatric manual.

Disagreeing, Psychiatrist Charles Moser of San Francisco's Institute for the Advanced Study of Human Sexuality and co-author Peggy Kleinplatz of the University of Ottawa presented a paper entitled, "DSM-IV-TR and the Paraphilias: An Argument for Removal." They argued that people whose sexual interests are atypical, culturally forbidden, or religiously proscribed should not, for those reasons, be labeled mentally ill.

First, they say, different societies stigmatize different sexual behaviors. Furthermore, the existing research cannot distinguish people with the paraphilias, they say, from "normophilics" (the term the authors use for people with conventional interests). Thus there is no reason to diagnose paraphilics as either a distinct group, or psychologically unhealthy.

Besides, Moser and Kleinplatz add, psychiatry has no baseline, theoretical model of what, in fact, constitutes normal and healthy sexuality to which it could compare people whose sexual interests draw them to children, animals, or sadism/masochism.

"Any sexual interest," Moser concluded in an earlier published commentary, "can be healthy and life-enhancing."

Psychiatry's Method for Defining "Mental Illness" Has Changed

Moser and Kleinplatz note that the A.P.A. once categorized a condition as a mental illness based on its psychological, emotional or developmental origins, along with the unconscious motivations that were theorized to cause the condition.

But during the last three decades, psychiatry has moved away from reliance on theories of causation—theories which, typically, cannot be verified—and instead sought direct, empirically

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provable evidence; not of the pathological origins of a condition, but of its disabling effect in the present. Without such evidence for observable distress and disability, a condition is generally not considered to be a mental disorder.

People with "sexually unusual" interests, Moser and Kleinplatz note, may in fact be quite happy and well-adjusted. But the APA's labeling of their conditions as "pathological" fuels social discrimination against them, Moser and Kleinplatz warn, which can lead to distress and discrimination that is psychologically damaging.

Furthermore, they say, since the A.P.A. has no concept of what "healthy sexuality" or even a "healthy personality" actually entails, then how can psychiatry presume to define "***un***healthy" sexuality? And since many people engaging in these unusual behaviors are not "distressed" or "disabled" by their interests, how can the A.P.A. justify continuing to pathologize them?

"People with Paraphilic Sexual Interests Suffer Like Homosexuals Did Before the 1973 Decision"

"The situation of the paraphilias at present," Moser and Kleinplatz conclude, "parallels that of homosexuality in the early 1970's."

Following the presentation of the papers at the symposium, Dr. Robert Spitzer responded with a defense based on a concept of natural law, as established by evolution. Spitzer is the author of a study on change of sexual orientation that he presented at the 2001 American Psychiatric Association convention.

"Dr. Moser is incorrect," Spitzer said, "when he argues that there is no scientific basis for distinguishing the paraphilias from more common sexual behaviors. In all cultures, as children become adolescents, they develop an interest in sexual behavior. That is how we are designed - whether you believe this design is the work of God, or by evolution through natural selection. This design is clearly for the purpose of facilitating pair bonding and interpersonal sexual behavior.

"The paraphilias, when severe, impair interpersonal sexual behavior," Spitzer continued. "Sexual behavior that facilitates caring bonding between people is normal - and that which impairs it is abnormal, not merely an atypical variation. What is needed is more research on the treatment of the paraphilias, particularly pedophilia. To remove them from DSM-V would be the end of this much-needed research."

"What is needed is not more research," NARTH's Joseph Nicolosi countered. "What psychology really needs for its advancement is not another study, but a more accurate worldview. That worldview must take into account our created design, which inevitably involves gender complementarity.

"And," Nicolosi added, "we must agree on those things that genuinely enhance human dignity. It's a measure of how low the psychiatric establishment has sunk, that it would even debate the idea that pedophilia, transvestism, and sado-masochism could ever be expressions of human flourishing."

Psychoanalyst Johanna Tabin, Ph.D., of NARTH's Scientific Advisory Committee, also commented on the A.P.A. symposium. "If the arguments prevail that are given for ignoring these psychological problems, then suicide attempts must be considered normal when they are desired by the participants. And what about the sociopath, who—having no conscience—feels quite content with himself?"

"Uncommon 'common sense,'" Dr. Tabin added, "is sure to reassert itself—but in the meantime, the mental health professions are failing many suffering individuals by rigidly adopting political correctness as the guide as to when people need help.

"And the saddest thing about the current climate," she added, "is that people who ask for help because they are not at ease with homosexual impulses, right now are frequently forbidden to obtain it."

References

1. Moser, Charles and Peggy J. Kleinplatz, "DSM-IV-TR and the Paraphilias: An Argument for Removal," paper presented at the American Psychiatric Association annual conference, San Francisco, California, May 19, 2003.

2. Special Section: Pedophilia: Concepts and Controversy, *Archives of Sexual Behavior*, vol. 31, no. 6, December 2002, pp. 465-510.

THE NARTH BULLETIN

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"Victory on the Bow of a Ship"

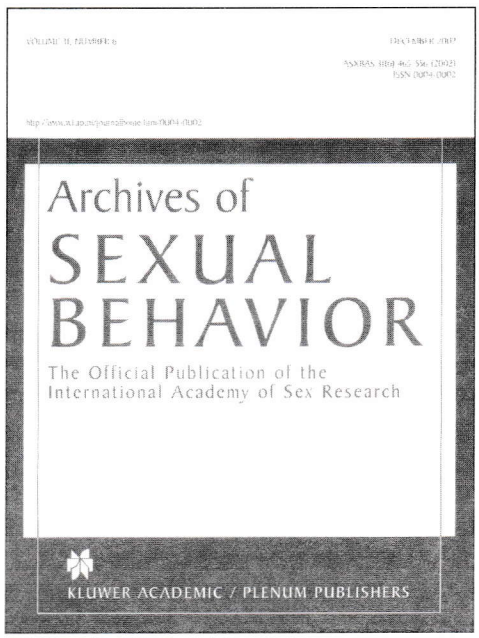
International Academy of Sex Research Joins the Debate: Is Pedophilia a Mental Disorder?

In a recent issue of the Archives of Sexual Behavior—the official journal of the International Academy of Sex Research—some psychologists say that "unusual sexual interests" should not be considered mental disorders.

Bruce Rind, author of the 1998 meta-analysis that claimed to find little or no harm in man-boy sex, joins the discussion; other commentators disagree.

By Linda Ames Nicolosi

The *Archives of Sexual Behavior* published a special edition in December 2002 to discuss whether pedophilia should remain a mental disorder.



Opening the debate, prominent author and writer Richard Green, M.D., J.D. argued in favor of removing pedophilia from the diagnostic manual (DSM).

Green was one of the clinicians who, in the 1973, took the side of gay activists to argue vigorously for removing homosexuality from the manual.

In a second article, "The Dilemma of the Male Pedophile," Gunter Schmidt, D. Phil., makes a sympathetic case for the pedophile who, Schmidt says, must "remain abstinent for significant periods of time" and "lead a life of self-denial at significant emotional cost." Schmidt calls for a new, "enlightened discourse on morality" with the recognition that "in view of the pedophile's burden, the necessity of denying himself the experience of love and sexuality," he deserves society's respect.

Furthermore, Schmidt argues, molested children don't always appear to be harmed. A 1998 study by Bruce Rind, Schmidt notes, found that many boys grow up to have positive or neutral memories of their man-boy sexual experiences.

The Issue of "Consent"

Many of the commentators in the *Archives* argued that children are usually too immature to offer valid consent for sex with an adult. But the issue of consent is actually not the point at all, another writer responded—for no parent asks his children for their "consent" before baptizing them into a church.

A number of the commentators stated their disapproval of the moral influences exerted on society by its Judeo-Christian heritage, which has traditionally stigmatized child sexuality.

Psychiatrist Richard C. Friedman, the author of *Male Homosexuality: A Contemporary Psychoanalytic Perspective* and a number of related research papers, says that it would be "more helpful than harmful" to continue to view pedophilia as a mental disorder because we know so little about adult-child sex at this time, and because of the potentially harmful power discepancy between children and adults. But he closes his commentary by urging that society not "discriminate" against people who are sexually attracted to children.

Looking at the issue historically, argues psychologist Robert Prentky, the age for sexual consent used to be ten in England until about 100 years ago. So, when, he wonders, is "a child no longer a child?" Certainly there are some 12-year-olds, he says, who are mature enough to give valid consent for sex. Prentky also observes that some of our culture's most beloved heroes were "clearly pedophiles" —including, he says, the authors of the children's classics *Peter Pan* and *Alice in Wonderland*.

The debate in the *Archives* provides an eye-opening view into the philosophical reasoning employed in the discussion about what should be the defining criteria for mental illness.

Criteria for Mental Illness

Why should pedophilia *not* be considered a mental illness? Richard green makes the case by considering several factors.

Distress. One of the criteria for mental illness is subjective distress – and, Green notes, many pedophiles are not distressed about their attractions at all—except, he notes, about being the possibility of being jailed. In fact, "some celebrate their interests, organize politically, and publish magazines or books."

Disability. Considering another marker of illness, "disability," Green says, psychiatry must not let itself be locked into the narrow definition of disability currently dictated by our culture. When we broaden our view to consider other cultures over time, Green explains, we see that many African tribes and even the ancient Greeks considered man-boy pedophilia to be a helpful rite-of-passage into manhood.

Animal Behavior. Looking at normality from the perspective of the animal kingdom, Dr. Green looks at a close genetic relative, the pygmy chimp, or bonobo. Studies

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show that the bonobo has erotic contact with babies of its own species. And that behavior isn't likely harmful to the babies, Green says, because it's the babies themselves that often initiate the contact.

Frequency of Occurrence. Green says that pedophile attractions aren't even especially unusual. Studies prove that many so-called "normal" men with conventional sexual interests can, in fact, be sexually aroused in a laboratory setting when they are shown erotic photos of little girls.

So, is the pedophile a dysfunctional person? No, Green says; in truth, there appear to be quite a number of "highly skilled pedophiles" — in fact, even some beloved public figures—so a simple explanation of "social inadequacy" doesn't explain their psychological condition.

Taken together, Green says, these findings converge on the conclusion that pedophilia is not a mental disorder – at least "not unless we declare a lot of people in many cultures and in much of the past to be mentally ill."

A Change in Sexual Morality

Dr. Gunther Schmidt says that the Western world was once dominated by Judeo-Christian principles, and we used to judge particular sex acts like adultery, sodomy, and sado-masochistic sex as intrinsically wrong. But now those old "prejudices," he says, are fading away.

What anyone decides to do sexually with another person is today considered morally acceptable, he says, as long as a valid agreement is negotiated. But because the child is usually too immature to give his "consent," pedophilia must continue to be seen as harmful.

However, Schmidt notes, even though the child is too young to agree to sex, it's certainly not true that harm always results from child molestation. And even some boys who were actually forced into sex with a man against their will, Schmidt says, later remember those experiences as having been "favorable to their development" and "interesting and enjoyable."

And because an attraction to children is a basic part of the pedophile's identity—in other words, "who he is"— the pedophile's self-denial of gratification is, in fact, "tragic."

Others Say the Issue of "Consent" is Irrelevant

Not all of the writers in the *Archives* agree that a power imbalance renders a relationship psychologically harmful or subjectively unsatisfying.

For example, psychiatrist Emil Ng, M.D. of the University of Hong Kong says that in ancient Chinese history, children are described as "natural sexual beings," and romances are portrayed with children as young as ten years old in sexual relationships with each other, or with adults—and "sex play is viewed as beneficial to their healthy development." Is lack of "consent" a valid reason to call pedophilia harmful? No, Dr. Ng notes, "the seemingly righteous and humanitarian debate on child self-determination" is nothing more than "another game adults play to impose their own values on children."

After all, Ng notes, "How often do the adults [in the West] try to ascertain 'valid consent' from their children before getting them to do most things?" For example, have parents "sought valid 'consent' from their children before baptizing them soon after birth?"

"Unequal Relationships Are Not Necessarily Unprincipled"

Dr. Paul Okami of UCLA agrees that unequal a power imbalance is not the issue. History is full of examples, he notes, of unequal relationships that "work" for the individuals involved—for example, a professor and his student marry "and live happily ever after." An unequal relationship doesn't violate principles of justice or fairness in sexual relationships, Dr. Okami says, "unless one views sexual relationships as similar to hand-to-hand combat."

Actually, he says, the real problem in pedophilia traces back to Christianity. People "detest" pedophilia because Christianity has given our culture a restrictive attitude toward the "naturalistic" child and his sexual instincts.

Christianity, Okami says, "regards children as sinful heathens who need the devil beat out of them. The end result is a powerful desire to save priceless, lovable, sacred innocents from something dangerous, dirty, disgusting and sinful."

Dr. Bruce Rind agrees with Dr. Ng and Dr. Okami that lack of consent from the child doesn't necessarily mean adult-child sexual relationships are harmful. (Dr. Rind was the lead author of the 1998 study that was attacked in the media by radio personality Dr. Laura Schlessinger. The Rind study concluded that there was little or no psychological harm in man-boy sexual relationships.)

Dr. Rind notes that many other societies, today and in the past, have endorsed sex between a man and a boy. And, what is necessarily wrong with a power imbalance? After all, Rind says, some parents force their children to go to church! And couldn't religious indoctrination, for that matter, be harmful to the child?

Even Man-Boy Incest May Be Remembered Positively, Says Rind

To back up his claim that pedophile relationships can truly be consensual, Rind describes several cases of men who say they benefited from—and even initiated—their childhood sexual experiences, including a "positive" recollection of father-son incest.

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One boy had several relationships with men, starting when he was age 11, "all of which he viewed as very positive. He thinks the sex helped his sexual self-confidence; as he matured, he knew exactly what he wanted in sex, while his peers were still searching."

Another man saw the childhood intimacy he had with a man as the "highlight of his life."

Still another boy started having sex with his own father at age ten, and now (he is 33 years old) he looks back on their incestuous relationship as "beautiful, pure" and full of love. He said he "cherished the intimacy."

Dr. Charles Moser—the clinician who was invited to present a paper at the May 2003 American Psychiatric Conference on pedophilia—supported Rind's observations. Psychiatry, he said, is ethically obliged to help those people who have unusual sexual interests pursue their subjective ideal of personal fulfillment.

"Any sexual interest can be healthy and life-enhancing," Moser concluded.

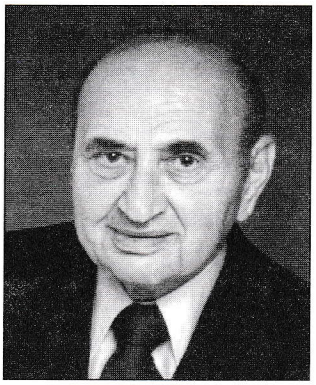
Reference:

"Special Section: Pedophilia: Concepts and Controversy," in *Archives of Sexual Behavior*, vol. 31, No. 6, December 2002, p. 465-510.

Work of Bieber, Socarides and its Relevance in the Debate on the Paraphilias

By Linda Ames Nicolosi

In 1987, a paper was published by psychoanalyst Irving Bieber, entitled "On Arriving at the American Psychiatric Association Decision on Homosexuality." That paper casts an illuminating light on a debate taking place today: the recent discussion at the American Psychiatric Association Conference about whether or not the paraphilias should still be considered mental illnesses.



Irving Bieber, M.D.

Irving Bieber was one of the key participants in the historical debate which culminated in the 1973 decision to remove homosexuality from the psychiatric manual.

The Revised Standard for Mental Illness

In that paper, Bieber describes psychiatry's shift to an "adaptational" perspective of normality. At the time he wrote his paper, the diagnostic manual was in the process of severing itself from established clinical theory, Bieber notes, particularly psychoanalytic theories of unconscious motivation. The new DSM criteria for mental illness required instead that substantial "distress, disability and disadvantage" be characteristic of a particular psychological condition for the condition to be considered disordered.

On first consideration, Bieber argues, the new criteria sound plausible. However, he observes, we see its startling consequences when we apply it to a condition such as pedophilia. If a pedophile is happy and otherwise well-functioning, then would he be "normal"? No, Dr. Bieber argues, because psychopathology can be ego-syntonic and therefore not cause distress. Furthermore, he noted, social effectiveness—that is, the ability to maintain positive social relations and perform work effectively—may coexist with severe psychopathology.

Social-Values Shift Affects Understanding of Psychopathology

In his 1987 paper, Dr. Bieber described the deletion of homosexuality from the American Psychiatric Association's diagnostic and statistical manual as "climax of a sociopolitical struggle involving what were deemed to be the rights of homosexuals."

Many observers have noted that our cultural shift toward moral relativism has caused Americans to dislike making evaluative distinctions. There is a reluctance to promote any vision of what it means to be fully human, or to claim to know anything about the nature of a healthy sexuality, the best family forms for raising children or even the nature of good character. Legal scholar Robert Bork believes that this reluctance to make distinctions may be an inevitable consequence of a democratic political philosophy carried to the extreme, while simultaneously coming untethered from its moral roots. When our democracy began to lose its grounding in self-restraint and responsibility-------that is, the foundational values of its Judeo-Christian cultural heritage ---then a new political philosophy began to emerge which placed freedom and self-expression, *not a search for some concept of the truth about human nature,* at the top of its values hierarchy.

Defining Homosexuality

Bieber freely admitted to the difficulty of putting homosexuality in an appropriate category: Is it a developmental

arrest, or an illness? Is it a constitutional disorder, a genetic misprint, a habit? Through his longterm research on the subject, he concludes that homosexuality is not a normal sexual adaptation.

In support of this conclusion, describes in detail the well-known research study he conducted in 1962, involving a 500-item questionnaire and 106 male homosexuals, with a comparison group of 100 male heterosexuals.

Mothers. In that study, Bieber found a close-binding, intimate mother who tended to interfere with her son's assertiveness, and who tended to dislocate his relationship with the father, siblings, and peers. However, he also observed that homosexuality can develop without the close-binding-intimate, mother-son bond.

Fathers. But the most significant finding of the Bieber study was that of the detached father. "The father-son relationship was almost the diametrical opposite of that between mother and son. The paternal portrait was one of a father who was either detached or covertly or overtly hostile," he reported. While there was some variance in the mother-son relationship, Dr. Bieber reported,

> "The father-son relationship, however, revealed uniformly an absence of loving, warm, constructive paternal attitudes and behavior. In my long experience, I have not found a single case where, in the developing years, a father had a kind, affectionate, and constructive relationship with the son who becomes homosexual. This has been an unvarying finding. It is my view, ... that if a father has a kind, affectionate, and constructive relationship with his son, he will not produce a homosexual son, no matter what the mother is like."

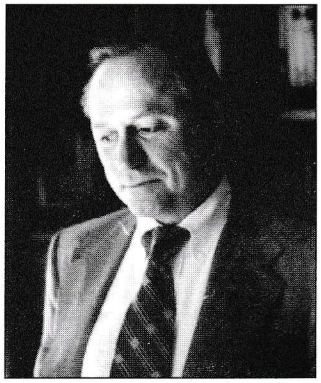
Same-Sex Peers. Dr. Bieber's study in fact found a continuity of poor relationships with males, beginning with the father, older brothers, and same-sex peers in childhood. He concludes,

> "The consistent history of unremitting fear of and hostility to other males throughout childhood has led me to conclude that male homosexuality is basically an adaptation to a disorder of a man's relationship with other men."

Of the 106 homosexuals who started psychoanalytic therapy, 29 changed to exclusively heterosexuality, which represented 27 percent of Bieber's total sample.

Socarides Adds to the Critique of the "Adaptational" View of Mental Illness

Charles Socarides also argued against the "adaptational" definition for mental illness in a review he wrote several years ago describing Robert Stoller's book, *Pain And Passion: A Psychoanalyst Explores The World Of S&M.*



Charles Socarides, M.D.

In his book, Stoller acknowledged the psychodynamic causes of sadomasochism, and then described practices, utensils, and bodily parts used in sadomasochistic performances. He offered a six-page listing of the various methods used to inflict pain and humiliation on willing victims, including the different hanging techniques used to achieve orgastic ecstasy.

"Sadomasochism Not Abnormal"?

But then, Stoller claimed that sadomasochism was simply a matter of personal sexual taste—-no more psychologically abnormal than "dislike of zucchini." He asserted that only our "deep prejudices" about what we think of as "sexual perversion" lead us to label it abnormal.

Socarides responded that Stoller had failed to propose an adequate understanding of pathology; for we must take into account the unconscious processes that drive a behavior. Otherwise, he explains, we not only "render chaotic" our understanding of unconscious psychodynamics, but we grossly distort the interrelationship between anatomy and psychosexual identity.

The New Psychiatric Diagnostic Criteria , Bieber Agrees, Are Inadequate

In arguing for the normality of homosexuality in 1973, the Psychiatric Association pointed to the excellent occupational performance and good social adjustment of many homosexuals as evidence of the normalcy of homosexuality. (Note: the same arguments were recently made in the May 2003 symposium at the American Psychiatric Association conference by those in favor of normalizing pedophilia and the other paraphilias; see our cover story).

But good performance at work and seemingly normal social adjustment does not, Dr. Bieber countered, exclude the presence of psychopathology. Psychopathology is not, he notes, invariably accompanied by adjustment problems; therefore, those criteria are inadequate to identify a psychological disorder.

When the A.P.A. was considering normalizing homosexuality, a task force was set up to study the condition, but the members chosen, Bieber says, included not a single psychiatrist who held the view that homosexuality was not a normal adaptation. To reinforce their demands, gay activists held demonstrations at scientific meetings, which increased the pressure on the Psychiatric Association.

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Should Gender Identity Disorder Be Normalized?

Will preventive therapy for homosexuality be prohibited, Dr. Bieber asked in 1987, when homosexuality is normalized? His musings may have been prescient, for at its most recent meeting, the American Psychiatric Association considered the possible removal of childhood gender-identity disorder from the diagnostic manual. Gay activists have long argued that childhood gender nonconformity is a healthy precursor to adult homosexuality.

Bieber vs. Spitzer, 1973— But Spitzer Modifies Views in 2003

Back in 1973, during the APA debate about homosexuality, Robert Spitzer responded to Bieber that the paraphilias should perhaps also be removed from the *DSM-II* — and that if the sadists and fetishists were to organize as did the gay activists, they, too, might find their conditions normalized.

Yet, ironically, thirty years later in 2003, Spitzer changed his mind. It was Dr. Spitzer who argued for the retention of those conditions in the DSM at the 2003 A.P.A. meeting.

References:

Bieber, Irving, "On Arriving at the American Psychiatric Association Decision on Homosexuality," in *Scientific Controversies: Case Studies in the Resolution and Closure of Disputes in Science and Technology*, 1987, edited by H. Tristam Engelhardt Jr., and Arthur Caplan, Cambridge U. Press.

Socarides, Charles, "Robert Stoller's Pain and Passion: A Psychoanalyst Explores the World of S & M," 1995, *Psychoanalytic Quarterly*, volume LX 14, #2, pp. 404-407.

CANADIAN TEACHER HARRASSED FOR EXPRESSING VIEWS ON HOMOSEXUALITY

By Roy Waller

An article in the May 18, 2003 edition of the *Edmonton Sun* details the consequences suffered by British Columbia schoolteacher and counselor Chris Kempling for publicly stating his views on homosexuality.

Mr. Kempling's troubles began when he was handed a one-month suspension from his teaching position by the British Columbia College of Teachers, for writing a series of letters to newspapers setting forth his opinions about the way local school sex-education programs present homosexuality to children.

Kempling, a Christian, pointed out that many religions consider homosexuality to be immoral. Further, he cited scientific studies which show instability and health risks associated with a gay lifestyle, all of which were omitted from mention in the school programs.

The *Sun* story says that Mr. Kempling specifically addressed his comments to the public forum of the newspapers' letters column, refraining from sharing his viewpoints in the classroom.

But that didn't spare Kempling from being suspended from his job. He received virtually no negative feedback concerning his letters from other members of the faculty, students, or parents. However, the College of Teachers charged that "Mr. Kempling used his status as a teacher to give credibility to his views."

Following his suspension, Kempling sought assistance from his professional union, the British Columbia Teachers Federation. After initially offering him some legal help, the union then categorically refused any further support. "His views are antithetical to our position about the inclusion of gays, lesbians, transgendered and two-spirited people in our society," said the union president.

Neither would the British Columbia Civil Liberties Association take up the free speech issue. "If there are gay students in that school - and you can bet your bottom dollar there are - they're going to keep their heads down and they certainly aren't going to resort to Mr. Kempling for advice," declared Association president John Dixon. Dixon also suggested that Kempling's religious beliefs would bias his performance in his counselor's duties.

Kempling's church, however, contributed $30,000 to his defense fund, and several voices in the media spoke out positively on the matter. One Canadian newspaper, *The Victoria Times-Colonist*, noted the irony that the College of Teachers would focus so intently on the homosexuality issue, "yet it can't bring itself to get rid of demonstrably rotten teachers, and can only issue reprimands to some who have had improper relationships with students—or, in one recent case, flashed them."

Mr. Kempling told the *Sun* that the College's ruling has the potential to end his teaching career because its decision will be distributed to educational institutions throughout the continent. ■

"Ex-Gay Is Ok"

By Linda Wall

The author of this personal testimony lobbies state and federal legislators from an ex-gay point of view. She aspires to a political career in the Virginia State Senate.

Linda Wall

Recently I participated in the first Annual Ex-gay Lobby Day on Capitol Hill and it felt great! I am so very thankful that I no longer live as a lesbian. I feel like a bird set free from a cage. It's great to be alive!

My adventure into the gay scene started with fun and excitement. But years later, it had fundamentally changed me—spiraling me downward into a depression that nearly cost me my life.

How neat it was when I visited my first gay bar and saw a real live "drag show." It seemed that at last, I was truly "finding myself" and "just being me." But in time, that joy left, and my life began to play out like a soap opera. During those long years living on an emotional roller coaster, my personality gradually changed from that of a caring and ethical individual into a hard-hearted, self-centered woman that I didn't like at all. When I looked into the mirror, I'd become someone I didn't even recognize.

I also hated the double life that being a lesbian led me to live—because in my heart, I knew something was wrong with the way I was living. To keep it hidden, I always had to look over my shoulder hoping no one saw me entering or exiting a gay bar.

One night as I sat and watched lesbian couples dancing and socializing in the bar, I pondered over a particular irony of lesbian life: Here were women who didn't like men, acting just like them! Gradually, I began to question what I was seeing. There was something unnatural about this lifestyle, something fundamentally distorted. In a few fleeting thoughts I wondered about the Bible that I had always trusted as my guide—it never seemed to mention people of the same sex having sex.

Even though I continued to feel my lesbian lifestyle was wrong, I always managed to find some way to justify my behavior. Yet that persistent sense continued to eat away at me on the inside. It haunted me so much that I stopped frequenting the bars.

Today, it is my desire that by sharing my journey, others can have the courage to choose to change and discover their purpose in life.

Some who choose change go the biblical counseling route for help, while others participate in secular reparative therapy or live-in programs. For me, the way out was spiritual. I had been raised in a Southern Baptist family with a deacon dad, Sunday school-teaching mom and preacher brother. So when I was at the end of my rope, I knew it was the Lord that I needed.

Often I have wondered, "What made this Christian girl depart from the straight and narrow path?" I was minding my own heterosexual college co-ed life when an older woman seduced me. But why didn't I say "no" to her advances?

Today I realize more than ever the importance of sharing my exit from that lifestyle so that others—particularly young people—know that people can change; there is a choice! I am troubled by the plan of some people to mold schoolchildren's values and worldview so they learn to "celebrate" their sexual confusion as "who they really are." In fact, I am actively working to prevent that from happening.

There has been no scientific evidence to prove that homosexuality or lesbianism is part of our human design, and the fallacy of the "gay gene" theory has been revealed. We must conclude that all of us are designed to be heterosexual, but that something happens in those early formative years in the child that sets the stage for alternative sexual behavior.

I have looked back into my past for an answer as to why I personally was open to lesbianism, and I think it lies primarily with a problematic relationship with mom. Early on, I decided I didn't want to be like she was. As far back as I can remember, my mom was always dealing with some medical ailment or worried about anything she could find to worry about. She seemed weak to me and preoccupied with problems. Mom's anxious nature created an atmosphere in the family from which I wanted freedom.

Sadly, we never developed that special mother-daughter bond. Mom went back to work shortly after I was born and my grandmother and neighbors took care of me until I entered school. Any time I was involved in a school event, my mom would always have to work and couldn't attend. In my recollection, at no time in my life did she compliment me on anything I did. Nothing I did, it seemed, was good enough.

continued

I was able to find refuge from my mom's negative world by retreating to my room or exploring the world of outdoors. But she always discouraged my adventuresome personality by constantly working at making me more girlish with hair permanents, fancy dresses and matching hats. Her plan for me just never appealed to me regardless of how much she tried!

Life with my dad, on the other hand, was of a very different nature. He was always my close pal—"Pop" to me. We fished, worked on the car together and occasionally hung out at the local service station. I always wanted to be with him rather than with Mom. We could sit together all day and watch Westerns or ball games on TV. He was lighthearted and fun—a practical joker who always succeeded in making me laugh.

Because I grew up outdoors, I became more attracted to what the neighborhood boys were doing—building forts, shooting marbles and playing ball. The neighborhood girls bored me with their doll babies and wanting to "play mommies and daddies." I seemed to be different; I preferred to be alone and withdraw into the world of adventure shows, like Charlie's Angels, the Bionic Woman, or the Man from U.N.C.L.E. There were even times when I was an upset with God. Why, I wondered, hadn't He just made me a boy?

When it came time for the "mother-daughter" talk about the birds and the bees, my mother skipped the talk and instead, handed me a book to read. Afterwards, she explained that good girls did not have sex outside of marriage and that I should save myself for my husband. That lesson must have made a very deep impression on me, because I developed a strong fear of pregnancy. I even had a dream that I was pregnant even though I had never had sex, but that no one would believe me. This always made me keep my distance from guys.

After I entered college, my interest in dating guys dwindled. The dates always ended up in a hassle, with the guy wanting sex and me having to say no. I simply decided the hassle wasn't worth it and put my energies into my studies.

My first encounter with same-sex attraction came the summer of my sophomore year. I was the lifeguard and manager of a private swim club. An older married woman at the club began paying me special attention by bringing my lunch to the pool. Eventually she began inviting me over for dinner whenever her husband was out-of-town on business.

One night after dinner as we sat across from each other playing cards she began to caress my leg with her foot. I was shocked that this had a "turn on" effect upon me. Needless to say, that night I went home with a multitude of questions running through my head.

The summer came to an end shortly after that, and nothing developed beyond playing "footsies" under the table until the day I stopped by to say goodbye on my way back to college. She lured me into her bedroom with conversation and embraced me with a very long, passionate kiss. I was so amazed that I kissed her back. I had no idea that I had lesbian tendencies. She apologized and asked me to forget that anything had ever happened. Almost immediately I left the house and drove back to campus. But the kiss continued to haunt me.

The following summer I worked at one of the local manufacturing plants. I was seeing one of the guys on second shift and to contemplating "going all of the way" with him. This was abruptly interrupted when I was informed by a lady on my shift that not only was "J" married, but he had a mistress, too, and they had a child together!

I was so heartbroken at this deception that I vowed out loud that I was through with men. I made a commitment: never, ever again would I allow a guy to steal my heart as "J" had.

In a short span of time, Carol—the very woman who had revealed "J"'s double life to me—began the same type of flirting as the woman I had met at the pool the previous summer. This time, I decided I was going to flirt back and see what would happen.

This was an adventure down an unknown road. At least, it couldn't get me pregnant! I Liked the fact that I could be the one in control of a relationship. I decided that when the chance came, I would follow as far as Carol would take me on this journey of experimentation.

It wasn't long before the moment arrived. Carol's husband went on a hunting trip out of town and I was invited over for the weekend. When I walked in the back door and saw a glass of wine sitting on the table I knew this was the night. I sat down and drank it without hesitation. We then journeyed upstairs, smoked a joint and she seduced me. That night turned into a six-year love affair.

Even though it was the most emotionally fulfilling relationship I had experienced up until that time, I still knew on some level that it was wrong. I hated the double life that it forced us to live. Our secret plans were to move to California when Carol's kids graduated from high school, but this came to a screeching halt when we discovered that she had terminal cancer.

As the cancer ate away at Carol, I, too died a little each day. I did not know if I could make it in life without her. What had started out as an adventure for fun, was now killing me because I had become so co-dependent upon her and had intertwined my entire being into the relationship.

After she died, I moved away to the beach in order to

escape the memories and start again. Eventually, I became a part of the lesbian bar scene and went on the roller coaster ride of the "gay life." Relationships came. Relationships went. It was always the same: "the joys lasted but for a season."

In time I became more and more self-centered and I began to do whatever I wanted to do, with no regard for anyone else. I engaged in many activities that I knew were wrong—I won't describe them all here, but I knew they were wrong and I just didn't care. My entire character changed while I was caught up in the lifestyle. I was picking people up for sex, and sometimes engaged in a "threesome."

Some days, I'd look in the mirror and wonder, "Where has Linda gone?" I did not like who I had become, and finally I wanted a way out. What had begun ten years ago as an adventure to fulfill a curiosity was now on a collision course with death. Dark thoughts of suicide began to plague me.

I know that as you read what's next, because you may not be a person of religious faith, perhaps you cannot relate to this part of my story. It is certainly one of those experiences that is difficult to believe; unless, of course, it happened to you. But since it is an integral part of my exit from lesbianism I cannot exclude it from my story.

During the time when I was sick at heart about the gay scene—the discos and the gay bars—deep inside, I knew something was missing. Before I'd go out to the bars I'd look in the mirror and ask myself why I was going. I didn't like it any more, but I kept going back.

Then one day as I walked along the waterfront, I heard "*voices*" telling me why I should end my life.

But yet another "*voice*" told me that I just couldn't do that to my mom and dad. I did love them too much to leave them to have to deal with my suicide. Yet I was so very tired that knew I could not continue the path I was on. Out loud, I cried, "I'm tired, Lord, I'm tired!"

Then I seemed to hear a different voice whispering, "Go to church!" I took a step forward and the voice repeated itself. "Go to church..." I looked up in the sky and it was as though a giant screen appeared and I watched my life on a flip chart going in reverse, back to that day, ten years earlier, when my parents had left me off at college. On that day I had said, "Good! Now I'll do what I want to do now and I'll go to church when I want to go to church."

As I saw my past before me, it was then that I realized that it was that lack of relationship with the Lord that was missing in my inner most being. So on the following Sunday, I did what the voice had suggested and I *went to church.* Slowly, my life began to change dramatically. Today, I feel ready for a commitment to marriage.

Advice for Youth
Questioning their Sexual Identity

What about you? Perhaps you cannot walk down that road of faith in God as I did, yet you are questioning your sexual identity. If so, I encourage you to seek answers from other directions. There are many resources available, and I can suggest a few choices; drop me a line at P.O. Box 2292 Yorktown, Virginia 23692.

Remember, there is no gay gene, nor any biological evidence to indicate that people are born homosexual. On a purely practical level, science and biology tell us how damaging homosexual behavior is to one's health. And the very *design of our bodies* teaches us that we were not made for men to have sex with men, and women with women. The three great religions of the world—through the Bible, sacred tradition, the Koran, and the Talmud— have all taught, for centuries, that same-sex sex is wrong. So, what is really right about it???

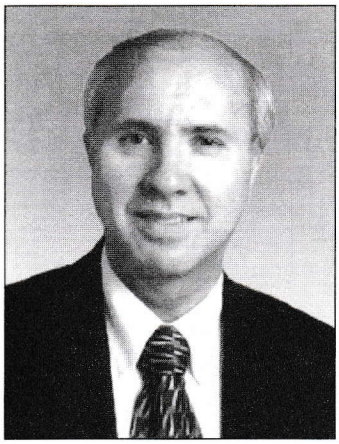
There is an old saying," Seek, and ye shall find." Reach way down on the inside and look for those circumstances in your childhood that could be the root of your same-sex attraction; determine the best route out for you, and then, go for it. ■

NARTH Annual Conference

To Be Held November 7, 8 and 9

The NARTH annual conference will be held on November 7,8 and 9 in Salt Lake City, Utah. Our speaker's roster is nearly complete, but there I still availability for one or two more speakers or workshops. Please email Joan MacKenzie at narth3@earthlink.net with last-minute proposals.

Recent Speaking Engagements of NARTH Officers



A. Dean Byrd, Ph.D., M.B.A., M.P.H.

NARTH Vice President A. Dean Byrd was invited this Spring to participate in a four-part educational series on same-sex attraction sponsored by Graceland University in Lamoni, Iowa.

The subject was addressed in four sessions devoted to understanding homosexuality from personal, biblical, socio-cultural and scientific perspectives.

For each of the four sessions held this May, two speakers were invited to speak, each with an opposing position.

NARTH's Dr. A. Dean Byrd offered one of the two presentations from the scientific position. Dr. Byrd is president of the Thrasher Research Fund, a medical foundation specializing in pediatric grant funding. He is also Clinical Professor of Psychiatry, University of Utah School of Medicine, and Clinical Professor of Family and Preventive Medicine and Family Studies, University of Utah.

His education includes a Master of Science (MS), Doctor of Philosophy (PhD): Psychology, Brigham Young University; Master of Business Administration (MBA): University of Phoenix; and Master of Public Health (MPH): University of Utah. His professional interests include Child / Adolescent Psychology, Men's Issues, Gender / Sexual Disorders, Family Therapy and Behavioral Medicine.

Graceland's review of Dr. Byrd's presentation was as follows:

> "After Dr. Byrd's presentation on the scientific perspective on issues of human sexuality, we received a lot of feedback, all of which was positive.
>
> "With an audience of very diverse opinions, everyone seemed to come away from this session feeling like they gained a better understanding of the scientific perspective of human sexuality. He presented key research that has been done in this field. Dr. Byrd also gave a variety of perspectives on the research itself.
>
> "Individuals attending the session said it was a 'very balanced, fair presentation.' They felt Dr. Byrd addressed the issue of reparative therapy in a context different from what any other person had done previously.
>
> "Dr. Byrd approached it from the perspective that the individual is seeking help, to explore their options. Others felt that he did an excellent job reaching both the liberal and conservative spectrum. He did not offend, but challenged; very scholarly; 'would love to hear more from him.'"

Graceland University's president added, "We continue to have wonderful feedback. People have described it as 'the most educational presentation we have had.'"

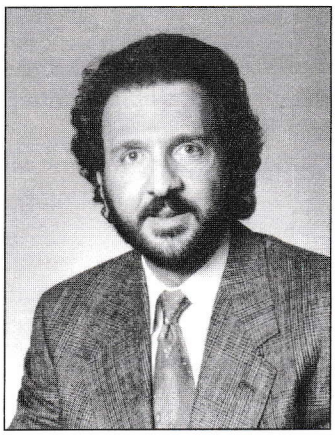
NARTH's Joseph Nicolosi also offered two presentations in Italy in May—one to members of the clergy in Rome, and the other to mental-health professionals in Milan.

He reports as follows:

The "good news" is that we had a quickly assembled half-day conference in Milan, with the help of Catholic psychiatrist, Dr. Chiara Atzori, yet in spite of the somewhat short notice, we were able to produce a truly phenomenal day with an audience of fifty very enthusiastic people. They were mothers, fathers, psychologists, individual strugglers, religious—and yes, a gay couple who walked out, infuriated. I used a power point presentation in Italian with the help of an English-to-Italian interpreter for audience questions, presenting an excerpt from the book I am working on which outlines treatment theory and techniques. The audience also included two under-cover Milan police officers, who proved to be a big help regarding the above-mentioned quite outraged gay couple."

Regarding the Rome conference, Dr. Nicolosi reports:

"I and several other Catholic mental-health professionals had planned a three-day Vatican conference, which ultimately was whittled down, over many months of slowly withdrawn support from the Catholic Church, to a one-and-a-half hour 'informal' (which has to be emphasized) presentation by only myself at the University of Santa Croce. The attendees were about 25-30, but again, these were individuals who feel a particular concern for the issue of homosexuality, especially as it impacts the Catholic Church."



Joseph Nicolosi, Ph.D.

The American Journal of Public Health Highlights Risks of Homosexual Practices

by A. Dean Byrd, Ph.D., M.B.A., M.P.H.
Vice President, NARTH

The health news for gay men remains alarming. The cause, according to many public-health experts, is society's disapproval of homosexuality.

The prestigious *Journal of the American Public Health Association* has devoted a substantial portion of its latest edition (June 2003, Vol.93, No. 6) to the risks associated with homosexual practices.

The following statement is one of several that glare at readers from the journal's cover:

"I gave my lover everything including HIV. I didn't mean to. We made a mistake. Maybe deep down we felt it would be better if we both had it..."

The journal contents read like a litany of bad news, one article following another. Consider the following: Mary E. Northbridge, Ph.D., MPH, Editor-in-chief, writes,

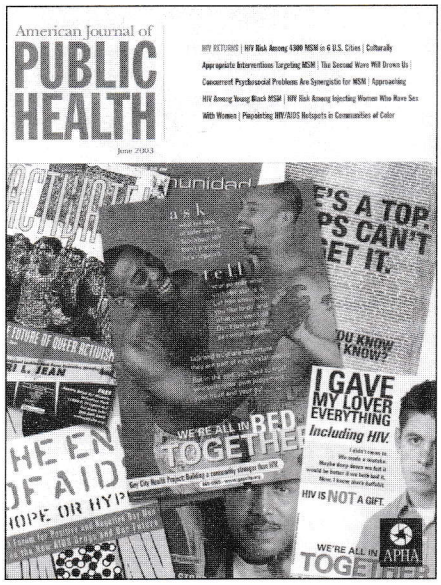
> "Having struggled to come to terms with the catastrophic HIV epidemic among MSM [*MSM is the new politically correct term for homosexual men i.e., Men who have Sex with Men*] in the 1980s by addressing the pointed issues of sexuality and heterosexism, are we set to backslide a mere 20 years later as HIV incidence rates move steadily upward, especially among MSM?" ("HIV Returns," Editor's Choice section, page 860)

Michael Gross's editorial, "When Plagues Don't End," (pages 861-862) focuses on the resurgence of HIV/AIDS among homosexual men in the United States. The highest rates of HIV transmission are among African-American and Hispanic men who self-identify as gay.

Those rates are devastating. Gross notes, "To prevent HIV transmission, we have little more today than we had two decades ago, when it became clear that the virus causing AIDS is sexually transmitted: behavioral interventions."

After emphasizing the need for new biomedical technologies and effective translation and dissemination of behavioral approaches, he concludes with, "Perhaps most important, somehow we need to immunize prevention science, programs, and policies against stigma, political opportunism, and sanctimony."

In his article on "Black Men Who Have Sex With Men and the HIV Epidemic: Next Steps for Public Health," David J. Malebranche references a recent six-site, US metropolitan area study that concluded that 93% of African American men who were HIV infected felt that they were at low risk for HIV and did not know they had contracted the virus.



Malebranche's study contradicts the view that coming out of the closet or disclosing one's homosexuality is associated with improved mental health, responsible behavior, and lower rates of HIV infection. To the contrary, African-American men who disclose their homosexuality have a higher HIV prevalence than those who do not choose to do so (24% versus 14%). They also engaged in more unprotected anal sex (41% versus 32%) than those who do not disclose.

As Malebranche searches for reasons and conclusions, he—like most academic writers—inevitably lays the blame upon society, stating "....racial and sexual prejudice may impair delivery of services, helping to perpetuate rather than ameliorate the HIV epidemic." (Editorial section, pages 862-865).

Vincent M.B. Silenzio advocates an "Anthropological Assessment for Culturally Appropriate Interventions Targeting Men Who Have Sex with Men." He considers the public-health education approach to be inadequate because it fails "to sufficiently take socio-cultural factors into account." Silenzio concluded that

> "same-sex desire, attraction, sexual behavior, and identity are dynamic historical processes profoundly influenced by culture. ... Using the comparative lenses of anthropology and cultural studies, we may begin to appreciate the needs of MSM and other sexual minority populations in fundamentally different ways." (Commentary section, pages 867-871).

The title of Michael Gross's second article comes as an ominous warning: "The Second Wave Will Drown Us." Citing a Centers for Disease Control statistic of a 14% increase of

HIV-AIDS among homosexual men in the United States between 1999 and 2001, he provided data from California and New York (two states that were excluded from the CDC report!), which includes unprecedented outbreaks of syphilis and alarming rates of rectal gonorrhea.

As Gross searches for explanations, he theorizes that the blame lies with several factors: the difficulty of condom use, changes in milieus where HIV is spread, slow development of biomedical interventions, the separation of prevention and treatment, and moralism—declaring that homophobia "exacerbates rather than alleviates the threat."

Gross concludes that "behavioral interventions to promote condom use–the only strategy currently available to stem the MSM epidemic—are failing."

He notes an emerging visible subculture of "barebacking" (anal intercourse without condoms among homosexual men). He blames homophobia, which "inhibits prevention at all levels, not least the broader culture, which delivers anti-gay messages, institutionalizes homophobia through structural mechanisms, such as laws that regulate intimate sexual behavior, and lags in support of sensitive and honest prevention for gay and bisexual youth, young adults and older men."

Gross's article concludes with a moralistic monologue which includes the following statements:

> "...prevention efforts fall prey to political opportunism, misplaced moralism, stigmatization, and homophobia.
>
> "Most schools continue to refrain from even the meekest adaptation to gay adolescents' needs for safety and mutual affiliation, much less the authentic respect that might nourish self-respect. In turn, whatever normalization school and after-school settings might be providing for concurrent emotional and sexual maturation among heterosexual adolescents is denied to most of their gay counterparts, who instead are apt to retreat into furtiveness, shame, or precocious pairings with older partners."

Gross ends with a tirade against the government—from an attack on former Congressman Tom Coburn for his position on condoms, to criticism of Congressman Mark Souder's concerns about programs such as Stop AIDS because of the misuse of funds (which has been shown to have indeed occurred) to complaints about the Defense of Marriage Act (DOMA) and schools' emphasis on abstinence-only-until marriage programs.

Gross offers an interesting comparison:

> "On the same day that seven astronauts and fragments of the vehicle that failed them plummeted to the fields and woods of East Texas, six times that many US MSM became infected. Maybe the number was higher, since it occurred on a weekend; perhaps lower if news of the catastrophe interrupted libidinous pursuits. ...
>
> "On the basis of CDC estimates of the lifetime expenditures for treating a single case of HIV infection, MSM infections acquired that single day will cost $6.5 million.." (Going Public section, pages 872-881).

The Now-Infamous Dr. Kinsey

The editor chose to include a historical article entitled "Sexual Behavior in the Human Male," by Alfred Kinsey in a section devoted to voices from the past. That Kinsey has been thoroughly discredited seemed of little consequence to the editor. Perhaps a reading of the highly acclaimed biography of Kinsey by James H. Jones would have resulted in a different perspective of him. Consider the following excerpt of that Kinsey biography published in *New Yorker* magazine:

> "According to William Dellenback, the institute's photographer, Kinsey was becoming overtly exhibitionist–to the point of having himself filmed, always from the chest down, while engaged in masochistic masturbation. The world's foremost expert on sexual behavior would insert an object such as a pipe cleaner or swizzle stick into his urethra, tie a rope around his scrotum and then tug hard on the rope...
>
> "Toward the end of his life, Kinsey's boundaries shifted again–to the point where he was apparently prepared to withhold moral disapproval of adult-child sexual contacts....
>
> "Kinsey died believing that his crusade to promote more enlightened sexual attitudes had not succeeded. Yet in 1957, a year after his death the Supreme Court's Roth decision narrowed the legal definition of obscenity, expanding the umbrella of constitutional protection to cover a broader range of works portraying sex in art, literature, and film.
>
> "In 1960, the birth control pill was introduced, offering a highly effective method of contraception. In 1961, Illinois became the first state to repeal its sodomy statutes. The next year, the Supreme Court ruled that a magazine featuring photographs of male nudes was not obscene and as therefore not subject to censorship.
>
> "Then, in 1973, in a dramatic reversal, the American Psychiatric Association removed homosexuality from its list of psychopathologies. Kinsey, the anguished man of science, had prevailed." (Voices From the Past section, pages 894-898, quoted from New Yorker mag-

azine article "Annals of Sexology: Dr.Yes," *New Yorker*, September 1, 1997, page 113).

Risky Sexual Behaviors Continue

Perhaps the most alarming study in the *American Journal of Public Health* was that reported by Koblin *et al*, "High-Risk Behaviors Among Men Who Have Sex with Men in 6 US Cities: Baseline Data From the EXPLORE Study."

The authors described the prevalence of risk behaviors at baseline among MSM who participated in a randomized behavioral intervention study conducted in six US Cities: Boston, Chicago, Denver, New York, San Francisco, and Seattle. The data gathered involved homosexual men who were HIV-negative and who reported engaging in anal sex with one or more partners during the previous year. The results were staggering: among the 4,295 homosexual men,

> "48.0% and 54.9%, respectively reported unprotected receptive and insertive anal sex in the previous six months. Unprotected sex was significantly more likely with one primary partner or multiple partners than with one non-primary partner. Drug and alcohol use were significantly associated with unprotected anal sex." (Research and Practice section, Beryl A. Koblin, PhD, Margaret A.Chesney, PhD, Marla J. Husnik, MS, Sam Bozeman, MPH, Connie.L. Celum, MD, Susan Buchbinder, MD, Kenneth Mayer, MD, David McKirnan, PhD, Franklyn N. Judson,MD, Yijian Huang, PhD, Thomas J.Coates, PhD, and the EXPLORE Study Team, pages 926-932.)

The study conducted by Ciccarone *et al*, on "Sex Without Disclosure of Positive HIV Serostatus in a US Probability Sample of Persons Receiving Medical Care for HIV Infection," provides additional alarming data to support the conclusion that "risky sex without disclosure of serostatus is not uncommon among people with HIV."

The authors conclude,

> "The results of this study indicate that sex without disclosure of HIV status is relatively common among persons living with HIV. The rates of sex without disclosure found in our sample of HIV-positive individuals translate into 45,300 gay or bisexual men, 8,000 heterosexual men and 7,500 women–all HIV-infected–engaging in sex without disclosure in our reference population of individuals who were in care for HIV...
>
> "...these numbers should be considered a lower-bound estimate." (Daniel H. Ciccarone, MD, MPH, David E. Kanouse, PhD, Rebecca L Collins, PhD, Angela Miu, MS, James L. Chen,MPH, Sally C. Morton, PhD, and Ron Stall PhD., pages 949-954.)

Medical Science Interlaced with Activism

The editors of the *American Journal of Public Health* are to be commended for addressing health risks associated with homosexual practices. However, themes of activism replaced science in many of the *Journal*'s articles.

Nowhere did the authors cite the scientific evidence which has concluded that homosexuality is neither innate nor immutable. Nowhere did the authors note that homosexual men and women have choices in how they respond to their attractions. In no case did they even offer the view that homosexuality represents an adaptation—not an identity—and that homosexual attractions are more fluid than once thought.

Most importantly, the preoccupation of many of the authors with "homophobia" allows little room to adequately consider other hypotheses. Perhaps it is not homophobia but misguided activism that is responsible for the current health problems that plague homosexual individuals.

A Higher Risk of Psychiatric Disorders

"Rights" issues seem to have replaced individual and community health concerns. For example, the scientific evidence is clear that homosexual practices place their participants at risk for mental and physical illness. J. Michael Bailey, in his commentary on the research on homosexuality and mental illness (*Archives of General Psychiatry*, 1999, Vol. 56, 883-884), concluded,

> "These studies contain arguably the best published data on the association between homosexuality and psychopathology, and both converge on the same unhappy conclusion: homosexual people are at a substantially higher risk for some forms of emotional problems, including suicidality, major depression and anxiety disorder."

The studies published in the prestigious *Archives of General Psychiatry* in 1999 were later corroborated by a large, well-conducted from the Netherlands (*Archives of Psychiatry*, 2001). While society's alleged oppression of homosexual individuals (homophobia) seems to be a favorite panacea-like theory for the mental-health problems of those who practice homosexuality, the Dutch study is not supportive of such a hypothesis. Dutch society is recognized as one of the most gay-affirming and gay-tolerant in the world, and yet the risk for mental illness among those who engage in homosexuality remains high, and significantly higher than among heterosexuals in the same country.

To his credit, Bailey offers alternative hypotheses for the data associating mental illness with homosexuality. He suggests that homosexuality may be a "developmental error," "repre-

senting a deviation from normal development and is associated with other such deviations that may lead to mental illness." He also suggests another hypothesis— that "increased psychopathology among homosexual people is a consequence of lifestyle differences associated with sexual orientation...such behavioral risk factors associated with male homosexuality such as receptive anal sex and promiscuity."

Inherent Anatomical Problems

Regarding physical health, there is increasing evidence that mortality and morbidity rates are substantially higher for those who engage in homosexual practices. For example, the risk of anal cancer soars by as much as 4,000% for men who engage in anal intercourse with other men. The host of medical consequences of those who practice anal intercourse is large, from the tearing of the rectal lining with all of its accompanying problems, to the diseases associated with subsequent contact with fecal matter.

The American Public Health Association, along with other such national associations, needs to be aggressively pressed and held responsible for the activist spin placed on the research reported in the pages of their journal.

On the issue of risks of homosexual practices, the national organizations have become reckless guardians of the public health. The failure to report morbidity and mortality rates associated with homosexual practices should be cause for governmental scrutiny. The furthering of an agenda—no matter whose agenda—must not be placed above the lives of those whose interests must be protected.

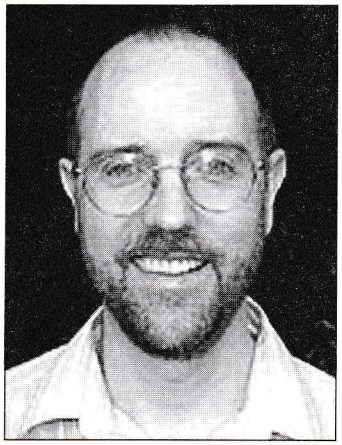
Activism must not be placed above science in informing public policy. It is an injustice to homosexual men and women to allow activism, including accusations of homophobia, to silence discussion of health risks or to suppress research.

A civil society has an obligation to implement policies that promote the health and well-being of its citizens. Bailey himself warns, "...it would be a shame if sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis" regarding homosexuality. ("Homosexuality and Mental Illness," J. Michael Bailey, *Archives of General Psychiatry*, Oct.,1999, Volume 56, P. 884.)

I would agree.

Letters to the Editor

Psychologist Christopher Rosik says APA Should Retain Gender-Identity Disorder Diagnosis



Christopher Rosik, Ph.D.

I believe the recent APA discussion about the possible removal of gender-identity disorder (GID) from the diagnostic manual requires a response from NARTH.

A good source to offer perspective on the subject is the 1997 Bradley & Zucker article on childhood GID (*J. Am. Acad. Child Adolesc. Psychiatry*, 36:7, 872-880) which I referred to in my recently published paper in the *Journal of Marriage and Family Therapy*.

I quote Zucker and Bradley at length here, as they identify the possible causes of childhood gender-identity conflict:

"The other parental variable implicated as etiologically significant by Stoller (1975) in extremely feminine boys and in homosexual men by Bieber and Bieber (1979) was a distant father-son relationship. This finding has been confirmed in several studies of homosexual men (Friedman, 1988) and was also evident in Green's (1987) study of feminine boys. Although it has been suggested that some of the difficulty fathers have in relating to their feminine sons is due to lack of shared interests, this does not seem to be an adequate explanation.

"Sherman's (1985) study of boys with GID using a projective measure of family relationships indicated that the sons perceived their relationships with their fathers as distant, negative, and conflicted. Together with the above reports of parental psychopathology, these findings would suggest that this relationship deficit may be a factor in contributing to the child's anxiety and, furthermore, that these fathers would have a hard time buffering deficits in the mother-son relationship.

"Fathers of girls with GID are often perceived as aggressive and threatening to their wives, and many of these girls report dreams and fantasies of protecting their mothers from aggressive figures. In our female adolescents with GID, a history of sexual abuse or fears of sexual aggression has appeared commonly. This is consistent with reports of physical and sexual abuse in female-to-male transsexuals (Devor, 1994) and with a report by Cosentino et al. (1993) of more masculine behavior in a sample of sexually abused girls." (pp. 877-878)

continued

Then in a 1998 letter to the editor responding to a critique of their article, Bradley & Zucker additionally comment (J. Am. Acad. Child Adolesc. Psychiatry, 37:3, p. 245):

"Dr. Menvielle asserts that '[w]ith the progress of science we have learned that parental personality and childrearing practices....do not have any significant causal role in the development of child psychopathology.' This is a gross oversimplification of a complex issue. No responsible or sophisticated clinician is interested in 'blaming' parents, but rather, in understanding the causal sequences that lead to, or perpetrate, child psychopathology.

"In general, most child psychiatric disorders are understood as a product of an interaction between biological risk factors or vulnerabilities in the child and psychosocial factors within the family matrix and the larger social world.

"We agree that, to date, no studies have demonstrated a causal relationship between parental behavior and GID. This lack of evidence for causal relationship is found throughout most of child psychiatry, and we find ourselves being forced to develop our models based on associations. This does not, however, suggest that these factors have no relevance in the development of disorders."

This was a point I made very similarly in my article.

Gay activists often argue that gender variance and homosexuality typically reflect a person's "true nature." In mentioning the notion of a "true nature," it seems to me that one has left the world of the social scientist and assumed the mantle of a philosopher. We must not forget the is/ought distinction—that it is the philosopher, drawing on his observations of the natural world, who shapes our understanding of which things just "simply are," and what things in fact "ought to be." "Is" does not invariably lead to "ought."

I don't begrudge the need to address such an issue—but implying that the statement, "homosexuality is who one truly is" *is a conclusively "scientific" fact* seems disingenuous to me. One's conception of what our "true nature" is clearly must be embedded within our larger worldview and its associated values, beliefs, and understandings, which need to be explicitly owned and debated on that level.

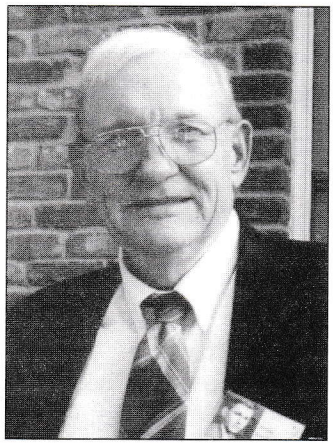
Sincerely,

Christopher Rosik, Ph.D.
NARTH Member

Letters, continued—

Another Tribute to Harold Voth

A colleague remembers our deceased NARTH Board of Directors member



Colleague John L. Kuehn, M.D.

I saw NARTH's article on the passing of Dr. Harold Voth and would like to comment. He was a wonderful role model for me—both in the Navy and psychiatry. It was due to his suggestion that I joined NARTH, and began seeing our terribly misunderstood, exploited, and under-served patients and their families.

We kept promising to meet at NARTH psychotherapy training sessions—but alas, my plans changed and I did not get to the last meeting at which he was present.

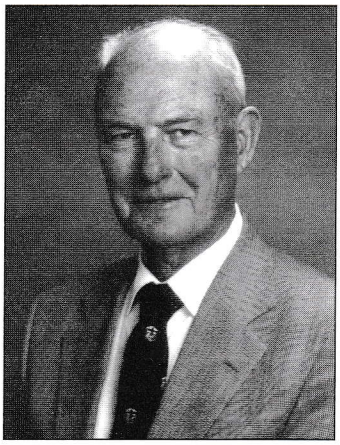
He was a great teacher while I was a psychiatry resident at the Menninger Clinic (1961-64). He influenced a whole generation of now "senior" psychiatrists, since at the time the Menninger program was the largest psychiatry program in the U.S.

I found this short statement, "A Psychiatrist's Values," and thought maybe it would serve as an additional salute to a great sailor and doctor who is now "sailing to Byzantium...."

The Psychiatrist's Values

He is with all the men
and women
Who have sought
something in life
That is neither chaos
nor mechanism,
Who have not confused
happiness with success,
And who have believed
in love.

—E.M. Forster on Gandhi



Harold Voth, M.D.

As Dr. Karl Menninger always said at the end of our annual meetings, "Next year in Jerusalem, Dr. Voth." Kind regards to all our dedicated colleagues in NARTH.

Sincerely,

John L. Kuehn, M.D.
Captain (M.C.) USN (Ret.)
Clinical Professor of Psychiatry, Northeastern Ohio Universities College of Medicine (NEOUCOM)

Pediatricians' Groups Differ On Attitudes Toward Homosexual Parenting

A new group is formed to counterbalance the AAP's activism.

By Roy Waller and Linda Nicolosi

In February 2003, the American Academy of Pediatrics (AAP) issued a policy statement declaring its support for homosexual parenting. The statement urges the states to extend the status of legal parent to same-sex partners, as well as marriage-equivalent status to homosexual and lesbian couples.

However, the American College of Pediatrics—a newer, Tennessee-based alternative organization headed by Dr. Joseph Zanga—has just responded by requesting that its fellow organization reverse its stand.

Zanga's group was formed by 100 dissenting members of the AAP. His organization disagrees with the AAP's point of view on gay parenting, as well as numerous other social issues.

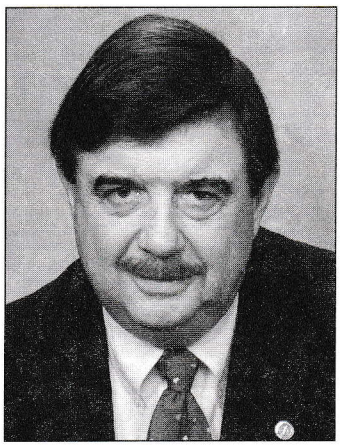
In a recent interview with NARTH, Dr. Zanga said that the policy statement did not have the support of the AAP membership as a whole. In fact, the position paper—entitled "Co-Parent or Second Parent Adoption by Same-Sex Parents" — was released to the public despite the objections of one-third of the committee which drafted it, he noted.

Zanga is still an active member of the larger AAP. In fact, he chairs its Bioethics Committee, which, he says, objected to the release of the position paper, citing what it felt were numerous flaws in the research and its foundation in "very weak science."

Because there was considerable opposition within the larger organization's membership ranks to its pro-homosexual stance, Zanga says, the AAP commissioned a "technical report" to investigate its decision, authored by Boston pediatrician Ellen Perrin.

In that report, Perrin herself questioned the reliability of the studies used by her organization to measure the effects of same-sex couples raising either biological or adopted children. "The small and non-representative sample [of children raised by same-sex couples] studied," she said, "and the relatively young age of most of the children, suggest some reserve [concerning the policy statement]."

Although most ACP members retain their membership in the larger pediatrics group, Dr. Zanga said he and his fellow ACP members "do not want the media, the government, or the public to think that all pediatricians agree with the AAP's policies on controversial issues."



Dr. Joseph Zanga

"We are essentially a Judeo-Christian, traditional-values organization," he noted, "open to membership for pediatric medical professionals of all religions who hold to our core beliefs." Those beliefs, he said, are that "life begins at conception, and that the traditional family unit, headed by an opposite-sex couple, poses far fewer risk factors in the adoption and raising of children."

The chief purpose of his organization, Zanga commented, is to see to it that children and adolescents receive optimal healthcare, with children's needs coming first, taking precedence over the political goals of socio-political activists.

Zanga's group defends its support for the traditional family unit, citing the Carnegie Report of the early 1990s, which found increased risks for children raised in alternative family situations. They also endorse recommendations by the Centers for Disease Control to incorporate HIV testing into standard prenatal care. (In 2001, an estimated 175 newborns contracted HIV from their mothers).

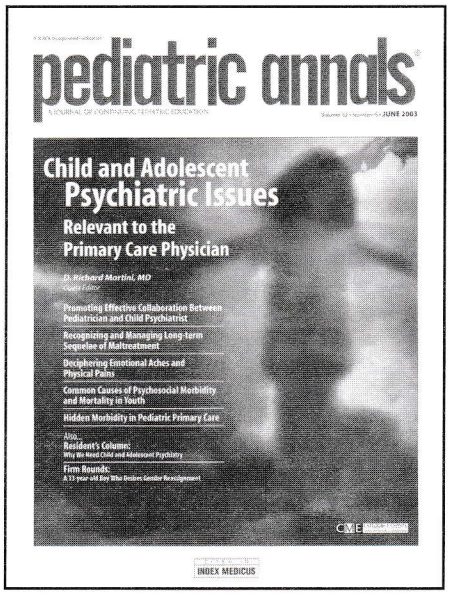
Future activities on his group's agenda include sponsorship of research, writing opinion pieces for the media, and providing scientific information to physicians and other medical professionals. The group hopes to contact state and national political leaders, to increase their current 100-physician membership, and to develop a professional journal.

(An article on this new organization may be read at - www.cultureandfamily.org/articledisplayasp?id=4053&department=CFI&categoryid=cfreport)

Pediatrician Says Childhood Gender Identity Disorder Requires Treatment, Not Sex-Change Surgery

The following letter was written by NARTH member Ross Olson, M.D. to a prominent professional journal.

The June 2003 issue of *Pediatric Annals* (Vol. 32, No. 6, pp. 378 - 382) contains a round table discussion of a case study called, "A 13-Year-Old Boy Who Desires Gender Reassignment." I read it with growing amazement as the story and the discussants' responses unfolded.



The narrative began with the note that the boy came requesting "hormone therapy so he could become a girl," then went on to state that "he is sexually active with male partners only and considers himself a heterosexual female." It also frighteningly continued, "he uses condoms 50% of the time for anal sex."

The discussion began with whether to address the subject as "he" or"she," and continued on to clarify the definition of gender-identity disorder and note the difference between this and homosexuality and possible hormonal correlates. It continued with delineation of the circumstances under which the subject would be considered competent to make a decision to receive the treatment he requests. This discussion noted the fact that he is in foster care because of physical abuse and that if he were on the street and considered emancipated, it might be easier to proceed. There was concern about "the enormous danger that these individuals face day to day just walking outside" because of being "teased and physically attacked."

Hello!!? What is missing from this discussion? Have we become so tolerant of alternative lifestyles that nobody noticed — or was it that nobody dared mention — that this is *a 13-year-old boy* who is being *sexually abused?*

I believe there are still laws on the books regarding age of consent although there is a concerted effort to change them in some segments of society, including the academic social sciences.

I would certainly hope that medical professionals, whose mission is supposedly to protect children, would be sensitive to victimization of the young. If the "elephant in the room" had been mentioned by *Pediatric Annals*, then a number of other obvious issues about this case might have arisen. These are all things that would have immediately come to the mind of any grandmother in Peoria, but there is a moratorium on public discussion of these topics and a widespread fear of offending powerful special-interest groups.

For example, in questioning why a 13-year-old boy is sexually active to the point that he can give statistics on frequency of condom use, one might ask, "With whom is he having sex?" Sexual abuse in foster care is a significant problem and is much more common in homosexual foster families. (See "Gay Foster Parents More Apt to Molest," by Paul Cameron, *Journal of the Family Research Institute*, Vol. 17 No. 7, Nov 2002, http://www.familyresearchinst.org/FRR_02_11.html)

At the very least, the supervision of such a young adolescent has to be brought into question. Why was notification of Child Protective Services not mentioned?

What is the relationship between the subject's sexual activity and his desire to be a girl? It is a question that begs to be asked, despite the party line that gender identity and sexual orientation are internal fixed phenomena. Here is a boy — *yes, a boy* — who apparently did not have a loving home of origin and had parental rights terminated. He has been in the notoriously impermanent foster care system for most of his life. The legitimate desire of young boys for fatherly affection is a risk factor for homosexual victimization.

Could it be that in the counterfeit love of sexual attention by male homosexuals, he thinks he has found the thing that was missing in his life?

Obviously his sexual abusers do not see him as a female, but it is not a stretch to see how he might turn his experience into a desire to become what he might consider a legitimate object of male sexual attention, ignoring his very young age. As to danger he will experience as a transsexual, it is a not-very-well-kept secret that the homosexual community experiences a great deal of violence that is not from outside gay bashers, but actually gay-on-gay. (See "Gay Domestic Violence Finally Measured," by Paul Cameron, Journal of the Family Research Institute, Vol. 16 No. 8, Dec 2001, http://www.familyresearchinst.org/FRR_01_12.html)

This only makes sense when considering the nearly institutionalized promiscuity that is a hallmark of gay life, combined with the common emotional responses to broken sexual relationships and the notorious tendency for males to transmute emotional stress into violence. If the discussants

continued

were worried about his safety, why was this not mentioned?

This piece was much more educational than *Pediatrics Annals* intended, and while I do not picture the panel as a group of perverts, their remarkable silence on the most important issues illustrates how political correctness can co-opt professionals into an enterprise that produces great harm to individuals and society.

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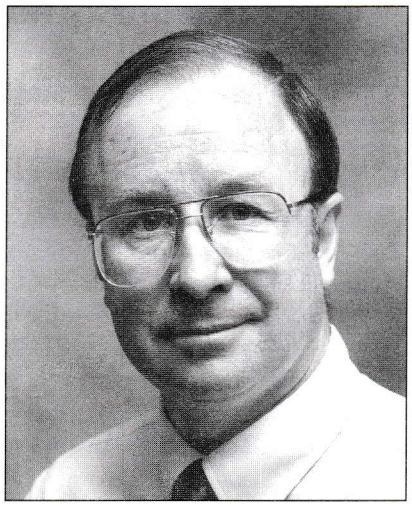


Ross Olson, M.D.

Risk Factors Associated with Lesbianism May Be Higher than with Gay Men

By Roy Waller

A study conducted by Professor Lisa Lindley of Western Kentucky University suggests that a homosexual lifestyle could be slightly more dangerous, in several respects, for lesbians than for gay men.

Lindley presented her findings last December to the American Public Health Association.

The study queried 927 lesbian, gay, bisexual, and transgendered students. It was conducted with the cooperation of 135 LGBT college associations, and was reported in an article in the gay-themed magazine *The Advocate* (February 18, 2003).

Professor Lindley's study has gathered some unexpected statistics—particularly because it has been widely assumed that a gay lifestyle is associated with greater risk factors for men than for women.

Beginning with the risk factor of suicide, the study found that 62.1% of lesbians in the sample studied had considered suicide during their lifetimes, compared to 58.2% of gay men, while the figures for those who have actually attempted it were 29.2% for women and 28.8% for men.

Sustance Abuse a Serious Problem

The respondents to the Internet-conducted study also provided data that suggests lesbians are more likely to smoke, drink liquor, use such controlled substances as cocaine, Ecstasy, LSD, and mescaline, as well as being more prone to be overweight and even—in this particular study—to have more sex partners than gay males.

Lindley puts forward the idea—common to nearly every other study that has found negative factors associated with homosexuality—that high-risk lifestyles among lesbians are likely due to pressures resulting from society's disapproval. She suggested that lesbians' tend to "come out" later than their male peers and, consequently, they endure the pressures of coping with their homosexuality without support for a longer period of time than do homosexually oriented men.

Researchers With an Agenda: The Search for Funding

Lindley's disturbing study results have been questioned by gay-activist groups and other researchers.

In a piece written for *The New York Times*, Professor Ritch Savin-Williams of Cornell University responded to Lindley's findings. Savin-Williams—who is himself a gay-activist writer and researcher—argues that most such studies are conducted with a specific agenda in mind; namely, attempting to document the mistreatment gay youth and young adults have suffered so that more research funding can be obtained for programs that serve the gay community.

"The research is delivering what I call 'the suffering suicide script,' which essentially tells them, 'Hey, look how horrible it is to be gay,'" says Savin-Williams.

Lindley herself is cited in *The Advocate* as stating that there has been too much emphasis on the negativity of the homosexual youth experience. In response, she says she now plans to embark on study of homosexually oriented people's "resilience and intellect." ■

The Condition of Female Homosexuality

By Janelle M. Hallman-Burleson

The following is an outline of a speech given to parents and strugglers around the country.

For many years now, I have been professionally counseling women who struggle with same-sex feelings. I hope to be able to pass on some of the insights that I have gained, and I hope to do so in a way that respects and honors them and their internal truth and experience. **I work with incredible women.** They are very intelligent, multifaceted, gifted, energetic and carry a strong sense of justice and integrity.

Female homosexuality is complex. It involves many different factors, and one factor is a woman's family relationships. As I explain this condition, I will describe some of the family dynamics or imperfect relationships that could lead to a same-sex struggle within a daughter—but parents, it is important that you hear this first —

Janelle M. Hallman-Burleson

Remember, it is not just our relationships with our children that are imperfect and broken; our marriages are imperfect, our relationships with our own parents were also imperfect, and their relationships with their parents...and so it goes for all of us.

Every child is unique and therefore they perceives themselves and the world around them differently. One child may perceive that a situation is funny and laugh. Another may sense fear in the same situation and withdraw. **You as a parent cannot control your child's perceptions or reactions.**

So much of the homosexual struggle is based on a child's perception and interpretation of life events. When I discuss the potential breakdown between a daughter and mother or father, I am NOT implying that you as parents did not love your child, but I am implying that for some reason, your daughter may not have perceived or felt that love. This breakdown and confusion within relationships is part of the reality of living within a broken world. Unfortunately, these confusions can and often do eventually turn into life-controlling issues. Homosexuality is one such example.

So parents, I recognize how difficult a journey you have. It is important that you be open and face the problems that may exist in your relationship with your daughter, but it is equally important that you not become buried and paralyzed in a guilt that is not even fully yours to bear.

BETTY'S STORY –

I grew up on a small farm. My mother had a lot of farm chores to do during the day, so when I was little, she would leave me alone for lengthy periods of time in a playpen. I apparently got used to being by myself. I had an older brother and sister, but it was I who was Dad's favorite. However he inappropriately relied on me to meet his own emotional needs. My mother was jealous of my special relationship with dad.

I was a tomboy and my mom seemed to encourage it in me. She rarely nurtured me. I never remember being held or comforted by her. She never taught me anything that would have been considered feminine or female. She was not feminine herself and probably did not like being a woman. She thought women were weak.

In the midst of the empty space and black hole left by my family, I was also sexually abused by a male when I was seven. The touch felt good, but I was demeaned and rejected by the boy afterwards. I vowed to never need anything again; I hated my femininity and thought it was weak.

As a teenager, I wore jeans and t-shirts or Army fatigues and combat boots. I eventually joined the Army Reserve. In college I met a girlfriend who cared for me and cried when she heard about the sexual abuse. I also had a close female friend who held me in her arms and comforted me when I felt pain. She was a lesbian. Was I, too, a lesbian? All I knew is that this relationship was what I had been looking for my whole life – a safe, loving, tender, non-abusive relationship with a sense of mutuality and of deep care.

No little boy or girl or young man or woman aspires or chooses to become homosexual. The growing feelings and attractions toward the same sex are confusing, frightening, overwhelming, and often shaming. These men and women need our compassion and help. So let's look at the particular pieces missing in my friend Betty's life that may have contributed to her same-sex attraction.

First, it's important to understand what a child needs in order to develop. As I describe these basic needs, notice how everything that a child needs to grow and develop healthily, comes through relationships.

continued

The Building Blocks of the Lesbian Struggle

Stages of an "Ideal" Life

Here is a very quick lesson in human growth and development; I want to build an "ideal" life based on child-development theory. Notice how relationships are the basis for a child's survival, growth and development, process of self-discovery, formation of an identity, and ultimately, the development of the capacity to connect to and love others.

A baby girl's needs: food, warmth, protection, safety, nurturing, constancy, security, touch, attention, language, and a solid, warm attachment to her mom. This is the foundation for a future sense of self and ultimate solid feminine identity, and sense of trust or well-being so she can relax and simply "become" who she is to be.

The childhood needs of a girl: Continuation of the above, with acceptance and involvement from her mom so she can identify with or mirror her mom. She needs affirmation and blessing from her dad (the father is key in affirming gender identity in both children), as well as boundaries, encouragement, respect, opportunity for learning and achievement, and playmates.

Female Adolescent Needs: She needs a group of girl friends, which gives her a sense of belonging. She also needs attention and affirmation from males, the "mysterious other." There should be continued growth in knowing herself, through which she can solidify her identity and sense of femininity, while deepening friendships with both young men and women.

Needs of the Adult Woman: Intimacy or deep connectedness with others, and a sense of purpose and meaningfulness as a woman, if marriage occurs – with a union of body, soul and spirit with a complementary other so that sexuality blossoms.

Types of Significant Loves:

Mother/Parental love: Bond with the mother is of vital importance, but both parents are essential for healthy growth and development – relationally and in terms of identity development.

Friendship love: SIDE BY SIDE, within these same-sex friendships, a girl's interests and feminine identity are affirmed.

Romantic love: FACE TO FACE with another who is different. This is a much more intense encounter; here, a young woman gets to know herself through the experience of CONTRAST.

Sexual love: To come into blossom within the covenant of marriage, which provides safety and security along with complete vulnerability.

What if...?

So this is the "ideal" life. But *what if* some of the BASIC love needs are not met in this girl's life?

What if she is separated from her mom at birth and thereby not able to achieve a sense of being or well-being? Many of my lesbian clients say that they feel as if they haven't even "started," as if their basic internal foundation is missing. What if a baby is rarely touched? What if her mom was just not able to be present or available for the little girl because of mom's own difficult and hectic life? What if a girl moves with her family every year throughout childhood, and every friendship she makes abruptly ends? More importantly, every time she opens her heart to attachment – she is cut off.

As women with an empty spot in our hearts, we then become confused as to our true need for feminine love and nurturance and are deceived—thinking that a romanticized or sexualized relationship can fill the empty place left years ago by mom or dad or by the friends we never had.

The Missing Building Blocks Within the Lesbian Struggle

Female homosexuality can be defined by these missing developmental building blocks or imperfect childhood relationships. Typical in the story of my clients is a missing, strained or detached relationship with mom; lack of protection, disrespect or abuse at the hands of a male; few if any girlhood friendships, and sense of emptiness or shame in lieu of a full and rich identity as a woman.

"I was born into a family filled with anxiety, fear, confusion and sadness. Just after I was born, my father's mental health was so bad that he had to be institutionalized for years. When I was still an infant, my mother went from being a stay-at-home mother of seven to taking the role of breadwinner and head of household.

"In order for my mom to be able to work, I was taken to my aunt's to stay during the week and then brought home on the weekends. Although I knew my mother loved me, I don't remember her being warm and loving towards me, nor do I remember being drawn in by her. Mostly I remember wanting to receive love from her but often being pushed away instead."— Regeneration News, September 2002 edition. "Blossoming into a Woman" by Rebecca (a Living Waters Leader).

My clients often report that mom was so consumed with other children or with filling the role of an absent or unavailable husband, dealing with illness or poverty, depression, etc., that she simply could not be there in the way that her little girl needed.

Another woman confesses that *"I loved my mom and sisters, but I didn't relate to them at all. They wanted to go shopping and talk about boys. I just wanted to ride my bike or play the drums. There was a gap in our relationship that I could never*

quite put my finger on. This intensified my growing tendency to feel isolated and insecure as a girl." — Love In Action's women's support group leader – Kristy Keith, "God Is Able" Testimony of the Month.

This woman is identifying another issue that is common among female strugglers: a confusion or rejection of her femininity or gender identity. Many women who struggle with same-sex attractions admit that they did not like being a girl growing up, they were tomboys, dressed like boys and assumed male roles during play and even within their family system. This gender-identity confusion or rejection can start at a very early age and is an integral component to the lesbian struggle.

Missing Block # 2 – Lack of Protection, Disrespect or Abuse at the Hands of a Male —

"My father was unable to affirm me as a girl, and consequently I did not understand the value of my femininity. I didn't learn that being a girl was a good thing. What I did learn was just the opposite.

"... I don't remember being hugged by him or told that he loved me. I didn't feel protected by him and I didn't feel safe.

"Recently, God has been showing me that I have never really known the protection and safety of a man. I have never been able to fully rest in the arms of a man or of my Father God. My earthly father didn't teach me that, and I certainly didn't learn it from my grandfather and cousin, who sexually abused me. My first boyfriend cheated on me and did not protect what I had given him – myself." – Regeneration News, September 2002 edition. "Blossoming into a Woman" by Rebecca (a Living Waters Leader).

Sexual Abuse and its Shattering Effects

Sexual abuse is shattering to the psyche of a little girl. We have all watched how our fellow countrymen have come to the rescue of those affected by the tragedy at the World Trade Center. When people are hurt or injured, we naturally want to help. But when a little girl is secretly sexually abused, more often than not, she faces the shock, wreckage and chaos of her own soul all by herself. This isolation, in fact, can be almost as damaging as the abuse itself.

Girls who have been sexually violated usually struggle with deep feelings of betrayal, powerlessness, shame, and guilt. The sense of betrayal will naturally lead to a growing mistrust in ALL of her relationships, including with her mom and dad since they weren't able to protect her. The powerlessness she feels will often be turned into anger—first towards herself and then towards the world. Shame and guilt are like heavy blankets that bury a feminine soul. Underneath, the girl lies hidden in darkness believing she is bad, dirty, only valued enough to be used, worthless and ugly.

Sexual abuse does not cause lesbianism, but it can clinch any existing relational deficits, betrayals, sense of neglect and/or abandonment AND the growing inner sense that she is "not ok" and that it is not safe to be a girl.

Missing Block #3 - Abuse or Disrespect from Males

My clients are often more connected to dad than mom– she, as a child, became his fishing partner or worked in the garage. She was his "little boy" or the son he always wanted. This dynamic is subtly disrespectful and disaffirming of a little girl's intrinsic value as a feminine being.

Missing Block #4 – Few, if Any, or Stormy Girlhood Friendships

Many of my clients grew up in military or missionary families – moving every two years, disrupting friendships with girlfriends. Many of my clients say they just didn't fit in with the other girls. I also hear many stories of pre-lesbian women taking the brunt of adolescent female cruelty and betrayals.

Missing Block #5 – Lack of Complete Gender and Identity Development

My clients describe a "dark hole" within them – it feels like it is full of desperation. There is a lack of connection with their emotions, "I don't know how I feel," with a deep hatred for their girlhood or femininity. Some appear masculine, some do not, but there is always an internal struggle related to gender. It is this psychic "hole" that often fuels their attraction to another woman, as they seek to find an identity and a sense of feminine nurturing through another woman.

Self Protection

But there is more to this puzzle. A young girl or woman is more than just a victim of her environment. None of us can be solely defined by our deficits or missing elements in our childhood. We are always choosing, creating, acting, responding, reacting, etc. to life's experiences. And so it is with a pre-lesbian girl.

A girl who is experiencing or perceiving rejection or neglect from her mom or disrespect and abuse from her dad will most likely begin to protect herself or shut down in these relationships. Unfortunately, the girl is unknowingly defending herself against the good and the love and care that is still being given, as well as the bad she fears. She makes an inner vow to protect herself from possible hurt, which creates even more emptiness, and results in more missing pieces in her life.

To summarize, as this young girl enters puberty, she is still longing for love, attachment and nurturing from mom; safety and affirmation from dad; she longs for same-sex peer relationships, and she is still confused about being a female or afraid of becoming a woman.

continued

Soon, she may begin to fantasize about being close to an older woman such as a teacher, or she may find herself longing to be the best friend of a cute and popular girl. In college, she may fall into the arms of another woman who feels safe. Is she a lesbian? That is what our culture says. Or does she simply need the missing developmental building blocks?

It is so dangerous to categorize a certain state of being (same-sex attraction) as an IDENTITY when that state of being is simply one of identity CONFUSION, where legitimate relational needs remain unmet. This is a person whose development is still in process. This woman does not need to be labeled a lesbian. There are some areas of normal growth and development that still need to occur in her life. She simply needs the missing pieces.

Relationship and the Development of the Female Self

At the core of the lesbian struggle, you will not find a sexual issue but a relational issue (the byproducts of gaps in significant relationships), as just described, as well as an identity (relationship with self) issue.

Women struggling with same-sex attraction often describe not only a gender-identity confusion, but a deep void in lieu of any core sense of self or being. They do not know who they are. Let me explain by contrasting the differences in development between a boy and girl.

Initially, both boys and girls are attached to mom at birth. To develop a healthy masculine identity, a boy must differentiate from mom and ultimately attach and align himself or identify with dad. A girl, on the other hand, is supposed to remain and rest in connection with mom, who is like she is. The girl will discover herself and her feminine identity within this ongoing attachment and thus internalize feelings of security, warmth, reciprocity and trust.

She then eventually receives her dad, who is to gently move towards her to offer his love and affirmation, as well as his protection of her special connection with mom. More and more relationships will enter her life, building on the "home" or foundation of mom.

As I've said, lesbianism becomes a possibility when a girl's primal relationship with mom is absent, disrupted or undesirable. It becomes a further possibility if dad's movement toward the girl is unsafe or disrespectful. But notice how these disruptions actually eliminate the primal foundation within a little girl's life. If the girl experiences a separation in her foundational relationship with mom, she: 1) is faced with severe insecurity and sense of utter abandonment (resulting in anxiety), and 2) loses the means by which to discover her most foundational aspects of self and identity (depression).

This is the beginning of that deep hole within. The girl has never had the opportunity to rest in a safe place, mirror her mom, receive the love of others – and simply "become." She is left with a loneliness on the outside and an emptiness within. What woman can bear these two feelings simultaneously?

As women we will work, strive, and even control and manipulate to alleviate our aloneness and emptiness. Often our cry for connection will be turned into a neurotic and compromised hyper-dependency or need upon another. And since the heart of the lesbian condition is a specific need for mother, girlhood friends and a feminine identity, this dependency will naturally be played out within a relationship with a woman.

VII. Emotional Dependency: An Effort to Survive

Many of us who work in this field describe the core of a lesbian relationship as an "emotional dependency." Essentially, emotional dependency is when a woman relies on another woman to give her a sense of identity and relational well-being. She depends on this other woman to remove her emptiness, loneliness and anxiety. She subconsciously says, "My basic well-being depends on my connection with you. If our connection or relationship is constant, warm, secure and loving (perfect) I feel ok. If our connection is threatened in any way, I am in crisis. I am not ok."

One woman reports that: *"Lesbianism wasn't about sex for me.... All I really wanted was connection! A deep, emotional, heart connection. Someone who would complete me.. Someone to give me value and worth. In other words, someone to need me! The physical relationship came later and was the manifestation of the desire for connection, not the initial draw.* ("What I thought People Already Knew, But Don't," by Kelley, Living Hope Letter, a publication of Living Hope Ministries. August 2002, Volume 6, Issue 8.)

Unlike with male homosexuals, rarely do I find the women focusing on or becoming addicted to the sexual behavior. These women simply want to nestle into another woman's arms, gaze into her eyes and suckle at her breasts. Can you hear the very young, almost infantile, need for mom? Obviously this behavior will become sexual for an adult woman.

You can also see within these relationships the adolescent need for a best friend. In early adolescence, girl friends dress alike, sometimes hold hands together or clasp arms, and of course call each other five times a day. Women in lesbian relationships typically behave in these very same ways – dressing alike and believing that the sun rises and sets over their friend. In these lesbian relationships, the women are trying to find or appropriate their missing blocks. They so needed close friends during adolescence.

But there are problems within these incredibly close relationships. One woman admits that *"Because my need to be needed became bigger than God, that "needy" person became my*

god. I ended up doing whatever it was I needed to do to keep that relationship alive. That person gave me meaning and purpose even when it crossed physical boundaries."

Based on the nature (idolatrous) of these emotionally dependent relationships, most lesbian relationships are fragile and unpredictable. No human being can guarantee a perfect and continuously warm, secure and loving friendship. If our whole life or sense of self and well-being depend on it, our life will be very precarious at best. The more I depend on another woman to make me feel complete and ok, the more likely I will be disappointed.

This disappointment and failure however, creates even more of a need in me. So I grope even harder. My groping and need unfortunately suffocates or drains the other woman so she must eventually leave or distance herself from me. I am devastated, even close to emotional death—so I reach out even more desperately than I have in the past. And on and on it goes.

The lesbian condition is itself a condition of deep insecurity. And in this deep insecurity, these women, on the outside, will continue to live out of a very masculinized style of relating. They may be tough, self sufficient, competent, hard, and cold, pretending they don't need anyone or anything, creating a self-inflicted cocoon of isolation. But never believe or affirm the tough outer shell of a woman who struggles with lesbianism. On the inside she is just a small, tender girl who is simply longing to rest in a mother's arms, to enjoy a close girl friend, and to learn to love herself as a feminine being.

The more we can see this true tender heart inside, the more we can support the struggling lesbian in turning from this falsehood and embracing the truth.

Understandably, when these women have what they believe is a "secure attachment" in the midst of these emotionally dependent lesbian relationships, it is extremely hard for them to step back and "detach" or end the relationship. It literally feels like death to them. They have "identified" with the other woman to the point that if **they lose her, they also lose themselves**. This is not a healthy identification. They crawl inside, becoming "lost in the other woman." Yet for these women to move ahead in their own development and maturity, they must find a way to stand alone and return to their own personhood and identity.

When a woman finally decides to end a lesbian relationship because of her desire to grow and change, she will need our patience, grace and compassion. It will be a very difficult time for her.

Overview of the Lesbian Condition

Relationship issue: A search for mom, for feminine attachment, girl friends and a search for safety, and protection and respect from the masculine.

I hear words and phrases repeated over and over almost verbatim by my clients:

"I just want to be held – and to hold."
"I want to be cared for."
"I don't want to be alone."
"There are no good men."
"All men are self-centered."

Friendships:

"I want to be liked."
"I want to have fun."

It is these cries for "mother" and for a close friend, along with their flight from men, that underlie any sexual attraction they might have for another woman.

Identity Issue: A Search for a Basic Sense of Self and Feminine Identity

Other words that I hear over and over from my clients are:

"I don't know who I am," and / or
"I hate myself and I hate being a woman."

If mom isn't the kind of mom a little girl wants to aspire to become, the girl may unknowingly reject her own femininity in fear of looking like or becoming like her mother. If dad abuses mom or the girl, the girl will quickly perceive it is **not safe** to be a girl or woman.

The lesbian condition is a process of self-rejection as a feminine being, culminating in a toxic self-hatred and ultimately a severe identity crisis or confusion. This need for a core self, and for her core feminine self, also fuels the sexual attraction for union with another who is most like her. She will seek her own life and identity through another woman.

Treatment

There is much hope for the woman struggling with lesbianism who is willing to take the time to reflect on her life, confront negative perceptions about her Creator, and about relationships and herself, and to own and admit her true neediness. She must take the initial step in reaching out for help; we cannot force her or make her do that. But when she does, she will need our patience, love, care and support.

Religiously grounded clients will take heart from their religious conviction that it is not all up to them to change themselves, and that God is ready and willing to redeem and restore anyone who desires to return to His original intent and design for their lives. ■

Minnesota Psychologist Threatened For Pro-Reorientation Therapy Stance

By Roy Waller

Raymond Sampson, Ph.D., a diplomate of the American Board of Professional Psychology, was recently the target of a complaint filed with the Minnesota Board of Psychology as the result of a letter-to-the editor Dr. Sampson wrote for a local newspaper.

The complaint against Sampson was filed in November 2002 and was just recently resolved.

Raymond Sampson, Ph.D.

Dr. Sampson's legal saga began when he read an article in the March 18, 2002 edition of the *Duluth News Tribune*. It was entitled "'Therapy' For Gays Continues Despite Social Enlightenment."

Written by Duluth psychiatrist Lisa Capell, the article contained the signatures of psychologist Chris Henley and assistant professor of psychology Paula Pederson attached in support.

The article described conversion therapy for homosexuals as "unethical," "barbaric," and "misguided," and concluded with the statement, "This type of treatment is from the era of lobotomy and straitjackets. It should not be tolerated!" The article implicated NARTH as involved in such treatments.

Disturbed by the mischaracterization, Dr. Sampson wrote a response. Published in the letters-to-the-editors column, it was entitled "Principled Disapproval of Gays Is Not Intolerance." He objected to the labeling of reorientation therapy (what the columnists called "Christian therapy") as "unethical." Dr. Sampson argued that "the compassionate, principled disapproval of the homosexual condition does not constitute unfair discrimination or intolerance."

Making clear the historical fact that "no culture or time has ever considered homosexuality to be normal," Dr. Sampson also referred to a statement published in the journal *Psychological Reports* that hundreds of people had "reported positive change in their sexual orientation away from homosexuality."

A complaint was then filed against Dr. Sampson with the Minnesota Board of Psychology, although it did not list the name(s) of the complainer(s). The complaint charged that Dr. Sampson "exhibited a biased attitude and provided false and misleading information to the public by submitting the enclosed 'opinion' to a public news forum."
The complaint listed several allegations, including:

(1) The fact that Dr. Sampson had inadvertently referred to the peer-reviewed journal *Psychological Reports* as an American Psychological Journal Association-published journal. (Although it is an independent journal, other, official publications of the APA have recently published papers that show favorable outcomes for reorientation therapy and support its ethicality.)

(2) The *Psychological Reports* article was supposedly misinterpreted by Dr. Sampson, based upon numbers of respondents to the survey in question, actual percentages of respondents according to their sexual orientations, etc. The allegation states that Sampson "overgeneralized and mischaracterized the content journal article." (The allegations ignored the fact that Dr. Sampson was writing a letter-to-the-editor, not a comprehensive, point-by-point explanation of a particular study.)

NARTH's Vice President, Dr. Dean Byrd, assisted Dr. Sampson in organizing a legal defense. "I believe that the most egregious 'overgeneralizing and mischaracterizing' actually occurred," Dr. Byrd said, "when the authors of the original article stated that reorientation therapy offered to clients who seek it is 'barbaric and misguided.'"

(3) The Board also alleges that Sampson, in his article and later follow-up letters requested by the Board to clarify his statements, referred to homosexuality as a "perversion" and a "condition." The Board claimed that his statements were "misleading, incomplete, and lacking in factual foundation," owing to the removal of homosexuality as a mental illness from the American Psychiatric Association Diagnostic and Statistical Manual.

The allegation also cites the American Psychological Association's 1997 resolution stating that the "Association does not regard homosexuality as a mental disorder." (Yet that same resolution also states that "psychologists *should respect the rights of others to hold values that differ from their own*" and "they should not engage in *discrimination* based on sexual orientation." — our italics).

"Clearly," Dr. Byrd countered, "that same respect for diversity that the APA calls for, must also extend to people whose values preclude their living a gay lifestyle."

As to the specific issues involved in the complaint, the Board stated that the matters to be decided were —

continued

- Whether Dr. Sampson "violated a statute, rule, or order that the Board issued or is empowered to enforce,"
- "Engaged in unprofessional conduct which has the potential for causing harm to the public,"
- "Violated the rules of conduct/code of ethics adopted by the Board," and
- "Made public statements that contained false or misleading information."

On April 15, 2003, Dr. Sampson's attorneys, Mohrman and Kaardal, P.A., sent a comprehensive response to the Minnesota Board of Psychology. Those attorneys rebutted the allegations made against Sampson; addressed the possible violation of the Board's rules; and also how the Board's investigation and continual prosecution of this matter was "a violation of Reverend Sampson's First Amendment right to freedom of speech and freedom of religion, and Fourteenth Amendment right to equal protection and due process." (Dr. Sampson is also an ordained deacon in the Catholic Church).

Dr. Sampson and his counsel then met with the Board of Psychology on April 25.

Vindication

Less than one week later, Dr. Sampson was contacted by letter by the Minnesota Board of Psychology. They informed him that they had completed their review of the complaint filed against him and he was exonerated.

Because they believe the complaint should never have been filed or considered, Dr. Sampson and his legal counsel are currently considering legal action against the Minnesota Board of Psychology.

"This case is a textbook example of the politics of intimidation—how judicial boards are being influenced by activism instead of science," said Dean Byrd. "We need to put the review boards on notice that we will not tolerate such abuses of power. When obviously spurious charges are filed, review boards should aggressively pursue those who filed the charges and reprimand them for having done so."

New Zealand Study Suggests Higher Rates Of Self-Harm And Suicidal Behavior For Same-Sex Attracted Individuals

By Roy Waller

A study appearing in the March 2003 issue of *The American Journal of Psychology* found higher rates of non-fatal suicidal behavior among those with homosexual attractions than among the heterosexual population.

The research, conducted in New Zealand among 946 men and women, dealt with three basic groups of respondents: 770 men and women who reported exclusive, life-long heterosexual attractions, 155 of both genders who claimed "minor" same-sex attraction, and 17 (eight men, nine women) who said they consistently experienced same-sex attraction.

The focus of the research was homosexual attraction, rather than actual behavior.

The study was actually conducted over 23 years, beginning with an initial group of 1,037 three-year old children who received extensive medical, psychological, and behavioral assessments for the next two decades.

Highlights of the study's findings include:

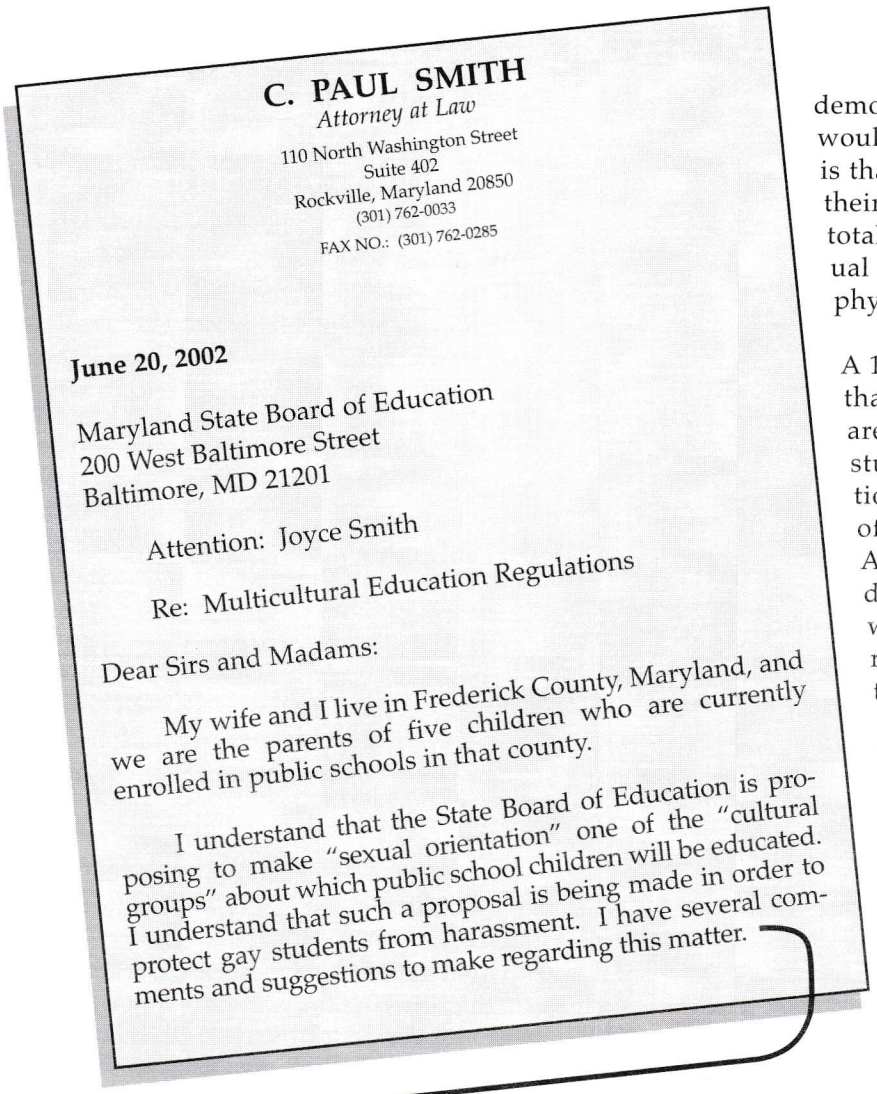
- Attempts at self-inflicted harm by both men and women were increased significantly with the degree of homosexual attraction. Even amongst men who reported only "minor same-sex attraction," a marked increase in the occurrences of physical injury was noted.
- Episodes of depression during the twelve months prior to the polling were significant, especially among the male subjects, and also increased greatly in proportion to increased levels of homosexual attraction.
- Substance abuse was also a major factor examined by the study. Both sexes reported elevated rates of substance abuse during the same twelve-month period. The researchers note that the women particularly appeared to show increased incidents of substance abuse with an increased degree of lesbian attraction.
- Domestically, men and women who reported major, consistent homosexual attraction were less likely to be living with a spouse or partner of either gender.
- Overall, men who admitted any same-sex attraction of whatever degree and persistency, seemed to be at a significantly higher risk than women of like responses in their reporting of deliberate self-harm over the course of a lifetime.

The entire article may be read at http://ajp.psychiatryonline.org

Reference:

Skegg, K., S. Nada-Raja, N. Dickson, C. Paul, S. Williams, "Sexual Orientation and Self-Harm in Men and Women," *American Journal of Psychiatry*, 160:3; 541-546, March 2003. ■

Attorney Counters Gay Activism in Schools with NARTH Resources



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June 20, 2002

Maryland State Board of Education
200 West Baltimore Street
Baltimore, MD 21201

Attention: Joyce Smith

Re: Multicultural Education Regulations

Dear Sirs and Madams:

My wife and I live in Frederick County, Maryland, and we are the parents of five children who are currently enrolled in public schools in that county.

I understand that the State Board of Education is proposing to make "sexual orientation" one of the "cultural groups" about which public school children will be educated. I understand that such a proposal is being made in order to protect gay students from harassment. I have several comments and suggestions to make regarding this matter.

I object to the public schools becoming the vehicle for social engineering in our State. I do not believe it is the proper role of the Board of Education to push the agenda of philosophies and programs that advance controversial moral viewpoints. Once the schools enter into such moral debates, there will be inevitable problems and controversies. Public school curricula should avoid engaging in social debate on controversial moral issues, of which homosexuality is certainly one.

If the schools ignore the wisdom of engaging in the debate of moral/social issues, then they should at least scrutinize their programs, their conduct and their language to be sure that there is sound and scientific support for official school words and actions. And in applying this standard to current proposals to educate public school children (grades K through 12) about protecting gay students from harassment, scientific studies demonstrate that there is a serious problem that would be created by such a program. The problem is that the very act of identifying students as gay in their formative school years has been shown to be totally unreliable and prone to encourage homosexual conduct, the latter of which causes serious physical and mental health problems.

A 1992 Minnesota study of 35,000 youth reported that 25.9% of 12-year-olds are uncertain if they are heterosexual or homosexual, whereas other studies show that only 2-3% of the adult population identifies itself as homosexual. (See page 5 of the enclosed NARTH brochure, "Homosexual Advocacy Groups & Your School.") This demonstrates that any school program that would involve the **identification** of gays would run the risk of misidentifying almost 25% of the students as gay.

While the risk of serious disability and death from AIDS is well known, there are other serious health and social problems that come with homosexual conduct. A recent study by Garofalo (NARTH, p. 4) documents that the following high health risk behaviors are significantly greater for gay, lesbian and bisexual (GLB) high school students than for non -GLBs:

Alcohol use before age 13 - *twice as high for GLBs*
Cocaine use before age 13 - *14 times as high for GLBs*
Use of inhalants - *2 1/2 times as high for GLBs*
Ever had sexual intercourse - *twice as high for GLBs*
Sexual contact against will - *three times as high for GLBs*

Additionally, the suicide rate is acknowledged to be higher among gay teens than other teens. Studies also show that there are more psychiatric disorders found among homosexually-oriented people (NARTH, pp. 3-4).

The overwhelming results of scientific studies further demonstrate that homosexuality develops through a combination of family, biological, and social influences, reinforced by a series of choices made by each individual over the years. Some gay researchers seek to dispute this, but even the renowned Dr. Robert Spitzer, who was responsible for removing "homosexuality" from the list of psychological disorders, now acknowledges that some people do change their sexual orientation.

continued

And there is no reputable scientific study that proves that gays are born that way. In the early 90's, Hamer and LaVay suggested that their studies showed that there may be a genetic cause of homosexuality, but neither their studies nor any subsequent studies have proved such a link. To the contrary, studies have demonstrated that multiple factors, including environment, behavior, exposure to early sexual stimulation and choices are significant factors in developing homosexual orientation.

Thus, if the State School Board is to use reputable, scientific data to support the action it takes with regards to teaching about homosexuality, it would be derelict to do anything that would encourage homosexual identification or homosexual conduct.

I will shortly send the Board a packet with additional reports and studies that support the representations I am making in this letter. However, initially, I am enclosing the brochure from NARTH that I previously identified, as well as an article I wrote in *Constitutional Law Updates* on this issue.

If you are interested, I would be happy to discuss this matter with the board. Furthermore, I can refer you to Dr. A. Dean Byrd, a psychologist who has treated approximately 300 males who wanted to repress or eliminate the same-sex erotic attraction that they were experiencing. I believe that Dr. Byrd would be happy to communicate with you directly about these issues, if you would choose to seek his input.

Having said all of the above, this does not mean that the harassment of any school youth should be condoned. Harassment of students should not be condoned or tolerated. The ridiculing of one who is struggling with homosexual issues is not the right thing to do. But teaching that homosexual orientation is acceptable is not the answer, either. There is no reason to encourage homosexual conduct. Harassment can be addressed without encouraging the debilitating and dangerous lifestyle that homosexual conduct involves.

Very truly yours,
C. Paul Smith, Attorney

The "Brave New World" of Men Who Breastfeed

Some men say nature can be manipulated to allow them to nurse their children.

by Roy Waller

An article in the May/June issue of the gay and lesbian magazine *And Baby* has added to growing interest in an unusual question: Are males capable of lactation and breastfeeding? If so, should gay men nurse the infants they adopt?

David Glassman, psychologist and director of a Gay, Lesbian, Bisexual, and Transgendered program in Philadelphia, supported the concept.

"As a gay male parent, why wouldn't I want my child to have the same advantages in physical and emotional development as other children?" Glassman asked.

He went on to say that the difficult experience of obtaining a child to adopt "could motivate gay men to consider entering a brave new world of male breastfeeding."

Feminist author Fiona Giles, author of *Fresh Milk: The Secret Life of Breasts,* claims that there are "obvious benefits" to male breastfeeding. While men have the biological ability to produce milk, she says, the time and effort necessary to induce lactation might be out of proportion to the miniscule amounts of milk actually produced—but for a gay man to hold a baby to his breast "would be extremely beneficial to both the parent and child."

Lactation consultant Susan Leisner of Buffalo, New York, on the other hand, points out that there are many more effective ways of establishing a deep and close bond between a male parent of any sexual orientation and the child—such as singing, rocking, skin-to-skin contact, and talking to the baby with the parent's face in close proximity to the baby's. "If a man came to me and asked me to help him lactate, I would refuse," Leisner declared.

Laura Shanley, author of the book *Unassisted Childbirth,* says in the article that she is aware of a few gay men who have breastfed their babies. But, Shanley says, it is difficult for these adoptive fathers to come forward and speak of their experience out of fear of losing their children.

All of the sources cited in the *And Baby* article, however, point out the biological hurdles of inducing male lactation, as well as the social stigma attached to the idea of men breastfeeding their children.

Commenting on the article, NARTH's Joseph Nicolosi said, "A gay man imitating a woman by nursing a baby is an affront to human dignity. We were not created to masquerade as the opposite sex—it takes a woman to truly 'mother' a baby."

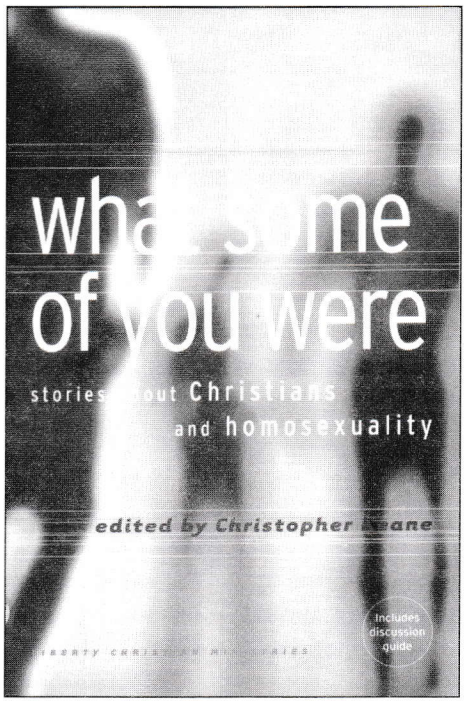
Source: "Breastfeeding: for Dads? By Jennifer Newton Reents, *And Baby*, May-June 2003, pp. 59-62) ■

Book Review:

What Some of You Were, edited by Christopher Keene, Matthias Media, 2001

Reviewed by R. Joseph Heagany, LCSW

This slim volume is quite a book. Through first-person vignettes and factual essays, this Christian-oriented collection of articles describes homosexuality as an affliction and behavior pattern that can be changed.



The book opens with a tone-setting prelude that calls on the Christian church to repent of its self-righteousness; following that are six concise testimonials that describe homosexuality as a distortion of the creator's design.

Throughout, the same message is distinctly clear: All mankind needs redemption; homosexuality is destructive and its behaviors sinful; homosexual sin, like all other sin, can be conquered through personal faith in Christ, along with repentance and unfailing hard work.

The hard work typically includes therapy, along with the study and employment of materials that present the development and the demise of homosexual problems in a direct, solution-oriented manner.

In the eyes of the contributors to this book, the struggle against homosexuality is the same struggle every Christian encounters during this mortal life against personal, moral problems. Demystifying such powerful sexual attractions and intra-psychic processes in this way may seem naïve and ineffectual. However if the reader's philosophy allows for such a perceptual shift, this new vantage point provides abundant hope and solace for those struggling with unwanted attractions.

The book also includes personal accounts from a mother, daughter, and wife relating their reactions to—respectively—a son choosing sex-change surgery, a father openly practicing homosexuality with young men, and a husband disclosing his physical attractions for other males.

Finally, four essays reviewing society's changing perception of homosexuality conclude the narrative section of the book. These are followed by a study guide for small groups to assist them in discussing topics raised by the essays and vignettes. The essays cite published research articles, and the testimonials quote noted therapists who have helped many of their clients eliminate homosexual problems.

A gay-affirming scientist would not take this type of book seriously; a scientist from the opposite camp would likewise find nothing new added to the debate. However, any Christian would benefit from reading it.

With a kindness often absent in the gay conflict, the author conveys the message that there is little difference between those struggling with homosexuality and those struggling with other problems.

There are heartbreaking passages that describe the wrenching effort to depart from a gay lifestyle—such as losing friends and feeling that one's young adulthood was, at best, wasted—which the authors relate with a calm honesty that engages the reader and penetrates to the heart, where it resonates with the reader's own losses.

The vignettes describe the problems characteristic to homosexuality with a personal poignancy that reveals the writers to be courageous, resilient, human, and fallible. In each case, without conveying any self-pity, these writers come to be seen by the reader as fellow members of the human family who have borne painful trials and experienced deep suffering.

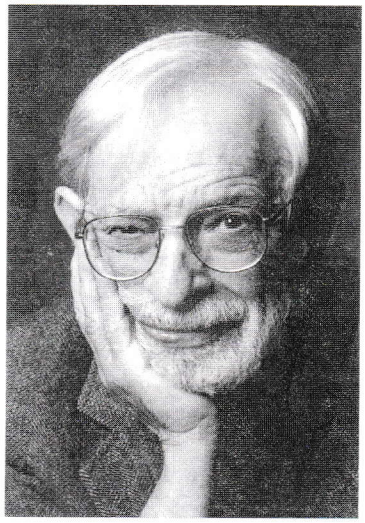
The style of the personal stories is direct, informal, and extremely engaging. There is a story of one mother who struggles to stay close to her son, whose sex-change surgery has alienated him from almost all other family and friends. Though made physically ill by the impact of her son's transformation, she endured the revulsion and in time, effectively expressed her love to him. She said, "I discovered that in spite of my own difficulty in responding to him in a natural way, he was still my offspring and I was still his mother. And God and I both loved him."

What Some of You Were illustrates the faith-based approach — labeling homosexual behavior as wrong, while actively loving the one struggling with the behavior. To the Christian, this book brings the testimony of hope in redemption and love of God; thus to the believer, ultimate victory. ■

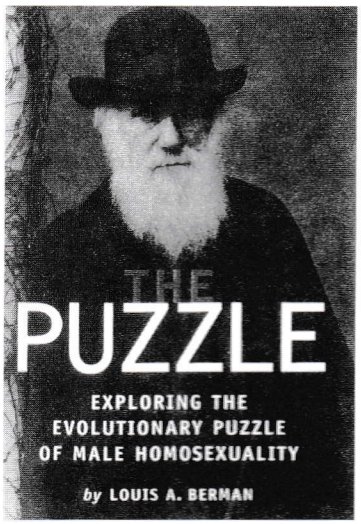
Interview with Louis A. Berman,

author of

The Puzzle; Exploring the Evolutionary Puzzle of Male Homosexuality



(Godot Press, 2003, 583 pp.
$19.95 paperback, $27.50 hardbound)



Q . Why is your book entitled *The Puzzle?*

A. Darwin's theory of evolution fails to account for the fact that in every generation, about 3% of the male population is homosexual. Homosexuality survives from generation to generation even though it does not lead to reproduction. According to Darwin, reproduction is what promotes the survival of the species.

Q. Your study is limited to male homosexuality. Why? Why not develop a theory about homosexuality in general?

A. Because there are many indications that male homosexuality and lesbianism follow different rules. Gay men and lesbians may make a good grouping for journalistic, social or political purposes, but for scientific study, as I argue in Chapter 4 of my book, these two phenomena are better studied separately.

Q. How does your theory of male homosexuality differ from the way most people think about homosexuality?

A. My book advances the theory, supported by a considerable amount of evidence—from the work of laboratory biologists, psychologists and anthropologists—that male homosexuality results from the interaction of nature and nurture. This book is unique, I believe, in carefully spelling out of the corroborating evidence.

We attempt to solve a puzzle within the context of Darwinian theory — why are there homosexuals in all cultures and every generation, although their sexual practice has no reproductive value.

We begin to explain that puzzle with the fact that the human body plan, including the brain, is basically female. During the first six weeks of life, male and female embryos look exactly alike. If an embryo is genetically equipped to become a male, at about six weeks after conception, it begins to produce testosterone. This male hormone bathes the embryo and masculinizes the individual's brain and sex organs.

What we cannot see directly is how highly masculinized the boy's brain is. But we *can* see all kinds of *behavioral* differences between the average boy and the average girl. At one extreme are boys who have a strong tendency to engage in rough-and-tumble play, in horseplay, in aggressive provocation, in seeking attention, and dominance. At the other extreme, are those boys who would rather play indoors, who like to play house or play school, who like to help Mother around the house. They are also more likely to be artistic or musical. They are so much like their sisters (if they have sisters), they are sometimes called "sissy-boys."

Q. How does this fit with your theory?

A. Our theory holds that these differences in brain masculinization occur because some brains are genetically programmed to be more resistant to the masculinizing influence of testosterone than others.

At adolescence, there is another surge of testosterone, and this time it masculinizes the boy's general physique. But if his brain was low-masculinized during his prenatal nine months of life, he still has a low-masculinized brain. He may *look* very masculine, but that's not how he thinks and feels and tends to act.

I call these persons men with low-masculinized brains "LMBs." Many get along very well in life. They are likely to become artists, musicians, or teachers. They become members of other helping professions, like librarians, therapists, nurses, physicians and so on. LMB men get married and raise families, and quite possibly are better husbands and fathers than are highly masculinized males.

But about half the men with a low-masculinized brain syndrome are deeply troubled by the fact that they don't *feel* as masculine as they look, and many of these persons try to make up for this feeling of deficit by engaging in homosexual behavior.

Q. You're saying that all male homosexuality can be traced

continued

to a low-masculinized brain and a feeling of deficit?

A. No. I'm only proposing that a *significant portion* of male homosexuals follow this pattern. I devote five chapters of my book to over 30 homosexual types, some of which may have nothing to do with a low-masculinized brain or a feeling of deficit of masculinity. Let me add that homosexual thoughts, fantasies, and behavior are common experiences for *all* males.

Q . Why has there been so little research on homosexuality?

A. Research in this area is taboo... off limits in most psychology departments. One of the arguments of my book is that we need more research in the development of sexual orientation and in orientation therapy.

Gays, gay advocates, and gay-friendly people sit on the research boards that decide which grant applications are approved and which are not. A young psychologist whose doctoral research was on the origin or change of sexual orientation might later have a hard time finding a job.

It is politically correct nowadays to believe that *sexual orientation is not a problem,* that gay is just as good as straight. But if, on the other hand, homosexuality is really an attempt to overcome *a feeling of deficit,* then straight is better than gay, in the sense that homosexuality burdens the individual with problems and risks that he would not otherwise face.

It's no wonder that homosexuals are more likely to become alcoholics, drug abusers, and are even more likely to become suicidal. The evidence very strongly suggests that straight *is* better than gay—and that is why my book pleads for more research on the psychological determinants of sexual orientation, and on the improvement of reorientation therapy.

Q. To use the language of evolution, what is the survival advantage of resistance to brain masculinization? Why would such a genetic trait evolve?

A. Our theory holds that resistance to brain masculinization serves to reduce the psychological differences between male and female, to tone down the gender differences that prevailed in prehistoric times, to make the average male less macho and more of a gentleman in his way of thinking, feeling, and behaving. A great many males are "born gentlemen." They don't have to *learn* to be a gentleman. They *enjoy* being a gentleman.

Q. What purpose could this serve? How could "the struggle for survival" favor reducing the masculinity of the average male?

A. In the oldest fossils, males are almost twice as big as females. Gradually, this size difference (what paleontologists call sexual dimorphism) shrinks. Over the millenia, females become bigger and males trim down.

A general rule of nature is that form and function go together, so our best guess is that the earliest hominids were fierce and menacing. If you visit the zoo, you will see that among gorillas, males are twice as big as females, just like our own hominid ancestors. Males are the fierce and menacing protectors of their territory and their harem of females.

Harems require dominance and submission, while tribes reward teamwork and cooperation. Low masculinization transformed males from bullies to team players, and from harem chiefs to *partners in parenthood.* In human society, teamwork among adult groups, and cooperation between human parents is enormously important. Low masculinization is what makes possible teamwork among males, and cooperation between male and female mates.

Q. What makes it more important for human fathers to be cooperative?

A. What makes it *so* important for the human father to be protective and nurturant, rather than dominant and pugnacious, is that the human infant is so utterly helpless at birth, totally unable to fend for itself, totally in need of maternal care. This condition encumbers the mother and makes her dependent on a mate who will provide her with food, and protect her from harm.

Q. What does all of this have to do with male homosexuality?

A. When the average brain masculinization is lowered, at one extreme end of the curve are males with very low brain masculinization—LBM. *Think of their condition as an overcorrection* of the process that made human nature what it is, that made the human brain the wondrous organ that it is, and that made it possible for the human species to produce poets and philosophers, scientists and engineers, saints and scholars, dreamers as well as men of action.

Q. So your theory is that homosexual men are paying the price for gentling the human male, for making it possible for some humans to reach such high levels of intelligence, for making man a team player, and molding him into a protective and nurturant mate and father.

A. Yes, they *do* pay the price, but whether they *must* pay the price is another question. Low brain masculinization (LBM) does not always lead to homosexuality. It is quite likely that about half of all LBM males lead social lives no different from most men. There is also good evidence that some young men who are distressed or unhappy about their homosexuality can, with help, enjoy a life that is healthier and less hazardous, a life that includes marriage, parenthood, and uncomplicated relations with their colleagues, neighbors, kith and kin. That is the book's practical message. ■

The Sexual Deviations and the Diagnostic Manual

by Charles W. Socarides, M.D.

The following paper is reprinted from our historical archives.
It is especially relevant today, in light of the recent debate at the American Psychiatric Association as to whether the paraphilias are in fact mental disorders.

We have excerpted only portions of it here (subtitles added).

Reprinted by permission from the American Journal of Psychotherapy, Volume XXXII, Number 3, July 1978.

This paper presents an historical account and a critical analysis of the diagnostic problems surrounding our understanding of the sexual deviations and their position in our classification system.

Appropriate therapy can only be based on accurate diagnosis. Exceptions of this principle of psychiatric care cannot be made for social/political reasons without incurring formidable difficulties both for the diagnostician and the patient as well.

> *"Being malcontent with diagnosis, if it leads merely to negativism or nihilism, does not constitute adequate reality testing...*
>
> *"Psychiatric thought indeed carries enormous historical baggage; but if anyone simply seeks to divest himself of its unexamined bulk, the dangerous ignorance of such an act of bravado would doom him to repeating all the errors of the past."*
>
> —P.W. Pruyer

A new edition of the Diagnostic and Statistical Manual of the A.P.A. is scheduled to make its appearance in 1978-79. From preliminary published information, the DSM III classification and definition of sexual deviations will undergo profound change [*ed. note: those changes were subsequently made*].

If current views of the Task Force on Nomenclature and Statistics are approved, they will have far-reaching consequences to our understanding, research, and therapy of severe sexual disorders.

Fundamental Truths Rendered Chaotic

If such changes are due to social and/or political activism, neither the goal of individual liberties nor the best interests of society are served. These changes would remove from psychoanalysis and psychiatry entire areas of scientific progress, rendering chaotic fundamental truths about unconscious psychodynamics, as well as the interrelationship between anatomy and psychosexual identity.

From the very outset, the field of sexual disturbances has tended to be clouded in confusion and mystery. Poets, historians, philosophers, sociologists, anthropologists, and psychiatrists themselves have all played a part in making this one of the murkiest areas of science. Freud himself deplored the word "perversion," as it carried a moralistic connotation, but he continued to use it as there were no other suitable words available until 1905, when he coined the term "inversion" to signify homosexuality.

Ferenczi followed with his term "paraphilia" to denote the same disturbance. "Sexual variation" connotes a variety of normal behaviors, thus obscuring the nature of these conditions as true disorders. The term "sexual deviation" is more acceptable to many, as it neither moralizes nor normalizes.

Behaviorism Replaces Psychodynamic Approach

Some behavioral sciences insist that there are no sexual deviations, only alternative or different lifestyles, and that these conditions are merely a matter of social definition, some made permissible by society, and others socially condemned. This is in keeping with the behavioristic point of view that all one could see, test, and modify was conscious behavior; and if human beings were allowed to express their sexuality freely, culture would change to reflect and accept all individuals as healthy. The conclusion drawn, as in the case of homosexuality, is: homosexuals are healthy; society is "sick"; consequently in order to remedy society's ills, fundamental changes in psychiatric diagnosis must be undertaken.

Karlen, one of our leading historians in the area of sexual customs and behavior, comments that some scientists, psychologists and psychiatrists "...ransack literature for bits of fact and theory that can be placed together in a pro-homosexual or bisexual concept of nature, man and society... they raise false or outdated scientific issues in their war with traditional values." Many of our values could use change, but scientific findings cannot be altered to meet the demands of social change.

continued

Does "Commonly Occurring" Mean a Condition is Normal?

Some statisticians, beginning with Kinsey, behavioral psychologists, and psychiatrists (in contrast to most psychoanalysts) supply incidence rates of certain phenomena as if behavior had no connection with motivation. Since neither conscious nor unconscious motivation is even acknowledged, *these studies arrive at a disastrous conclusion that the resultant composite of sexual behavior is the norm of sexual behavior.* The next step is to demand that the public, the law, medicine, psychiatry, religion, and other social institutions unquestioningly accept this proposition.

Psychoanalysts comprehend the meaning of a particular act of human behavior by delving into the motivational state from which it issues. In their investigative and healing aims, psychoanalysts and psychodynamically oriented psychiatrists continually ask three major questions:

- "What is the meaning of an event or piece of behavior or symptom?" (cause-searching):
- "Where did it come from?" (end-relating, means to ends); and
- "What can be done to correct things?" (healing function)

By studying individuals with similar behavior, we arrive at objective conclusions as to the meaning and significance of a particular phenomenon under investigation. Thus is insight achieved.

To form conclusions as to the specific meaning of an event simply because of its frequency of occurrence is to the psychoanalyst scientific folly. Only in the consultation room, using the techniques of introspective reporting and free association, protected by the laws of medicine and professional ethics, will an individual, pressed by his suffering and pain, reveal the hidden (even from himself) meaning and reasons behind his acts.

Using these techniques, it can thus be ascertained that the sexual deviations are roundabout methods of achieving orgiastic release in the face of overwhelming fears. It becomes apparent that the differences in sexual behavior are the different stimulation patterns aimed at releasing the orgiastic reflex. Thus the study of deviant sexual practices itself could be reduced to a simple proposition: the study of the method by which this reflex is released.

Homosexuality as a Reparative Drive

Sexual activities that are a result of unconscious fears and the inhibiting action of those fears may be considered reparative patterns. In direct contrast to the reparative patterns, situational and variational types of homosexuality are consciously motivated, not fear-induced, and the person is able to function with a partner of the opposite sex. In reparative forms, the sexual pattern is inflexible and stereotyped. If forced to participate in male-female sexual relations, the act is experienced, with little or no pleasure. Deviant sexual patterns are roundabout methods of achieving arousal and orgiastic release, as the usual channels for behavior are blocked by massive fears.

Psychoanalysis is a motivational psychology. By utilizing concepts of situational, variational and reparative (unconsciously motivated and fear-induced) motivations to categorize varieties of sexual behavior, we arrive at the answer to the question as to when certain sexual activities can be considered to be sexual deviations.

Thus, whether or not certain sexual practices can be termed sexual deviations can be determined by a study of the conscious and/or unconscious motivations from which they issue.

The conflicts associated with homosexuality leave unmistakable signs on the developing personality and its future maturation. There is usually a deep disturbance in approaching a person of the opposite sex, pronounced gender-identity confusion (either hidden or overt), and the predominance of archaic primitive mental mechanisms. Clinically, there are signs and symptoms of a continued undue fixation to the mother. Thus an in-depth life history is a central task to be undertaken before the diagnosis of true sexual deviation can be made.

Parenthetically it should be pointed out that many individuals with sexual deviations may be in many other ways highly developed both ethically and intellectually.

The sexual deviation itself neutralizes warring intrapsychic forces so that very often, these individuals are able to attain a high degree of personal development. Thus, with the exception of a sexual deviation, they may appear upon superficial examination to be without psychopathology except when subjected to penetrating investigation of their defensive system.

Historical Review

By spring 1973 the A.P.A. Committee on Nomenclature and Statistics was seriously considering the removal of homosexuality from the DSM II without consultation with the psychiatrists and psychoanalysts who had long labored in this area of clinical research, and held opposing views.

A Symposium held in Hawaii on May 9, 1973 was entitled "Should Homosexuality Be in the A.P.A. Nomenclature?" As a member of this panel, I presented the conclusions of the eleven-member Task Force on Homosexuality appointed in 1970 by the New York County District Branch of the A.P.A., of which I was chairman.

continued

In April 1972, after two years of intensive work, the members of the Task Force had unanimously agreed upon the following conclusions as regards male homosexuality:

- *Homosexuality arises experientially from a faulty family constellation.*
- *It represents a disordered sexual development not within the range of normal sexual behavior.*
- *There is a continuity and severity of pathological parent-child relationships in the background of all homosexuals studied to an extent not found in the comparison groups.*
- *The majority of the mothers of homosexuals interfered with the development of their sons' peer group relationships, heterosexual development, assertiveness, and decision-making. The fathers of homosexuals were demasculinizing.*

The New York County District Branch Task Force on Homosexuality concurred without question that societal rejection damages those who are rejected. However, if all criminal discrimination were to stop today and the punitive laws against homosexuals were repealed immediately – as indeed our Task Force recommended – the homosexual's inner anxieties would still not be eliminated.

At this meeting I further stated that current proposals to place homosexuality in a group of other sexual disorders such as premature ejaculation, retarded ejaculation and so forth, under the heading of "sexual dysfunction," would damage scientific knowledge. The sexual dysfunctions themselves are disturbances in the standard male-female coital pattern (a separate diagnostic entity both symptomatically and developmentally). Thus the immutable distinction between the sexual *deviations* and the sexual *dysfunctions* could not be semantically blurred without incurring formidable scientific chaos.

In addition, the view held by the Nomenclature Committee that in homosexuality there are no clinical symptoms, no course of development, and no effective treatment was in direct opposition to the Task Force's position on this issue, as well as to numerous other psychiatric and psychoanalytic contributions offered.

Spitzer's and Kinsey's Pivotal Roles

One of the two reasons for the removal was an official position paper prepared by Dr. Robert Spitzer (Chairman, Nomenclature Task Force on Homosexuality, A.P.A.) for the Board prior to its decision. According to an article in *Psychiatric News*, "It was essentially upon the rationale of Dr. Spitzer's presentation that the Board made its decision." This paper in essence repeated Kinsey's earlier assertion that homosexuality did not meet the requirements of a psychiatric disorder since it "does not either regularly cause subjective distress or [is] regularly associated with some generalized impairment in social effectiveness or functioning."

In essence and by direct implication, this action officially declared that homosexuality of the obligatory type was a normal form of sexual life. Henceforth, the only "disturbed" homosexual is one who is disturbed that he is homosexual. He is to be considered neurotic only if unhappy. A referendum was demanded on this issue by 243 psychiatrists, members, and fellows of the A.P.A.

It was a credit to psychiatrists in general that in the referendum (marred by hidden lobbying by homosexual activists) held months later, more than 3700 psychiatrists (40% of the bare majority who voted) in the United States believed that there were no legitimate scientific reasons for the A.P.A.'s change in fundamental psychiatric theory. Only a handful, however, have continued to work for the reversal of this decision.

Aftermath

The removal of homosexuality from the DSM II was all the more remarkable when one considers that it involved the out-of-hand and peremptory disregard and dismissal not only of hundreds of psychiatric and psychoanalytic research papers and reports, but also of a number of other serious studies by groups of psychologists, psychiatrists, and educators over the past seventy years (the Group for the Advancement of Psychiatry Report, 1955; the New York Academy of Medicine Report, 1964; the Task Force Report of the New York County District Branch A.P.A. 1970-72). It was a disheartening attack upon psychiatric research and a blow to many homosexuals who looked to psychiatry for more help, not less.

"Subjective Distress" Can Never Be the Defining Characteristic of a Disorder

That the politicizing of homosexuality could have far-reaching effects on other theoretical and clinical concepts dealing with sexual conditions and the psychoanalytic view of them was quickly borne out. Revisions in the third edition of the DSM were proposed that would have further damaging effects on our understanding, research, and therapy of the remaining sexual deviations. The proposal made before the Assembly of the A.P.A. on May 3, 1975 made it a requirement that any sexual condition, in order to be termed a disorder, must "coexist with distress." For example, a fetishist must experience distress to be considered as having a disorder.

A wave or protest both from individual psychoanalysts and psychoanalytic societies in this country greeted this proposal. It was obvious that this requirement ran counter to everything we know dynamically about mechanisms involved in these serious disturbances. For example, the enactment of any perversion helps keep the individual in equilibrium and neutralizes anxiety. It has been uncon-

sciously specifically fashioned for this purpose. Therefore, the presence or absence of anxiety cannot be an adequate criterion to use when determining whether the condition is a disorder or not. Some of the most severely disturbed pedophiliacs have had no anxiety because of their constant enactment of the pedophilic act.

Furthermore, this proposal disregarded the following:

- The presence of a specific need, desire, compulsion, or other symptom formation may so circumscribe pathology, that a patient may appear to be functioning well in every other aspect of his life;
- Fully developed neurotic symptoms can *mask* illness as well as express it;
- The mechanism of perversion results in producing an ego-*syntonic* symptom, namely, one which allays and neutralizes anxiety.

"Disadvantage" as a Criterion for Disorder

In 1976, the Nomenclature Committee introduced the concept of "disadvantage" into the rationale for declaring a condition a "disorder." But the view that the homosexual of the obligatory type is at no "social disadvantage" is a denial of the realities which surround us when one considers that a society governs the behavior of its members from birth to death through its laws, mores, and other institutions.

A human being is born with responses which constitute his mammalian heritage (a product of evolution). He is then introduced into a web of social institutions, a product of cumulative tradition, which constitute his cultural heritage. The two, mammalian and cultural heritage, lead man to his sexual pattern – heterosexuality.

Heterosexuality has a biological and social usefulness. It creates the family unit and allows men and women to live together under conditions where there is likely to be the least amount of fear, rage and hate. It furthermore regulates this relationship through a series of laws, penalties and rewards.

The Nomenclature Committee's present understanding and conceptualization of the sexual deviations was printed in the Newsletter of the American Psychoanalytic Association. Thus the "general principles" which are guidelines for declaring the sexual deviation "disorders" are:

- subjective distress;
- impairment in social functioning;
- intrinsic disadvantage.

These principals, when examined closely as to their use and meaning, represent beliefs and concepts which are largely *in direct opposition* to dynamic concepts, psychoanalytic theory, and our growing clinical understanding of these conditions. If generally accepted, they could have far-reaching negative effects. Finally, it was conceded that it was "a foolish provisional approach" to insist that a sexual disorder could only be termed a disorder if it "coexisted with distress."

Are Sadism and Voyeurism Truly "Arousal Disorders"?

The conditions referred to such as exhibitionism, voyeurism, sexual sadism, etc. are listed under the heading of "sexual arousal disorders," a phrase commonly used and understood to refer to those disturbances of performance in the standard male-female coital pattern. In fact, all sexual disorders are "sexual arousal disorders" in that there is a disturbance attendant to the achievement of orgasm. However, the sexual deviations owe their special configuration to earlier preoedipal disturbances not usually found in simple sexual arousal disturbances commonly represented by premature ejaculation, retarded ejaculation, etc. The former are usually due to object-relations conflicts, in contrast to the latter, which are usually the result of structural conflicts.

Even more disconcerting however is the reason given for listing exhibitionism, voyeurism, fetishism, etc. as disorders, namely, that they place the "individual at an intrinsic disadvantage since no society can generally tolerate such behavior." Not only is the concept of "disadvantage" not a psychoanalytic one, but it is evident that disorders are now to be dependent upon social definition, giving little or no credence to the unconscious psychopathological determinants in the production of these serious sexual conditions.

Lastly, it is ironic that one of the main reasons put forth by those in favor of removing homosexuality from the DSM 2 was that it should not be considered a disorder because of negative societal attitudes towards it and therefore should be removed from our nomenclature!

"Normalizing" the Sexual Deviations is Scientific Folly

Prior to 1973, the Diagnostic and Statistical Manual had made valuable contributions our comprehension of the sexual deviations so that clinical research was beginning to fathom their ineluctable secrets. The "normalizing" of homosexuality and the consequent revision of the DSM reflecting this position cannot help but slow scientific progress, produce despair in those with a sexual deviation, and diminish efforts at prophylaxis based on sound principles of causation and treatment. ■

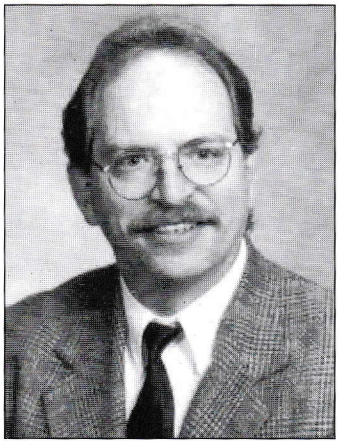
FACULTY OPINIONS From Grove City College

"Thanks *E.R.*, For Showing Us Sexual Orientation Can Change"

by Warren Throckmorton, PhD.

The following article is reprinted by permission from the Grove City College (PA.) newspaper; It was published on June 27, 2003.

Can gays become straight? Can straights become gay? Most mental health professionals would say no and those affiliated with the struggle for gay rights find the idea that sexual orientation is changeable repugnant. The recent Supreme Court decision repealing the Texas sodomy law came very close to declaring gays and lesbians a class of persons distinct from straights. However, not everyone is convinced.



Warren Throckmorton, Ph.D.

There are a substantial and growing number of individuals who say they've changed sexual orientation. Rarely, however are the lives of ex-gays described in the media. Most media portrayals of sexual orientation reinforce the conventional wisdom that gays and straights are different breeds of leopard, unable to change spots.

And so, surprisingly, those who believe gays can change have been getting some unrecognized support from an unlikely prime time media source. If you watch NBC, Thursday night at 10:00 p.m. EST, you have been watching the slow but clear transformation of *E.R*'s Dr. Kerry Weaver, played by Laura Innes, from straight to gay.

Straight to gay? No I didn't get that backwards.

While once portrayed as clearly heterosexual, Dr. Weaver now is out as a lesbian. How does this support the potential that gays can change? Well, if sexual orientation is unchangeable, then the whole premise of this character during the last couple of seasons is ludicrous. And if straights can become gay then certainly the shift can occur the other way around.

Let's review. Veteran *ER* watchers will recall the episode when Kerry passionately greeted an African gentleman in the emergency room during the holiday episode, 'A Miracle Happens Here.' "Mlungisi," as Kerry called him, was enough of an old flame that she cancelled her plans to work the Christmas shift to spend time with him. When asked later about the visitor, Dr. Weaver replied wistfully, 'I had a farm in Africa..." parroting Merryl Streep's famous line in the movie Out of Africa.

In season four, Kerry was romantically linked to character Ellis West. Although Dr. Weaver is one of the most mysterious characters on the show, she revealed in the seventh season that she had been married previously and apparently briefly to another doctor. And when first approached by lesbian psychiatrist Kim Legaspi about what seemed to Legaspi as sexual sparks flying, Kerry apologized for the confusion, saying she was straight.

Perhaps wanting to ignite a few cultural sparks, the writers of *ER* decided, in that seventh season, that Dr. Weaver would indeed finally fall in love with Dr. Legaspi, and a torrid affair ensued. This relationship ended, however, when Kerry decided she wanted a relationship "and not a lifestyle."

Somewhere in this transition, *E.R.*'s creators accurately depicted the ambivalence felt by many people experiencing sexual identity reconstruction. The issue for many real life changers is not so much declaring a political position but rather struggling with real human feelings that are often quite confusing and, yes, changeable. However, the gaying of Dr. Weaver did not stop there. She eventually met her current girlfriend, Sandy Lopez, and went from being out mainly to herself, to being out at work in a very short period. Lopez, an activist figure, socializes Dr. Weaver into the right way to be a lesbian: out and proud.

There you have it. *E.R.*'s writers have transformed Kerry Weaver from a woman who once sought opposite-sex partners to a fully out lesbian in a committed same-sex relationship. So the next time experts tell you sexual orientation is inborn and unchangeable, you just tell them to tune in on Thursday nights at 10:00 p.m. to watch ex-straight, Dr. Kerry Weaver.

Warren Throckmorton is Director of College Counseling and an Associate Professor of Psychology at Grove City College. His research "Initial Empirical and Clinical Findings Concerning the Change Process for Ex-Gays," was published in the June 2002 issue of the American Psychological Association's publication Professional Psychology: Research and Practice.