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## NARTH Members Working Around The World To Help Individuals With Unwanted SSA

### A NOTE FROM THE PRESIDENT

In the last several months, NARTH has received an increasing number of requests for information from individuals overseas with unwanted same-sex attractions (SSAs) as well as from NARTH professionals in various parts of the world who are seeking to more closely associate with NARTH's work or to develop affiliates.

We have had requests for information and referrals from Russia, Mexico, Spain, Italy, and other countries. This is good news. This means that our resources will be made available to more individuals than ever, and we can offer support to the therapists around the world who are struggling to defend treatment rights against a tide of gay activism.

The NARTH professionals in these nations are taking a courageous stand—quite often at odds with the prevailing winds of political correctness and intimidation that have swept through the psychiatric and psychological communities in recent decades. These individuals deserve much credit for their willingness to resist this intimidation and to offer their services to men and women who do not wish to live with same-sex attractions. The price can be high, as many of us know.

Dr. Chris Kempling in Canada, for example, fully understands the power of gay lobbyists who are making it nearly impossible to even propose that homosexuality is not a fixed identity. Kempling has been suspended from his counseling position at a high school for publishing articles in a newspaper that challenge the prevailing political correctness in that nation. He tells his story in this latest issue of the *NARTH Bulletin*.

In addition to Dr. Kempling's article in this issue, you'll find Dr. A. Dean Byrd's book review of *Destructive Trends In Mental Health* to be one of

the most useful articles you will ever read.

#### *Destructive*

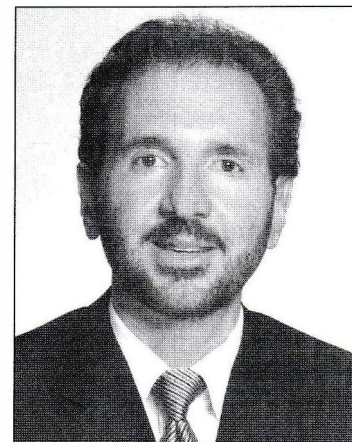
*Trends* is written by two self-admitted liberal leaders of the American Psychological Association (APA) who are very

concerned about the imposition of political correctness within their profession. These leaders, Rogers H. Wright and Nicholas A. Cummings, describe in detail how gay activists within the APA have misdirected the organization into an oppressive political correctness that forbids even the discussion of opposing viewpoints on the origins and treatment of SSA. The authors write: "Psychology, psychiatry, and social work have been captured by an ultra-liberal agenda." This, coming from professionals who are liberals themselves, is an amazing admission.

As Dr. Byrd observes in his concluding statement: "*Destructive Trends in Mental Health* deserves the distinction of being the most important book of the decade, perhaps of the last several decades, in mental health." When you read Dr. Byrd's book review, I think you will understand why. We are offering this book through our online bookstore.

#### Was Abraham Lincoln Gay?

While we're on the topic of fascinating books, I think you'll thoroughly enjoy reading Dr. Louis A. Berman's detailed critique of C.A. Tripp's recently published book, *The Intimate World of*



Joseph Nicolosi, Ph.D.  
NARTH President

continued on page 2

*Abraham Lincoln*. In his review, Dr. Berman does a masterful job of revealing the biased advocacy of Tripp, whose work is presented to the public as a history book.

In fact, as Dr. Berman notes, Tripp's former co-author on the book, Philip Nobile, revealed these errors in a lengthy critique in *The Weekly Standard* (Jan. 17, 2005).

In addition, a Lincoln scholar who looked over Tripp's manuscript before it was published by Free Press, wrote the following to Tripp: "Throughout, you seem to be neglecting the fundamental rule--the historian has to rely on the facts. I don't mean to discourage you from doing further work--but I do think it ought to be more systematic and more empirical."

Dr. Berman observes that C.A. Tripp's book is filled with unwarranted conclusions based upon his own desire to "prove" that Lincoln was a homosexual. One of the most glaring errors, says Berman, is that Tripp is guilty of "presentism." Presentism is the fallacy that would-be historians make when they judge persons in another time by the standards of their own time. For example, Tripp makes much of the fact that Lincoln and another man shared a bed. In those days, however, with unheated rooms, it was not considered abnormal for individuals to share beds just to keep warm.

As Dr. Berman says, "During the Civil War, it was not uncommon for soldiers to sleep in pairs to keep each other warm. Times have changed, but in young Lincoln's day, it was probably not uncommon for two men, friends or strangers, to share the same bed."

### Confused Teenagers

Dr. Ned Stringham's article, "A Typology of Male Adolescents and Young Adults Seeking Therapy for Same-Sex Attractions," discusses and categorizes the different types of clients he sees for SSA. He notes that those coming for help today are different than those who came to him several years ago. Dr. Stringham observes that many young men exhibit attitudinal shifts that reflect the success of the media, teachers, and even parents, in convincing youngsters with SSA that homosexual attractions are not problematic. He provides insights into how he interacts with them, while responding sensitively to their own value systems. The categories of clients he sees include: the naive, the deceived, the hypocritical, the traumatized, the family-centered, and the reparative.

I am certain you'll find this issue of the *NARTH Bulletin* to be of great help to you as you work with SSA clients. Thanks for your commitment to this effort!

*Joseph Nicolosi, NARTH President*

## CALL FOR PAPERS FOR NARTH CONFERENCE, NOVEMBER, 2005

The National Association for Research & Therapy of Homosexuality is issuing a call for papers for the November, 2005 conference to be held in the Los Angeles area. The conference is scheduled for November 11-13 in Marina Del Rey. This year's theme is: "NARTH in the Mainstream: Science, Research, and Therapy."

NARTH professionals are encouraged to submit papers for this conference. An application form is available on the NARTH web site. Cut and paste the form into a WORD document and submit it to: [nationalarth@yahoo.com](mailto:nationalarth@yahoo.com).

We will review each proposal and respond as quickly as possible.

## THE NARTH BULLETIN

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*"Victory on the Bow of a Ship"*



## SPECIAL REPORT

### Destructive Trends In Mental Health: The Well-Intentioned Path To Harm

(Edited by Rogers H. Wright and Nicholas A. Cummings, 2005. New York: Routledge)

Book reviewed by A. Dean Byrd, Ph.D., MBA, MPH

*"Psychology, psychiatry, and social work  
have been captured by an ultra-liberal agenda."*

*"Misguided political correctness tethers our  
intellects."*

*"If psychology is to soar like an eagle,  
it needs both a left wing and a right wing."*

The above statements do not emerge from the pen of a radical, right-wing, fanatical conservative. Rather, they are the conclusions of a new book written by two self-identified "lifelong liberal activists" and influential leaders of the American Psychological Association (APA), who vigorously oppose the illiberalism of their fellow psychologists.

Authors Rogers H. Wright and Nicholas A. Cummings have been visible presences in the APA in the following roles:

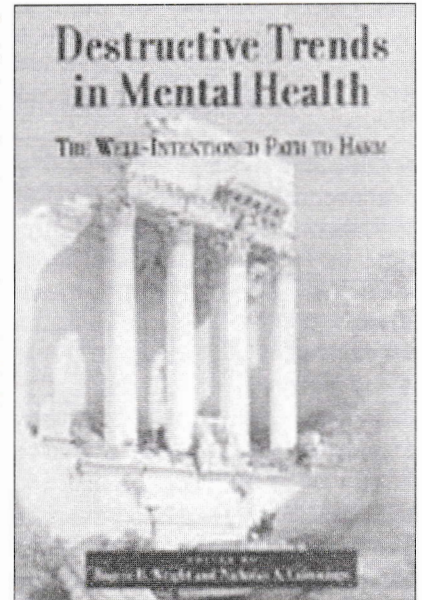
- o Wright is a past president of Division 12, founding president of Division 31, founding president of the Council for the Advancement of the Psychological Professions and Sciences (CAPPS), Fellow of the APA, a Diplomate in Clinical Psychology, the recipient of an honorary doctorate and a distinguished practitioner of the National Academies of Practice.

- o Cummings is currently distinguished professor, University of Nevada, president of the Cummings Foundation for Behavioral Health, chairs the boards of both the Nicholas and Dorothy Cummings Foundation and CareIntegra. He is past president of the APA Division 12 and Division 29 as well as the recipient of five honorary doctorates for contributions to psychology, education, and the Greek Classics. He is the recipient of psychology's Gold Medal for lifetime contributions to practice.

Wright and Cummings' new book is supported by an Academy Award roster of endorsers, including APA past-president Robert Perloff, Arnold Lazarus, Martin Kalb, Michael Hoyt, Fred Baughman, APA past-president Jack G. Wiggins, Robyn Dawes and David Stein.

The editors of this volume provide compelling arguments for many destructive trends in the mental health professions – most particularly, psychology, but also psychiatry and social work. They demonstrate from an insider's perspective how activism masquerades as science in the APA, and how "diversity" has been redefined into a kind of narrow politicism, where differing worldviews are not only summarily dismissed, but the holders of such views actually punished.

The authors condemn the APA for providing forums only for their preferred worldviews. They particularly note how psychology is undermined when APA makes resolutions and public policy statements on issues for which there is little or inadequate science. Such prostitution of psychology by activist groups within APA is contributing, they say, to the profession's demise as a scientific organization. "Psychology and mental health," Cummings says, "have veered away from scientific integrity and open inquiry, as well as from compassionate practice in which the welfare of the patient is paramount" (p. xiii).



#### Psychology's Lack Of Diversity

Cummings and Wright note that "psychology, psychiatry, and social work have been captured by an ultra-liberal agenda" (p. xiii) with which they personally agree regarding quite a few aspects, *as private citizens*. However, they express alarm at the damage that such an agenda is wreaking on psychology as a science and a practice, and the damage that is being done to the credibility of psychologists as professionals.

They reference a principle enunciated by former APA president Leona Tyler, where the advocacy of APA as an organization should be based upon "scientific data and demonstrable professional experience," (p. xiv) leaving individual psychologists or groups of psychologists to advocate as concerned, private citizens. But they decry the "agenda-driven ideologues" in APA who erode psychology as a science. As they note, "The APA has chosen ideology over science, and thus has diminished its influence on the decision-makers in our society" (p. xiv).

They add that "Within psychology today, there are topics that are deemed politically incorrect, and they are neither published nor funded. Journal editors control what is accepted for publication through those chosen to conduct peer reviews... censorship exists... The *Monitor on Psychology* detests managed care but "it



loves managed news" (p. xiv).

Wright and Cummings express alarm from the "ever-proliferating therapies that are not only without validation but are irresponsible, and often later shown to be harmful" (p. xv). For example, "society spent a number of years sentencing fathers to prison based on false memories, followed by years of releasing them with the court's apology, as accusers became aware of the implanted memories," (p. xv) with practitioners losing their licenses and plagued with lawsuits.

### **Conservative Worldviews Disrespected**

Cummings notes that though he and his co-editor lived through the "abominable" McCarthy era and the Hollywood witch hunts; still, there was "not the insidious sense of intellectual intimidation that currently exists under political correctness" (p. xv). "Now misguided political correctness tethers our intellects. Those viewed as conservative are looked down upon as lacking intelligence" (p. xv).

The pervasiveness of this intimidation was not appreciated by the editors until they began to talk with potential contributors to this book – "many of whom declined to be included, fearing loss of tenure or stature, and citing previous ridicule and even vicious attacks..." (p. xv). They conclude that "Political diversity is so absent in mental health circles that most psychologists and social workers live in a bubble. So seldom does anyone express ideological disagreement with colleagues that they believe all intelligent people think as they do. They are aware that conservatives exist, but regard the term 'intelligent conservative' as an oxymoron" (p. xvi).

Cummings notes that the intellectual bubble was "so encapsulating that psychologists were shocked" when the House of Representatives and the Senate censured APA for publishing a "meta-analysis and interview study of college students who had been molested as children" (p. xvii) (Though radio talk-show host Dr. Laura was blamed for the outcry, original responsibility for the publicity should have been given to NARTH, which first surfaced the study and gave it to Dr. Laura). "The condemnation [of APA] was unanimous in both the House and the Senate...even the two psychologist-members of the House abstained rather than vote nay" (p. xvii). Thus, "the humiliation was complete" (p. xvii).

Even more inept was APA's testimony before Congress, where they focused heavily on the "side of academic freedom and uncensored scientific research," rather than focusing on the harm of pedophilia.

Sociopolitical diversity is so badly needed in APA, that "If psychology is to soar like an eagle, it needs both a left wing and a right wing ... We must broaden the debate by reducing the ridicule and intimidation of ideas contrary to the thinking of the establishment in the field of psychology" (p. xiviii).

Once there was a time in the history of psychology, Wright

reminds us, where the discipline was enamored with *parapsychology* and mind-reading, a misadventure to which federal dollars actually flowed. Though that era has faded, two aspects of that era still persist:

(1) The federal government and private institutions continue to waste millions of dollars on hobby psychological research and politically correct research while neglecting to fund more basic, meaningful areas of study; and

(2) society continues to believe that mental health practitioners "possess some kind of omniscience when it comes to human affairs" (p. xxiii).

Wright exposes the "proliferation of philosophies, practices and procedures that, at best are self-serving, and, at worst, destructive to the integrity of psychology and contrary to the concept of helping patients become mentally healthy and independent" (p. xxiv). He attributes these changes to the cultural preoccupation with political correctness, sensitivity, and diversity.

Wright notes that the damage done by the obsession with political correctness prevents important research from being conducted, and contributes to personal attacks on the researchers themselves (p. xxvii). Accusations of bias, racism and bigotry have a chilling effect not only upon the research and the researchers, but upon the training of mental-health professionals and the delivery of services (p. xxviii).

### **Gay Activism In APA**

The issue of homosexuality is illustrative of how political correctness and a narrow definition of "diversity" have dominated APA. Wright notes,

In the current climate, it is inevitable that conflict arises among the various subgroups in the marketplace. For example, gay groups within the APA have repeatedly tried to persuade the association to adopt ethical standards that prohibit therapists from offering psychotherapeutic services designed to ameliorate "gayness," on the basis that such efforts are unsuccessful and harmful to the consumer. Psychologists who do not agree with this premise are termed homophobic.

Such efforts are especially troubling because they abrogate the patient's right to choose the therapist and determine the therapeutic goals. They also deny the reality of data demonstrating that psychotherapy can be effective in changing sexual preferences in patients who have a desire to do so (pp. xxx).

### **Many Therapies Are Unproven**

Wright says there are many treatments advocated by psychology with little or no evidence of efficacy – for example, grief and trauma counseling, treatment of repressed memories regarding sexual abuse, as well as the extensive use (or abuse) of medications for questionable diagnoses of depression and ADD/ADHD.



He is equally as harsh on Continuing Education (CE) requirements, which he views as the "endless creativity in expanding personal income" and "exploiting state licensing laws mandating continuing education...No matter that CE offerings often tend to be of poor quality, dubious value, poorly taught, frequently misinformative, and contributors to the rising costs of all professional services" (p. xxxii).

### **Political Correctness, Sensitivity, And Diversity**

Cummings and O'Donohue conclude that psychology has surrendered its professionalism and its science to political correctness. They offer the following examples: APA's support for absolving responsibility for aberrant behavior when it is "hard-wired"; the broadening of the concept of victimology where "everyone is a victim, but no one is crazy"; and the reformulation of psychiatric diagnosis because of pressure from activists (p. 8).

The authors' view of the 1973 and 1974 decisions reclassifying homosexuality is worthy of quoting here:

The *Diagnostic and Statistical Manual* of the American Psychiatric Association yielded suddenly and completely to political pressure when in 1973 it removed homosexuality as a treatable aberrant condition. A political firestorm had been created by gay activists within psychiatry, with intense opposition to normalizing homosexuality coming from a few outspoken psychiatrists who were demonized and even threatened, rather than scientifically refuted.

Psychiatry's House of Delegates sidestepped the conflict by putting the matter to a vote of the membership, marking the first time in the history of healthcare that a diagnosis or lack of diagnosis was decided by popular vote rather than scientific evidence (p. 9).

The authors do not complain about what was done, but rather, how it was done. The co-author (Cummings) of the chapter not only agrees with the outcome, but in 1974 introduced the successful resolution declaring that homosexuality was not a psychiatric condition. However, the resolution carried with it a "proscription that appropriate and needed research would be conducted to substantiate these decisions." Cummings "watched with dismay as there was no effort on the part of APA to promote or even encourage such required research" (p. 9).

Unfortunately, both the American Psychiatric Association and the American Psychological Association had established precedents "forever that medical and psychological diagnoses are subject to political fiat" (p. 9). As a result, the authors note, "Diagnosis today in psychology and psychiatry is cluttered with politically correct verbiage, which seemingly has taken precedence over sound professional experience and scientific validation" (p. 9).

The book provides numerous examples where political correctness has influenced the treatment process, sometimes in positive, and other times in negative ways. They describe ways in which crisis counseling can actually impair recovery (p. 14), how psy-

chology has underestimated the human capacity for resilience by messages of victimhood, and how the best practice issues (which emerged from the recovered-memories fiasco) simply do not exist in organized psychology. They note with dismay that political correctness actually interferes with research efforts: "Within the concept of letting a thousand flowers bloom, psychology has rendered itself incapable of addressing the issue of best practices" (p. 16), while sometimes permitting harmful practices such as rebirthing (in which some children have died).

### **Activists Push To Label Treatment Of Unwanted SSA "Unethical"**

Though APA is either unwilling or unable to evaluate its treatment practices, the authors note that:

... this did not prevent its Council of Representatives in 2002 from stampeding into a motion to declare the treatment of homosexuality unethical. This was done with the intent of perpetuating homosexuality, even when the homosexual patient willingly and even eagerly seeks treatment. The argument was that because homosexuality is not an illness, its treatment is unnecessary and unethical.

Curiously, and rightly so, there was no counterargument against psychological interventions conducted by gay therapists to help patients be gay...Vigorously pushed by the gay lobby, it was eventually seen by a sufficient number of Council members as runaway political correctness and was defeated by the narrowest of margins.

In a series of courageous letters to the various components of APA, former president Robert Perloff referred to the willingness of many psychologists to trample patients' rights to treatment in the interest of political correctness. He pointed out that making such treatment unethical would deprive a patient of a treatment choice because the threat of sanctions would eliminate any psychologist who engaged in such treatment. Although the resolution was narrowly defeated, this has not stopped its proponents from deriding colleagues who provide such treatment to patients seeking it (p. 18).

Cummings and O'Donohue enumerate particular problems associated with the practice of political correctness, especially in regards to beliefs and speech. They include the following:

... proscriptions and prescriptions associated with political correctness are generated by fiat rather than reasoned argument...political correctness frequently rests on the notion that a speech or belief is "offensive" to someone...by focusing exclusively on "offensiveness," political correctness misses more overriding considerations such as legal rights to free speech...the remedies and punishments for real or apparent transgressions of the PC rules tend to be overly severe..." (p. 19).

### **Understanding Political Correctness**

The authors note that there is no empirical data on political cor-



correctness" (p. 22). They pose two questions regarding political correctness, and offer a number of hypotheses for potential testing. The questions are: "What psychological functions does political correctness fulfill for the individual?" and "What is the attraction of political correctness to certain personalities?" The hypotheses offered to understand these behavioral phenomena and their motivations include:

Political Correctness Harbors Hostility

- Reflects Narcissism
- Masks Histrionics
- Functions as Instant Morality
- Wields Power
- Serves as Distraction
- Involves Intimidation
- Lacks Alternatives

The empirical study of the above questions may offer valuable data on the phenomenon of political correctness. Meanwhile, the authors note how this understudied phenomenon is hostile to science by allowing the dismissal of any finding not consistent with a particular ideology or agenda: "Thus, political correctness and the postmodernism that currently pervades academic psychology go hand in hand" (p. 24).

The authors assert that political correctness is hostile to certain research questions that may be unpopular, and can have a chilling effect on science. Further, political correctness can view certain questions as settled moral issues rather than empirical questions requiring scientific investigations. The authors note, for example, "...the status of homosexuality is a settled moral question in the PC movement," citing, for example, that the National Endowment for the Arts would likely view those who object to the painting *Piss Christ* as infringing on freedom of expression, while they would find a similar painting titled *Piss Gay* as offensive and morally wrong (p. 24).

Finally, they note that the political correctness is so ingrained in many of the institutions of science, academia and government agencies, that priorities and policies are influenced such as those affecting AIDS funding as opposed to funding for breast cancer, or the practice of evaluating grants by federally determined categories of minority inclusion (p. 25).

O'Donohue offers a critical examination of cultural sensitivity, noting that though the need for cultural sensitivity is repeatedly cited in the mainstream literature, the definition of that term remain elusive. He points out the difficulty in defining culture, and how race and ethnicity create problems with group membership, citing the benefits and costs of using ethnic groups as variables. He concludes that:

Given the complications, culture as a global construct may not prove particularly useful to our activities as scientist-practitioners in psychology. It may also be premature to make ethical prescriptions based on this construct, given the state of our knowledge at this time. We counsel a cautious stance. Before we rush to be accepted as culturally sensi-

...ive, we need to define the appropriate...  
psychology and assess its potential contributions to the field. These benefits must be weighed against the real pitfall of allowing cultural considerations to weaken our ability to provide efficient therapy and effective research (pp. 42- 43).

In the book, one writer, Ofer Zur, provides a politically incorrect treatise of the psychology of victimhood. Zur approaches victimization by moving away from blame, instead examining how culture perpetuates violence systems. Using a systems approach, he avoids blaming and focuses on healing. He concludes that:

Understanding types, origins, and mode of operations of victims will allow therapists and non-therapists alike to recognize, prevent, and intervene in violent systems, enabling all participants to live better lives. For this to occur, victims must be helped to overcome their feelings of helplessness, hopelessness, and low self-esteem. They must not focus on blame, and they must avoid self-righteousness. Victims have to believe that they have a say in what happens to them and learn to overcome their victim patterns. The healing process should empower them to become conscious contributors to the unfolding of their lives, which can become dignified and meaningful (p. 62).

The last chapter in this section is titled, "Homophobia: Conceptual, Definitional and Value Issues." The authors of this section, O'Donohue and Caselles, note that "homophobia is a potentially important construct, given the significant amount of violence and other violations of rights that homosexuals experience, and the reactions that the relatively recent complexities of AIDS have evoked toward homosexuals and homosexuality" (p. 65).

O'Donohue and Caselles offer a brief history of homosexuality relative to psychiatric nomenclature, highlighting how the issue became politicized and how activism against the backdrop of the social climate of the '60s ushered in a reclassification. Activists selectively used the writings of the renegade psychiatrist Dr. Thomas Szasz, who viewed much of psychiatry as fraudulent and believed that it functioned to oppress and suppress those who held unacceptable ideas. Gay activists translated Szasz's views selectively to support them in their efforts to attack the psychiatric profession for using the language of science to condemn value positions, essentially their valuing of homosexuality. Ironically, Szasz's views of homosexuality were similar to the prevailing views at the time:

Ever since the Freudian revolution, and especially since the Second World War, it has become intellectually fashionable to hold that homosexuality is neither a sin nor a crime, but a disease. This claim means either that homosexuality is a condition somewhat similar to ordinary organic maladies, perhaps caused by some genetic error or endocrine imbalance, or that it is an expression of psychosexual immaturity, probably caused by certain kinds of personal and social circumstances in early life.

I believe it is very likely that homosexuality is, indeed a dis-



ease in the second sense and perhaps sometimes even in the stricter sense. Nevertheless, if we believe that, by categorizing homosexuality as a disease, we have succeeded in removing it from the realm of moral judgment, we are in error (p. 67).

Thus a selective use or misinterpretation of Szasz provided the impetus for activists to pursue their agenda.

### **Ethical Arguments Against Homosexual Acts Are Not "Obviously Unsound"**

Subsequent to the nosological revision, attention was turned away from the etiology and treatment of homosexuality and to the negative attitude toward homosexuals. Thus the birth of the term "homophobia," coined by Weinberg in 1972, suggesting those who held negative attitudes toward homosexuality should not be considered mentally healthy (p. 68).

Though "research" on homophobia is plentiful in the literature, there are many unanswered questions about the adequacy of the measurements used. The authors conclude that existing psychometric measures of homophobia do not meet the standards of science to any degree that would make them useful (pp. 70-71). They also note that there are value issues inherent in the idea of "homophobia." Ironically, they cite the very points made by Szasz and often embraced by gay activists to consider the moral value of homosexual acts. Specifically, they reference the position that "certain value, moral, aesthetic, and political questions and positions in a free society should not be closed and suppressed by mental-health professionals and behavioral science research. The moral status of homosexuality is one of them" (p. 79).

Noting that there are readily available arguments for the moral impermissibility of homosexual acts, and that they are not obviously unsound, they cite the vast number of religions whose view is based on revelation from God, and invoke the Szaszian point that it is not the purview of mental health professionals and behavioral scientists to judge as abnormal or irrational a belief in God, or specific beliefs regarding what God has revealed. They note that these are "properly open issues that citizens of a free society should debate and decide upon, free of the interference of the mental health profession's attempt to make either ethical position a mental health issue" (p. 79).

In addition, there are secular arguments that make the case for the immorality of homosexuality; for example, Kant thought that homosexual acts violate the categorical imperative:

A second *crimen carnis contra naturam* (immoral acts against our animal nature) is intercourse between *sexus homogenii*, in which the object of sexual impulse is a human being but there is homogeneity instead heterogeneity of sex, as when a woman satisfies her desire on a woman, or a man on a man. This practice too is contrary to the ends of humanity; for the end of humanity in respect of sexuality is to preserve the species without debasing the person; but in this instance the species is not being preserved (as it can be by a *crimen*

*carnis secundum naturam*), but the person is set aside, the self is degraded below the level of animals, and humanity is dishonored (p. 79).

Similar arguments concerning the immorality of homosexuality, based on the philosophical concept of natural law, are given by Plato and Aquinas and more modern ethicists such as Ruddick (p. 79). There are also more utilitarian arguments. The authors are clear that these arguments have not been "proven true," but rather are open possibilities. They conclude that "ethical arguments exist that take homosexuality to be morally wrong and that they are not obviously unsound" (p. 80). Thus the authors not only open the debate on the legitimacy of "homophobia" as a construct, but also allow for the discussion of the immorality of homosexuality based on natural law.

This latter debate is long overdue, and is rightly not the purview of APA, but rather the purview of the citizens of a free society. Interestingly enough, this view has been articulated by a self-identified lesbian activist, Anne Fausto-Sterling, the developmental biologist from Brown University, who noted that the way we "consider homosexuality in our culture is an ethical and a moral question" (Dreifus, C. 2001, "Exploring What Makes Us Male or Female." *New York Times*, Science Section, January 2).

### **Mental Health Care Economics**

The second section of the book focuses on Mental Healthcare Economics with an opening article by Nicholas Cummings entitled, "Expanding A Shrinking Economic Base: The Right Way, The Wrong Way, and the Mental Health Way." Subsequent to providing a brief history of reimbursement for mental health services, Cummings noted how managed care eroded psychology's economic base, causing psychologists to experience a kind of economic illiteracy, not knowing how to create a viable, clinically-driven system. Consequences of this economic illiteracy combined with the industrialization of healthcare ushered in the inventions of syndromes as a way of expanding the economic base, such as the Dissociative Identity Disorder, Reverse Seasonal Affective Disorder, Compassion Fatigue Syndrome, and the Battered Woman Syndrome. Such inventiveness has extended to ADD/ADHD as well as depression in a way that included persons that would not historically have been included.

Cummings notes that psychology seems devoted to the creation of such disorders with no semblance of scientific validation of clinical effectiveness or efficacy, but with the potential for expanding a shrinking economic psychotherapy base. He advises, "Following carefully thought-out economic principles, backed by solid science, not only will increase psychology's patient base but will go a long way toward restoring the field's fading reputation" (p. 109).

William Glasser's chapter on psychiatry is ominous: "Warning: Psychiatry Can Be Hazardous to Your Mental Health." Glasser decries labeling people as mentally ill and accuses psychiatry of maintaining the fiction of mental illness and disregarding mental health. He advocates helping people to help themselves, suggesting that unsatisfying relationships are the main causes of



unhappiness. Though the chapter seemed to somewhat out of place, the message seems to be that encouraging individuals to help themselves, perhaps in such groups as AA, would substantially reduce costs associated with improving mental health.

Perhaps the most explosive chapter in this section concerns "Attention Deficit Hyperactivity Disorder" authored by Rogers H. Wright. Noting that fads will occur in the "diagnosis" and treatment of aberrant behaviors, Wright argues that in the case of deficiencies of attention and hyperactivity that such behavioral aberrancies are frequently indicative of a transitory state within the organism, not of a disorder. He deems that it is a major disservice to elevate symptoms such as anxiety and hyperactivity to the level of a syndrome, diagnosing ADD/ADHD, combining individuals with very different needs and very different problems together.

Wright cites the Cummings and Wiggins (2001) research, which used behavioral interventions as well as firm male therapists and positive role models to treat children who were taking psychotropic medications. "After an average of nearly eleven treatments with the parent and approximately six with the child, the percentage of boys on medication was reduced from sixty-one percent to eleven percent, and the percentage of girls on medication went from twenty-three percent to two percent. These dramatic results occurred despite very strict requirements for discontinuing the medication, which seems to point to an alarming overdiagnosis and overmedication of ADD/ADHD and greater efficacy on behavioral interventions than is generally believed to be the case by the mental health community" (p. 135).

Finally in this section, Wright addresses "The Myth of Continuing Education: A Look at Some Intended and (Maybe) Unintended Consequences." He questions whether CE programs are effective, noting that there has been little attempt in evaluating the content quality. He surmises, "Consequently, and bluntly stated, CE is one hell of a big business with a great many vested interests (state regulatory agencies, national and state professional associations, and continuing education vendors including colleges and universities). These entities rake in really big bucks, adding staggering and incalculable costs to the price of delivered professional services" (p. 147). Wright chronicles the various CE courses, suggesting that this evolving enterprise approximates the "proportions of a scam" (p. 149). He is particularly critical of plethora of CE courses in human sexuality suggesting "the hidden motive...is to assure that the latest in political correctness has been imparted to the ignorant practitioner" (p. 149). Finally, Wright notes that no amount of "weekend training" can provide competence needed in critical areas. He notes, "In fact, in my experience, all too frequent consequence of CE training is that it encourages the impulsive and headstrong provider to venture into new areas best left to others" (p. 151).

### Political Influence On Science And Practice

The final section of the book focuses on the political influence on science and practice. The first chapter in this section focuses on the suppression of unpopular or politically incorrect research. Central to this chapter was ill-treatment of Arthur Jensen

(researcher on intelligence), one of the fifty most "eminent psychologists of the twentieth century" (p. 156). The ferocity of the attacks on Jensen were chronicled and attributed to "self-serving censorship" (p. 156) with accusations of Jensen being as "barbaric as Hitler" (p. 161). An ethics investigation proved the charges were spurious, finding no ethical violations with his research.

Yet such mean-spiritedness continues. The potential consequences may be horrific: "In the meantime, inadequate learning and reasoning abilities put many people at risk for taking medications in health-damaging ways, failing to grasp the merits of preventive precautions against chronic disease and accidents, and failing to properly implement potentially more effective but complex new treatment regimens for heart disease, hypertension, and other killers. To intentionally ignore differences in mental competence is unconscionable. It is social science malpractice against the very people whom the 'untruth' is supposedly meant to protect" (p. 182).

### Harmful Or Untested Treatments

In the chapter on "Pseudoscience, Nonscience, and Nonsense in Clinical Psychology," Lilienfeld *et al* conclude that there is persuasive evidence that some forms of psychotherapy can be harmful" (p. 187). They note the burgeoning industry of pseudoscientific and unscientific psychotherapies (p. 187). They are particularly skeptical of the pervasiveness of postmodernism, noting a lack of outcome studies associated with postmodern therapies (p. 194).

They are equally as critical of self-help books which promise simplistic solutions to complex problems, noting that the overwhelming majority of such efforts have not been subjected to empirical scrutiny (p. 195). The authors cite research that supports potentially harmful effects of a number of therapies including attachment therapies, critical incident debriefing, peer group interventions for conduct problems, scared straight programs for conduct problems, recovered memories interventions, DID-oriented therapy and facilitated communication. In each case, the authors provide compelling evidence for potential harm (pp. 196-204).

A chapter devoted to children called "The Deseasing of America's Children" addresses the myth that childhood behavior disorders are caused by genes, noting that there is no good scientific evidence. Rosemond concludes, "The perpetrators of the disease model of behavior disorders engage in disingenuous misleading arguments" (p. 223). He notes that psychologists have confused biological conditions with developmental ones, citing the DSM criteria for a pathological antisocial condition which he says "perfectly describes the terrible twos!" (p. 226).

Subsequent to the exit from the '60's culture, a fully postmodern society emerged and "the rise of clinical psychology coincided with the paradigm shift, and psychologists (and other mental health professionals) did more than any other professional group to demonize the traditional marriage (supposedly bad for women), the traditional family (supposedly inherently pathological, and traditional child rearing (supposedly bad for children)"



ical, and traditional child rearing (supposedly bad for children)" (p. 226). The negative consequences of postmodernism included the dangerous shift in pediatrics: "...the tendency to isolate a child's behavior from its context and judge the behavior, rather than the parent's management of it, as the problem" (p. 233).

The chapter on "Abortion, Boxing, and Zionism: Politics and the APA" examines the number of resolutions issued by APA usually via its Public Interest Directorate including topics such as limiting the access to abortion, television violence and children, AIDS education, academic freedom and the legality of boxing. They note that such positions are taken with little supporting evidence.

### **APA's Pro-Abortion Activism**

The authors caution that the possibility of harm exists when there is not supporting evidence. For example, in the case of abortion, the author suggests that "Unless the APA has extremely compelling data to show the utter illegitimacy of the anti-abortion stance, it might be prudent not to take a position on this divisive issue, both out of respect for the diversity of opinion surrounding this issue, and to avoid placing member-psychologists in an unnecessarily difficult situation" (pp. 242-243). The authors recommend that the "APA constrain its political activity to issues in which psychologists have legitimate expertise" (p. 250).

In the chapter on "The Dumbing Down of Psychology: Faulty Beliefs About Boundary Crossings and Dual Relationships," Ofer Zur focuses on non-sexual relationships in psychotherapy, suggesting that multiple roles do exist between a therapist and client and noting that such relationships can be normal and healthy. Not advocating a blanket endorsement to dismantling therapeutic boundaries or promoting indiscriminant employment of dual relationships in therapy, Zur emphasizes that the "goal of the therapist should be the client's care, healing, dignity, and well-being rather than the avoidance of risk, or blind adherence to a certain treatment dogma" (p. 255).

In the chapter on "Social Justice in Community Psychology," the authors noted that though "social justice plays a critical role in defining community psychology, yet this construct has evaded explication and critical analysis" (p. 283). The authors observe that the mainstream political left has influenced community psychology to the extent of excluding the diversity of opinion and to defining "political conservatism as abnormal" (p. 284). Finally, Richard E. Redding addresses "Sociopolitical Diversity in Psychology: The Case for Pluralism." The evidence is clear, he says – "most psychologists are politically liberal" and "conservatives are vastly underrepresented in the profession." He says that "there is a struggle about what is sayable within our discipline, and about what need not be said, about what can be assumed and what requires explanation, about what questions can be asked and what constitutes legitimate answers" (p. 303). He concludes:

This lack of political diversity has unintended negative consequences and is detrimental to psychology in ways that

conflict with the profession's core values and ethical principles. It biases research on social policy issues, damages psychology's credibility with policy makers and the public, impedes serving conservative clients, results in *de facto* discrimination against conservative students and scholars, and has a chilling effect on liberal education.

Redding notes the problematic consequences of liberal hegemony, including biases in policy research where "psychologists who research social issues often have values invested in those issues" (p. 306). He noted the conflicting liberal bias in adolescent competence where adolescents should make medical decisions, such as in the case of abortion, but should not be tried and punished as adults because they are immature (p. 307). He cites liberal bias influencing research and interpretation in gay and lesbian parenting:

Much of the extant research that finds no negative effects of gay parenting on children has serious limitations, for example, small sample size, nonrepresentative and self-selected samples, reliance on self-reporting subject to social desirability biases, and lacking longitudinal data. These limitations are often downplayed by advocates, who also frequently fail to consider fully the potential importance of having both male and female nurturance and role models for children (p. 308).

### **Bias Revealed Against Conservative Graduate School Applicants**

Redding references the famous Gartner study, which empirically demonstrated the discrimination against those with conservative views in graduate school admissions. Professors in APA-approved clinical psychology departments were provided with graduate school applications including grade-point-averages, GRE scores and personal statements that differed only in whether the applicant volunteered that he was a conservative Christian. "Professors rated the nonconservative applicants significantly higher in all areas, had fewer doubts about their abilities, felt more positively about their abilities to be good psychologists and rated them more likely to be admitted to their graduate program. The findings suggest an admission bias against religious conservatives, which violates the APA's ethical principles and antidiscrimination laws" (p. 312). Redding concludes that the lack of political diversity limits the scope of a liberal education and that "We should encourage conservatives to join our ranks and foster a true sociopolitical dialogue in our research, practice, and teaching. It is in our self-interest to do so. Otherwise, we pay a terrible price that is a consequence of partisan narrow-mindedness. Political narrowness and insularity limit and deaden a discipline" (p. 318).

### **Conclusion**

This new book provides a window into the American Psychological Association and into psychology in way hitherto only suspected. The courage demonstrated by Wright and Cummings is unparalleled. Their professional and scientific accomplishments and their positions of prominence in the

American Psychological Association, along with their reasoned, evidence-based arguments, make their work essentially unassailable. Though the authors of the various chapters are critical in their judgments, their judgments are supported by evidence and their informed opinions. The book offers a clear message to APA: your survival will depend on *real diversity* – the inclusion of those with different worldviews, on psychology maintaining its integrity as a scientific organization, on research and practice that is devoid of activism and political correctness, and on resolutions grounded in science. APA would do well to heed the wisdom of its own prominent members who have not only identified the destructive trends in mental health, but offer compelling arguments for re-evaluation of the policies and practices of APA.

The book's cover depicts "the image of *overgrown ruins*" which symbolize "the desolate future of the *mental health field* if they are left to continue on their current paths to *destruction*."

*Destructive Trends in Mental Health* deserves the distinction of being the most important book of the decade, perhaps of the last several decades, in mental health. Its authors have re-instilled faith in psychology—faith that there remain honorable men and women whose passion for the profession will no longer allow them to stay silent in the midst of abuses of power, acts of discrimination and worldview intolerance, and the repeated misrepresentation of activism as science. Perhaps if APA does not begin to regulate itself, the legislatures, the public and the courts will.

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## Clinical/Therapeutic Issues

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### Disclosing The Struggle To A Straight Friend

*Why disclosure is important; What is needed from a straight friend;  
How to tell him.*

*By Joseph Nicolosi, Ph.D.*

Most same-sex attracted (SSA) men report an unease in the company of other males that traces back to early childhood. Research confirms this observation—showing a significant correlation between difficulty with male peer relationships during boyhood, and later homosexual orientation.

SSA clients characteristically describe themselves as feeling frustrated and rejected in boyhood because they felt weak, un-

masculine, and unacceptable, and thus they were on the outside of their male peers' activities.

In adulthood, the client's relationship with other men is painfully distorted because of his conflict between the normal assertive drive to relate to males as a "man among men," and the anticipation of shame for being found "not man enough." He seeks, yet fears, a man who will love him. Consequently, he remains chron-



ically distressed since he fears the very thing that he desires most deeply.

Mastering the challenge of establishing, maintaining, and deepening male friendships is essential for the man who desires to overcome his homosexual problem. Non-erotic intimacy with other men is a foundational requirement for the resolution of same-sex attractions, so much so that the client's progress can typically be evaluated by the level of intimacy of his male friendships.

At the start of treatment, many SSA clients will report they "already have" close male friendships. But further inquiry reveals superficial relationships that lack honesty, self-disclosure and mutuality. The client's initial claim to have close male friendships suggests a dimension of self-deception which is based in part upon wishful thinking, and in part upon the inability to realistically assess the possibilities for platonic male-to-male emotional closeness.

SSA men tend to categorize other men in extremes: that is, to "deify or demonize" them. Splitting men into "good vs. bad objects" makes it unlikely that the SSA client will be able to tolerate the normal disagreements which arise in all relationships. The ability to remain emotionally connected to another man while in conflict with him is an issue of critical importance, and will offer an ongoing therapeutic challenge. Intimacy always requires the vulnerability of exposing one's feelings to another person, which is something the client both desires and fears. His assertive drive to relate to other men as an equal remains in conflict with his anticipatory shame and expectation of rejection.

#### Four Categories Of Male Friendships

For the man in reparative therapy, male friendships can be divided into four categories:

- The gay friend;
- The "non-gay homosexual" friend;
- The straight friend;
- The straight friend to whom he is sexually attracted.

1. *Gay friendships* create the possibility of erotic attraction and a mutually exploitative sexual agenda. Any possibility of honest friendship is contaminated by flirtation and vague innuendoes, with each looking to the other for cues of sexual receptivity. Mutual game-playing and manipulation will undermine efforts at establishing equality and mutuality, and thus will diminish the value of this type of relationship.

2. *Celibate friendships with other non-gay homosexuals* offer him an empathy and special understanding. However, other non-gay homosexual men are limited in their potential to help him break down the male mystique, which is usually reserved for the straight man. Challenges to relationships between two SSA men also include mutual anticipatory shame. Such friendships should be seen primarily as preparation for the more challenging relationship with the less emotionally attuned, heterosexual male.

3. *Heterosexual, non-sexually attractive male friendships* have somewhat more value than those of the previous category. Although life circumstances often put the client into contact with straight men, he feels no motivation to establish a friendship. When the other man seems ordinary, and the old familiar sexual attraction is missing, the SSA man often expresses a dismissive contempt for the straight man, with the preconception that he is uninteresting or "boring." However, such friendships will still offer the opportunity for male bonding.

4. *Heterosexual, sexually attractive male friendships* with men for whom the client feels an erotic attraction will offer the greatest opportunity for healing. Only through such associations can there be the all-important transformation of erotic attraction into true friendship – that is, the demystifying of the distant and mysterious male.

While aesthetic appreciation for this man's good looks and masculine qualities may always be present even when same-sex attraction is overcome, it will become increasingly evident to the client that sexual fantasies do not fit within any mutually respectful male friendship. As the client experiences increasing acceptance and familiarity within the relationship, over time, his feelings grow into male identification, and the original sexual feelings naturally diminish.

This transformational shift from sexual to fraternal (*i.e.*, eros to philia) is the essential healing experience of male homosexuality. In the process, the other man is transformed from an idealized sexual object into a real person, very much like himself.

Of particular therapeutic value is the SSA client's disclosure of his struggle to the straight friend. A very risky and anxiety-producing challenge, this disclosure must be a prudent, calculated gamble. However, if it is met with understanding, a deeply healing experience will result. The exchange will bring the friendship to a new depth of honesty and intimacy.

#### Why Disclose?

The SSA man will have difficulty accepting and internalizing the affirmation that his straight friend offers. The reason he has trouble internalizing is that he holds the unconscious suspicion (*i.e.*, the shame-based distortion) that "if my straight friend knew about my homosexuality, he would not accept me." This fear is often a manifestation of internalized shame, and being a shame-based distortion, it can block the chance for connectedness.

Deep disclosure, however, is the means through which he will remove the lifelong feeling of estrangement from other men. Any time a person can reveal something negative, embarrassing, or shameful and present it to another person who they regard as good and benevolent, when that second person can hear that disclosure and *accept and understand* the feelings of the person making the disclosure, there is a healing transformation. Personal growth and identity development happen through this *dynamic interaction*.



## How To Tell A Straight Friend

When telling a straight friend, it is advisable to avoid such labels for oneself as “homosexual” or “gay,” speaking instead about personal experience—that is, explaining one’s difficulties in terms of childhood deficits and the felt need for acceptance by men. Any mention of one’s feelings of homoeroticism are best presented not as a gay identity, but as a consequence or symptom of these earlier, unmet male needs.

From my many years of experience working with same-sex attracted clients, there seems to be a basic outline that works best for speaking to a straight friend. As mentioned, one should never begin by saying, “I’m homosexual.” Many straight men have been subliminally influenced by popular misinformation, and so the tendency is to immediately see their friend as having been “born gay,” as if his unwanted feelings could indeed define him. Rather, the disclosure to the straight friend should be done in five steps:

**Family Background.** “This is the kind of relationship I had with my father...” (and the relationship with the mother, older brother) ... “These are my childhood experiences” (sexual abuse, intimidation by peers, etc.), describing a felt deficit of masculinity where he did not feel strong and confident in his gender identification.

**The Consequences of the Family Background.** “As a result of these experiences, I didn’t feel like one of the guys. I didn’t know how to fulfill that deficit inside myself.”

**Same-Sex Exploration.** “Because of those feelings about myself, I found myself searching for masculine connectedness, and that search led me to sexual behaviors with other men that left me dissatisfied, and which did not represent who I am or what I believe.”

**Healing Through Authentic Friendships.** “Now I realize that it is not really sex that I am after, but rather emotional connection with other men. Our friendship is important to me as an opportunity to fulfill my normal male emotional needs and to help me solidify my true, heterosexual identity.”

When presented in this four-step outline, most straight men seem to understand. If the client reveals himself honestly to the mature and caring straight friend, the response is almost always positive.

### What The Client Needs From A Straight Friend

What does the client need from his straight friend? He needs—

To be *understood*, not to be patronized; nor to be mischaracterized as gay—but to have another man know him and understand what the struggle is about. To accomplish this, the client will need to educate his friend on the SSA developmental pathway, and the deficits and needs which are the basis of these unwanted attractions.

To be *accepted* and to be able to trust that this disclosure does

not modify, qualify, or diminish in any way the **fundamental** acceptance of his friend. The unconditional **acceptance** should be manifest and demonstrated.

To be *supported* by his friend in his continued **struggle**. The straight friend can be actively encouraging of what his friend is trying to accomplish.

To have *accountability* (optional), where he can go to his friend and be accountable for his future behavior. It is not unusual for the friend to disclose and ask for equal accountability for his own sexual problems, often involving heterosexual pornography.

Sometimes disappointment arises when the friend shows the SSA struggler his initial support and understanding, but never again discusses the issue. This usually happens because the friend does not know if he should mention the issue again. We recommend the explicit request—“Please ask...” In doing so, both men feel free to continue the healing dialogue. Otherwise, the struggler will avoid mentioning their issue again for fear of “bothering or burdening” their friend. It is best when there is an agreement between both men for the struggler to **disclose** whenever there is a homosexual enactment.

Each layer of disclosure depends upon the **previous** one. The client cannot experience the benefits of **disclosure** until his straight friend first supports him; and he **cannot support** until he first accepts; and he cannot accept until he **understands**. I have always been amazed, however, at the **encouraging** and supportive response of straight men to the SSA **struggler**.

## How To Establish A Friendship

Many of the men in reparative therapy are **so hungry** for male intimacy they truly don’t have the basic **understanding** of how males in fact make friends. While other **boys were** learning how to establish male peer relationships during the **latency** period, our client was typically in isolation, absorbed in **fantasy**. Therefore, he has to take a “crash course” to **catch up in learning** how men have friendships.

The SSA client needs to understand that **there are** two types of male friendship. There’s the casual **relationship**, in which category there might be eight to 10 male **acquaintances**—men he may see at work or in social situations; **these are men who** know each other by name, and there might be **some small exchange** of conversation in a very casual way. In a **completely different** category, however, is the close friendship that **he most needs**. Those deep male friendships will come out of **this larger pool** of casual friends.

### Resistance

Besides shame-based fear, another **form of resistance** encountered is the client’s negative **projections onto** straight men—his idea, “Who needs them?” **Straight men may be** described by him as crude, coarse, shallow, **insensitive**, narrow-minded, stiff, “dumb s\*\*ts,” and “Neanderthals.”

The client will be surprised **when in a course** of time, he discov-



ers that straight men have their own doubts and insecurities. These revelations are valuable in facilitating his identification with them.

Indeed, there are some observable differences between gay-identified and straight men. Clients who are in one psychotherapy group with homosexual men and another group with straight men, will observe and report the differences. Straight men banter at each other with an overt, direct verbal tussling, lacking hidden innuendo. There is more interruption, more blunt disagreement, more friendly “insults,” with a generally challenging exchange. Homosexually-oriented men, on the other hand, engage in more indirect exchanges, are easily hurt by any suggestion of criticism, and are quick to misinterpret others’ comments as motivated by

an intent to harm.

### Eliciting From Within

The client’s salient male friends do not give him their masculinity, but offer him the emotional support that will elicit the same-sex-attracted man’s own, un-actualized masculinity from within. As in the philosophy of education, we do not understand the teacher to “pour algebra into the brain” of the child; rather, the teacher “elicits the algebra already existing within” the child’s own latent potentialities. Thus, it is vital for the SSA struggler to find salient friends – such as mature men from within his own faith community—who will offer him concern, support, encouragement and healing.

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## Introducing The First Stage Of Therapy With Women With Same-Sex Attraction: *Securing The Foundation*

### *Part 1 of a two-part series*

By Janelle M. Hallman, MA, LPC

In my early days as a therapist, I remember working with a spunky 32-year-old gal. She was motivated and anxious to work in therapy. She desperately wanted me to know her, so she shared vignette after vignette of her childhood. However, as she shared, I sensed she was making everything up. Neither her stories nor the characters (including herself) felt real. I kept asking myself, “Is she telling the truth?” Even though her stories consistently held together with logical ties, week after week I felt there was something illusive about her. She didn’t feel authentic. Yet I knew she was doing her best to honestly share.



*Janelle Hallman MA, LPC*

I struggled to establish a clear treatment direction since I couldn’t quite “get my hands around her.” My clarity kept waning until I seriously questioned whether or not I should continue to be her therapist. I feared I might be wasting her time if I couldn’t authentically connect. It was hard to connect with someone who felt “unreal.” I finally realized I was encountering her lack of a substantial self.

Her personhood or identity seemed to float rather than solidly tether to her experiences and relationships. I would catch a glimpse of her and then lose it. She didn’t feel “present,” yet she wasn’t floating away through disassociation. My words and empathy also seemed lost on her. Indeed, she was incredibly lost to herself and therefore unavailable to me. How lonely she must have felt on the inside. [1]

### Missing A Home Within

The initial stage of therapy with a woman with same-sex attraction does not usually focus on the process of “change.” Change

is not relevant unless a thing or person first has an identifiable shape, being or substance. For many women, there were often not only obstacles to the development of her basic sense of self, but to her evolving concept of a valuable self, relational self, female self and unique self. Typically one, if not all of these internalized senses of self are missing or extremely fragile within women with same-sex attraction. In this first stage of therapy, a woman needs to build, or rather discover and uncover, her true self or her inner home.

When a woman lacks a solid core self, she often experiences a profound disconnection from her inmost thoughts, desires and feelings.

Consequently she will have extreme difficulty in exploring, articulating and inviting others into her internal realities. [2] When asked who she is or what she feels, she might stare at you with a blank face, emphatically exclaiming, “I don’t know!” Without a clear picture of a woman’s self or core identity, it is often difficult to develop an initial treatment plan.

When I ask women who do not struggle with same-sex attraction the question, “What were your hopes and dreams as a little girl?” they quickly describe fantasies or hopes about escaping from their sadness or loneliness. In contrast, women *with* same-sex attraction struggle to remember *any* hopes or dreams. As little girls they didn’t or couldn’t project themselves beyond the present moment. Perhaps they were tied to the present because they still needed to build their most foundational piece, a self. Life cannot progress without a self.

Similarly, when I initially introduce the concept of the “little girl within” to women who do not have same-sex feelings, they



immediately respond by groaning, giggling or becoming deathly quiet. They instantly connect with the presence of their little girl, even if it is not a positive experience. Women *with* same-sex attraction often brush me aside proclaiming, "I don't have a little girl, Janelle, and if I did, I don't really want to know her" or "I don't know where she is, and frankly, I don't really care. [3] Their innocent and primal self seems missing.

Connie, now 31, admits at times that her need for physical touch outweighs her other commitment, which is to God. She says, "It's weird. In some ways touch gives you a sense of self. When you are touched you realize you exist and therefore must be valuable." These women long to be held or warmly touched. Part of this longing may arise out of their basic need to gain a sense of self.

If a girl, or grown woman, is forced to live out of an underdeveloped or insecure core or sense of self, she may experience generalized anxiety and an overarching lack of safety. This may be one reason why so many women with same-sex attraction view life and relationships as categorically unsafe. They are not securely fastened to themselves, let alone anyone else.

### **The Fundamental Needs**

Many women lacked a sense of safety, trust, and warm secure attachment as girls within their first and extremely significant relationship with mother. [4] In fact, some of my clients do not have *any* memory of being safely attached or dependent upon their mom. They still need to *experience* secure attachment and someone's healthy and loving response to her unmet dependency needs.

The female self comes into existence through its ongoing dependency upon, identification with, and attachment with others, primarily mother. An unstable or insecure attachment with mom can disrupt these formative processes and subsequently create an unstable, underdeveloped or insecure self within a developing girl. My clients readily admit that something is missing inside of them, as if they were never given all of their pieces. They still need to *form* a basic core self.

These two fundamental needs unfortunately present a dilemma within a woman's life:

*If a woman doesn't possess or know her "self," she will not be able to develop healthy intimacy.*

*If she does not experience healthy intimacy or attachment, she will not be able to establish a solid core or sense of "self."*

But there is more. If a daughter associated more fear than warmth within her relationship with mom, or if the daughter defensively detached, she may not have been able to internalize *any* of her mother's care, affection, attention or a basic sense of trust. Therefore, within a safe relationship, many women still need to internalize a basic sense of love, value, and trust.

If a girl experiences more distance than closeness with mom, she also loses the most important opportunity in her life to learn how to "do" relationship. As a result, she may not be able to successfully build healthy or enduring relationships. Her life may be clouded with underlying depression, doubt, and insecurity [5] often blocking her from developing appropriate social cueing or the empathy required for mutually caring relationships. Many of the women with whom I work still need to learn how to have close intimate relationships.

Seemingly trapped within the above dilemma, these two additional fundamental needs often create a self-perpetuating downward spiral within a woman's life:

*Without an experience of healthy intimacy, a woman will not be able to gain a sense of trust and inherent value or the social skills required to build and sustain meaningful relationships.*

*Without the skills required to build relationships, a woman will experience failure, developing a sense of mistrust, worthlessness, and incompetency in the very realm of her greatest need.*

These self-defeating cycles must somehow be interrupted in order to free a woman to reenter the path towards healthy individual growth and development and intimacy.

### **The Fundamental Goal**

As a therapist, I am honored to have the great privilege of addressing all of her above needs by supporting and guiding her into:

*An actual experience of enduring secure attachment within an affirming, mirroring, and validating environment in which she can safely complete the work of inner formation. [6]*

The therapeutic relationship becomes the foundation upon which she and I will accomplish all of the overt work of therapy as directed by her stated goals and immediate needs. It is the soil in which she will be nourished and sustained as she works, grows, and develops. I have watched multitudes of women solidify and "come into their own" by simply *being* in a secure relationship with me.

Dr. Frank Lake, a psychiatrist trained in theology, agrees that people with an unstable core self benefit most from therapy if a genuine interpersonal relationship, "mediated by face-to-face and heart-to-heart discourse," is established. [7] It is through such a *heart-to-heart* relationship that my clients also begin to *internalize*, perhaps for the first time, a basic sense of trust, belovedness, and inherent value. This powerful corrective relationship affords them an opportunity to *learn* new ways of living and relating, allowing them to integrate healthier inner constructs, beliefs, emotional patterns, and ongoing attachments. Said one client:



*My relationship with my therapist was the closest and most important relationship that I had ever had. In truth - it still is. I am amazed at how I continued to risk and share with her. It felt like she stayed right there with me through it all. I am eternally grateful.*

### **The Fundamental Therapeutic Tasks**

In order to establish such a powerful and life-changing heart-to-heart relationship, my clients must first be reassured that they are safe and that I am trustworthy. [8] The first stage of therapy can therefore be broken down into three separate therapeutic tasks:

#### ***Creating Safety - the Heart of the Helping Environment***

- **Fundamental Therapeutic Processes:** Acceptance and Attunement
- **Client's Task:** Rest

#### ***Building Trust - the Heart of the Helper***

- **Fundamental Therapeutic Processes:** Caring and Commitment
- **Client's Task:** Receive

#### ***Establishing and Maintaining a Secure Attachment - the Heart of the Relationship***

- **Fundamental Therapeutic Processes:** Empathy and the Here-and-Now
- **Client's Task:** "Become"

The preliminary tasks of creating safety and building trust with women with same-sex attraction will typically require far more time, energy, and perseverance than with other clientele. It is not unusual for some women to require up to two years of weekly sessions before they feel certain that they can trust. Even after establishing a foundation of safety and trust, many of my clients waiver, asking again and again "Is it safe? Can I really trust you?"

I have found that safety and trust should never be assumed, quickly glossed over or handled casually with these women. I am therefore deliberate and methodical in continually addressing these two essential foundational issues.

### **First Task: Creating Safety**

Over the years, my clients have helped me to understand what they need in terms of safety.

*A safe place is warm and relaxing.  
A safe place allows you to feel and talk.  
A safe place promotes respect.  
A safe place allows you to be yourself.  
A safe place is where you are known and accepted.  
A safe place provides emotional and physical protection.  
A safe place has a sense of fullness, not emptiness.  
A safe place offers care and containment.  
A safe place is constant, without shocking surprises.  
A safe place creates trust.  
A safe place is where you can grow and develop.*

*A safe place may become home to the homeless.*

At the beginning of therapy, I do not attempt to work with abuse material, challenge core beliefs or acknowledge, let alone confront a client's defense mechanisms. I recognize I must earn the right to speak into a client's life, so am extremely cautious in offering interpretation or analysis. This does not mean abuse issues or core beliefs are never addressed in opening sessions; it means I do not cultivate or encourage these directions. My first goal is to create an environment in which a woman can begin to consistently relax and trust. As one client explained:

*I struggled saying things. I was often embarrassed and shy. I was very uncomfortable - but it was safe. The room was safe - soothing. I've never had that feeling before. It was a good feeling to come back to. My counselor ended up being safe. She never pushed me too far. She seemed to know what I could handle.*

The actual content of our discussions may include the client's immediate circumstances and life, goals for therapy, current crises, nature of existing relationships and support systems, and history if she is comfortable enough to share. I express an explicit desire to learn more about her life and to get to know her as a unique individual. Throughout our conversations I remain authentic and emotionally available.

Ultimately, my clients will not feel safe simply because I believe or declare I am safe. They are perceptive and intelligent women, and have unfortunately learned that words are sometimes cheap. They will determine whether or not I am safe based on my prevailing character qualities, actions, and attitudes.

### **Safety In Unconditional Acceptance**

Morton Kelsey in his fabulous book entitled *Set Your Hearts on the Greatest Gift*, recalls a particular priest who had befriended and profoundly impacted him as a young man. Kelsey first notes, "He listened to me." But second and most importantly, "He never judged my doubts and he was not shocked or afraid of my loss-ness." [9] Kelsey was amazed by this man's generous acceptance.

A woman with same-sex attraction will not feel safe until she knows that she can be fully honest about her life, both inner and outer, without fear of judgment. To lay a foundation of safety (as a Christian counselor working primarily with like-minded clients), I have learned that I must be *accepting* of:

Her same-sex attractions and behaviors  
Her sexual identity  
Her same-sex partner or spouse  
How she acts  
Her specific (or decidedly vague) goals for therapy  
Her attitudes toward men and women  
Her spiritual beliefs  
Her sin [10].

I have also learned (the hard way) that it is not advisable to ini-



tiate a conversation that can be interpreted as inappropriate, invasive or challenging to these aspects of her life until safety and a firm foundation of trust have been established. These issues should not be dismissed as unimportant, but are superficial to the task at hand. One client stated:

*She just listened. She knew I had a lover, but she just let me pour out my heart. I could tell her things I would never tell anybody else.*

Similarly, I have found that I need to be accepting of a woman's physical appearance and attire; career or type of work; the car (truck) she prefers to drive.

Many women with same-sex attraction often gravitate towards what might be considered stereotypically masculine styles in terms of appearance and occupational preferences. A woman's "style" or preference in these regards can indeed be genuinely grounded and centered in her true identity as a sporty, athletic or mechanically inclined woman.

On the other hand, her ostensive "masculinization" may be an indication of a severe disconnection from her femininity or a means to protect herself from further pain, rejection or devaluing as a female. Regardless of the origin of her preferences, however, now is not the time to address these social externals.

My primary aim at this opening stage of therapy is to provide an environment in which a woman can discover, accept, and solidify a self so *she* will have the power and choice to decide what *she* wants to challenge or change in her life. [11] Realistically, before she can take the next step in her process of growth and change, she must first acknowledge, understand, and accept her present starting point. I can help her find this resting and reflective place by offering her *my* full acceptance of her personhood, as it has developed up until now, and all aspects of her present life.

As I accept a woman *just as she is*, she will feel safe to begin to accept her *self*, just as she is. Self-acceptance is a discipline that must be embraced by these women for growth to begin. It is important that she gathers up *all* of her self, the agreeable and disagreeable, for the journey ahead. Fragmenting or disowning any true reality of her life will be counterproductive to her formation and healing process. As a woman comes into a courageous self-awareness and self-acceptance, she boldly defies the shame that seeks to hide her true heart and self. One client explained:

*I remember realizing I could tell you anything without feeling judged or shamed or like I was a dirty person. I have been with other therapists; there was a difference.*

My clients have exclaimed over the years how grateful they are that I am willing to accept and enter their world *as it is*. They feel honored as I make an effort to "get into their shoes" for the sake of understanding and connection.

They come to learn my camaraderie is not an endorsement of every aspect of their life, but is in fact a commitment to their per-

sonhood that will transcend *any* present state or condition within which they find themselves. Unconditional acceptance of an individual is not denying aspects of their self or life, but the willingness to know, love and journey with them, just as they are.

### Acceptance Counters Shame

I once asked a therapist specializing in female sexual abuse what she saw as the distinguishing difference between women who did not have same-sex attraction and women who did. She thought for a moment and then announced, "the shame." Because of her religious or philosophical beliefs, a woman with same-sex attraction often sees herself as abnormal or a distortion of humanity, even undeserving of simple human kindness.

She may view herself outside of God's grace and love, only deserving of condemnation and darkness. Shame tells her she is the worse of the worse and even beyond hope.

The messages of shame of course, are not true, but it will take time for a woman to hear another voice. As her therapist, I am again honored to have the incredible privilege of combating these falsehoods by exercising the power of unconditional acceptance again and again.

I especially enjoy indirectly assailing the shame by reframing a woman's struggle with same-sex attraction. I first acknowledge, accept, and affirm a woman's inner longings and unmet needs and then normalize her struggle within the context of her longings and needs. I may tell her:

"Of course you long for hugs and touch. Your mom didn't even know *how* to hug. She never got hugged as a little girl either. You must feel like you are starving!"

-or-

"Of course you want special uninterrupted attention from your friend. I remember you telling me how you sensed your parents were too busy to play with you. You never even remember getting special time alone with them. Your little girl is still looking for that special time and attention."

There are logical reasons why a woman so desperately longs for same-sex closeness and intimacy. I have realized that I do not have to be afraid of normalizing her struggle within the context of what she needed and didn't receive as a little girl. My compassionate understanding often breaks through the debilitating shame or denial that typically prevents a woman from *any* possible change, decision or movement in her life.

### There Is A Shame Deeper Still

Many women with same-sex attraction also suffer from a pervasive and profound existential shame related to the lack of a core self. In lieu of a solidified core self, a woman may have essentially identified with the inner void or sense of "non-existence." [12] The resultant shame is not so much a feeling of embarrass-



ment or badness, but a point of deep identification as a lost soul. And since she has no inherent extant form or "sense of being," she will have no inherent definition of value or worth.

Lake notes that this sense of non-being is often experienced "as a dangerous waning of hope and expectancy, a certainty that one will not be able to last out long enough, a feeling that time passed in solitariness is equivalent to an imminent death of the spirit. [12] Essentially shame, worthlessness, and dread take up residence in her inner home that would otherwise be filled with her glorious true self. These core affective states are not easily addressed or processed explicitly. It is as a woman *experiences* a consistent flow of compassionate acceptance and genuine care that her true self will be affirmed and can finally begin to blossom and take form within her soul. (*To be continued in the December NARTH Bulletin*)

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## Endnotes

<sup>1</sup> As it turned out, we worked together for almost two years. What a surprise to have heard from her a few years back. She was animated as she shared how she had treasured our time together and announced that she was now pursuing her special dreams. She exuded an amazing solidness and warm presence as we spoke. She had been able to go off of antidepressants and successfully build a meaningful community of friends. Through her commitment to growth, her involvement in support groups, her tenacity in confronting family issues and her work with me, she had grown, developed and was taking solid shape as the special woman she was meant to be. Our energies, patience and time as therapists can indeed have a life-changing impact on the women

with whom we work.

<sup>2</sup> Research has shown that the inability to communicate one's inner world is directly linked to insecure attachment patterns. Hughes (1997); Siegel (1999).

<sup>3</sup> These comments also highlight a woman's unconscious process of *rejecting* herself, in lieu of a healthier process of *constructing* a self. She has often internalized the attitudes of mom or dad that she *perceived* as rejecting and disaffirming.

<sup>4</sup> This of course happens with many girls who do not later struggle with same-sex attractions, but is nevertheless a common dynamic in the histories of many women with same-sex attraction.

<sup>5</sup> Levy & Orlans (1998, p. 1).

<sup>6</sup> Dr. Daniel Siegel, Child Psychiatrist, Associate Clinical Professor of Psychiatry at UCLA and author of the internationally acclaimed book *The Developing Mind*, proposes that new attachment experiences, such as that provided by the patient-psychotherapist relationship, *can promote* patient growth and development, change and "enhance the regulation of emotion throughout the lifespan" (1999 p. 285).

<sup>7</sup> Lake (1986, p. 22).

<sup>8</sup> For people who have experienced emotional deprivation because of early abandonment or inadequate or insecure attachments, therapy "must be directed first of all at an optimal restoration of those *conditions* [namely safety and trust] which make it possible for the emotional life to resume its natural growth." Baars & Terruwe (2002, p. 73-74, emphasis mine).

<sup>9</sup> Kelsey (1996, p. 11).

<sup>10</sup> Dr. Frank Lake, trained in theology and psychology, bravely declares that "If the pastor cannot, because of obstruction in his own personality see his way to receiving sinners and eating with them, listening to them and talking to them, he could properly consider retiring from his ministry until the grace of God, coming to him in his penitence, showed him that grace which is given to him as a sinner, in spite of his sin of religiosity. Experiencing this grace, he would soon delight to give it to all others." (1986, p. 24-25). Lake's admonition also aptly applies to women serving in ministerial positions.

<sup>11</sup> In observing lesbian women within the health care system, it was discovered that a maternalistic style, "characterized by emotional warmth, *unconditional acceptance*, and meeting basic subsistence needs" was effective in maintaining an ongoing working relationship with the women and served as a necessary prelude for a woman's eventual exploration of her alcohol use. Hall (1994, p. 242-243, emphasis mine).



<sup>12</sup> Indeed, those persons, who by default, identified with nothingness “desired infinitely to be identified with a loving human person.” But “at a moment of the most supreme need for the sight of a human face and the love that shines from human eyes, they

were bereft of consolation. They remained alone” Lake (1986, p. 21). It is within a woman’s relationship with her therapist that she can finally encounter “the love that shines from human eyes.”

## Homosexuality, “Homosexuality,” And The Aims Of Therapy

By Louis A. Berman, Ph.D., Professor of Psychology (retired),  
University of Illinois at Chicago

Back in 1940, Erich Fromm wrote: “The term homosexual . . . has come to be a kind of wastebasket into which are dumped all forms of relationships with one’s own sex.” (“Changing Concepts of Homosexuality,” posthumous paper published in 1997 collection of Fromm’s articles: *Love, Sexuality, and Matriarchy: About Gender*.)

I came across Fromm’s statement after I had written my 2003 book on homosexuality, *The Puzzle*. As if I had been inspired by Fromm’s statement, in *The Puzzle*, I devote 77 pages (377 to 453) to describe 31 varieties of homosexuality. Here, I would like to distinguish between just *two* motivational patterns that may underlie identical same-sex activity.

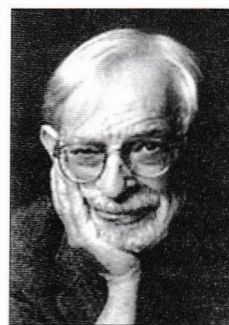
You will find the concept *faute de mieux* in unabridged dictionaries, but it does not appear in college or desk dictionaries. That’s too bad because this phrase (pronounced *foht-duh-m ‘yoo*) says in just three syllables: “for lack of something better.” For example, a man is driving along a highway and feels ravenously hungry because he had overslept and ran out of the house without breakfast. He spots an eatery and stops there for a bite. To his disappointment, he discovers that their menu is limited to hot dogs, hamburgers, french fries, and soft drinks.

If he orders a hot dog, it is not because he *likes* hot dogs but because that will quiet his growling stomach, and they don’t serve anything he really likes. (But if he’s a vegetarian, or follows the Jewish dietary laws, he might deny himself this chance to relieve his hunger right away, and just put up with those pangs for another few hours. (This digression acknowledges that the pursuit of a *faute de mieux* choice may be inhibited by *moral principles* or a social taboo.) If he does decide to order the hot dog, he makes a *faute de mieux* choice, guided not by his free preference but by what happens to be available at the moment.

Young adolescent boys, male prisoners, and others, often engage in same-sex activity *faute de mieux*. Superficially, what they do may not *look* different from what homosexuals do, but motivationally these are two altogether different categories of behavior. “*Faute de mieux* same-sex activity” is a nine-syllable phrase. Suppose we simplify matters by making a distinction between homosexuality and “homosexuality.” *Faute de mieux* same-sex activity is *not* homosexuality, but “homosexuality.”

According to this logic, a “homosexual” is a boy (or a prisoner, a sailor, or a male who is otherwise trapped in circumstances that bar him from access to a desirable and receptive female sex partner) who engages in “homosexuality.” A homosexual, by contrast, is a male who is disgusted by, fearful of, or who does not

feel sexually attracted to females. He, therefore, avoids female intimacy but instead actively pursues and enjoys sexual relations with another male.



Louis A. Berman, Ph.D.

Many teenagers resist “homosexual” activity because they have been taught that it is wrong, because they fear it may expose them to ridicule (“Hey, guys: Dennis sucks!”), bodily harm, or social ostracism, and because it conflicts with their image of the person they want to become. What makes some teenagers more willing than others to engage in “homosexual” activity? Social deprivation is probably important: *loneliness* of some sort. On the positive side: an adventurous, daring, risk-taking, nonconformist, even radical tendency probably permits some teenagers to experiment with an activity that their more conservative peers avoid.

In matters of human behavior, nothing is simple, alas, and “homosexuality” may shade into homosexuality. For example, a teenage boy may yield to the temptation to engage in same-sex activity (“homosexuality”) with a homosexual who takes the boy to restaurants, plays, and parties; who offers him gifts, affection, friendly conversation, guidance, adventure, status, comfort, security, and a taste for finer things. This experience builds a bond of affection between the pair, and “homosexuality” gradually metamorphoses into something that resembles homosexuality.

Reorientation therapy fits into this discussion in several ways.

1) Perhaps the boy (or man) feels guilty, unhappy, or confused about his “homosexual” activity. Perhaps he has lost too much of his sense of self-esteem, and feels regretful that “homosexuality” has estranged him from old friends, family, and the mainstream of society. He can profit from his therapist’s reassurance that he is neither evil, worthless, nor perverse, but is capable of leading a more normal life.

2) Perhaps he can also profit from some insight into why he was attracted to “homosexual” activity to begin with.

3) Perhaps the “homosexual” patient is emotionally conflicted about abandoning his homosexual sponsor or friends, and needs emotional support and guidance to help him reorient himself both socially and sexually.

Loneliness was assuaged by the patient’s entrance into the world of “homosexuality,” and now the patient needs social support to



separate himself from that world. In psychoanalytic theory, much is made of "the absent father" as an etiological factor in homosexuality. If this is true to an extent, perhaps this loneliness is what led to the patient's "homosexual" activity, and the therapist is now called upon to replace "the absent father" with the caring, insightful, tolerant, and supportive father figure he can be, and help the patient re-enter the social mainstream.

Aha! says a skeptical bystander. So the function of reorientation therapy, as you call it, is to *mainstream* the patient, to make him into a *conformist*, who can now go along with the heterosexual majority. This sort of challenge deserves a reply. Most patients

are not fully immersed in the gay community. That said, it may be noted that a gay man conforms more rigorously to *his* subculture than members of the majority do to theirs. When he estranges himself from the majority, a homosexual turns to the gay community for moral support. Where he lives, where he works, how he dresses, what papers he reads, what movies he sees—in so many details of his life—he willingly conforms, to make friends, to keep his standing in the gay community. *Man is a social animal*. Reorientation therapy, if it succeeds, frees the patient from this need to keep in step with a gay subculture, and enables him to lead a more satisfying life, which is also healthier and *freer* of social pressures.

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### **Social Work Today Debates Reparative Therapy**

The May/June, 2005 online version of *Social Work Today* features an article titled "Reparative Therapy—What's Broken?" by Kate Jackson.

The article includes interviews with NARTH President Dr. Joseph Nicolosi and Linda Nicolosi, co-authors of *A Parent's Guide To Preventing Homosexuality*.

In the interview, Dr. Nicolosi states he sees the male homosexual condition as "rooted in a failure to bond with the father, and the homosexual attraction a conflict between the desire to connect with the masculine and a fear of connecting. It's what we call anticipatory shame. ... The boy who grows up homosexual was often born with an unusually sensitive temperament."

According to Dr. Nicolosi, he helps clients develop intimacy but not sexual intimacy. "What we do is get them to feel their feelings that precede homosexual feelings, and what precedes their homosexual desire is a feeling of masculine inadequacy about themselves."

Ron Schlitter, deputy director of Parents, Families and Friends of Lesbians and Gays (PFLAG) states: "The science is not there to support reparative therapy, and when you dig a little deeper, you realize that there's a lot of ideology or politics involved with this idea that change not only is possible, but that sexual orientation or homosexual orientation in particular is some kind of choice."

Linda Nicolosi responds: "I think both sides in this issue need to frankly admit that matters of sexuality are fundamentally ethical-philosophical issues; thus, there can never be a purely 'scientific' answer that will settle the question, 'Is homosexuality a mental illness?' Both sides need to learn to tolerate each other's existence as legitimate expressions of intellectual diversity within the mental health profession."

Dr. Nicolosi adds: "The political agenda has eclipsed the fundamental right of individuals to seek treatment that they want. This kind of therapy should be available for individuals who want to explore their heterosexual potential and who want to diminish something that's dissatisfying to them."

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## **Medical Issues**

### **Rare STD Spreads Among Gays In Canada, Massachusetts**

The rare STD known as Lymphogranuloma Venereum (LGV) is making a reappearance in North America among gay and bisexual males in Massachusetts and now in Canada.

LGV is attributed to unsafe sex practices among gays and bisexuals who are involved in group sex activities in bathhouses and through Internet chat rooms.

The STD is also associated with drug use and the lower of inhi-

bitions that result in unprotected sex.

A patient in Boston told his physician that he probably caught the STD while visiting Brazil. The disease is endemic to Latin America, Africa, and Southeast Asia but has also appeared in the Netherlands and other European nations in recent years.

Since January, six cases of LGV have been discovered in Massachusetts. "We hadn't seen an LGV case for years," said Dr.



Alfred DeMaria, the state's director of communicable disease control. "It's definitely a sign of unsafe sex, and that's a concern in terms of other sexually transmitted diseases and HIV. Now, I think we're at the point that people need to pay attention to it."

The *Globe and Mail* in Canada reported on June 1, 2005 that 22 cases of LGV have been diagnosed in the past few months—all in gay and bisexual males with high-risk sex practices.

LGV was virtually unknown in industrialized nations until 2003 when cases were discovered in The Netherlands among sex tourists. It spread from there to Belgium, France, Germany,

Sweden, Britain, and is now in the U.S. and Canada.

According to the Canadian news report, "half of the infected practiced 'barebacking'" – anal sex without a condom. "They also engaged in 'booty bumping' – ingesting the drug crystal meth anally—and in fisting," according to the newspaper. All had the same strain of LGV that had been found in The Netherlands.

According to STD experts, LGV increases the chances of contracting and spreading HIV and hepatitis. It creates sores that make it easier for infections to enter the bloodstream.

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## Many HIV-Positive Males Unaware They're Infected

Centers for Disease Control (CDC) researchers have published the results of a study of more than 5,600 gay and bisexual males between the ages of 15-29 in the *Journal of Acquired Immune Deficiency Syndromes* (April 15, 2005).

The study, headed by Duncan A. MacKellar with the CDC, found that the HIV epidemic among young gays and bisexual males "continues unabated." He found there is a low rate of testing for the virus among this population.

According to a Reuters report on this study, 10% of those surveyed were found to be HIV positive; 77% of these were

unaware that they were infected.

MacKellar says that the low rate of testing among young gay and bisexual males may be due to the belief that they're at low risk for the virus. He says that limited access to healthcare and fear of testing positive may also be important reasons why they fail to be tested regularly.

Half of those surveyed had engaged in unprotected sex within the previous six months. MacKellar says that the CDC is "working with [healthcare] providers to make HIV testing a more routine part of healthcare."

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## Social/Political News

### American Psychiatric Association Endorses Gay Marriage At Convention

NARTH Scientific Advisory Committee Chairman Dr. A. Dean Byrd responded recently to news that the APA had endorsed gay marriage at its Atlanta conference in May, 2005.

According to Dr. Byrd, "There's just not science backing these policies. I think organizations ought to be guided by science, not activism." Dr. Byrd was interviewed by *The Southern Voice*, a gay online newspaper.

The majority of the American Psychiatric Association's 250 delegates to the convention passed a resolution affirming gay marriage by a voice vote. The delegates are said to represent the views of 36,000 members of the APA nationwide.

The resolution passed stated: "In the interests of maintaining and promoting mental health, the APA supports the legal recognition of same-sex civil marriage with all rights, benefits and responsibilities conferred by civil marriage, and opposes restrictions to those same rights, benefits and responsibilities."

Dr. Daniel Cowell, a member of the West Virginia Psychiatric Association, was not pleased with the APA vote. "I think the rationale [for APA approval] makes sense only if the APA is involved in political issues—and it most certainly is not. This strays beyond our bounds. We should stay out of it."

In 1973, the APA removed homosexuality from its list of mental disorders in the *DSM*. Dr. Charles Socarides has provided a history of the events surrounding this 1973 decision in his 1992 paper, "Sexual Politics And Scientific Logic: The Issue Of Homosexuality" published in *The Journal of Psychohistory*.

According to Dr. Socarides, "To some American psychiatrists this action [removal of homosexuality as a disorder from the *DSM*] remains a chilling reminder that if scientific principles are not fought for they can be lost—a disillusioning warning that unless we make no exceptions to science, we are subject to the snares of political factionalism and the propagation of untruths to an unsuspecting and uninformed public, to the rest of the medical profession, and to the behavioral sciences."



NARTH has also provided a summary of a 1999 article on the APA and homosexuality by Dr. Irving Bieber: "The A.P.A. Normalization of Homosexuality, and the Research Study of Irving Bieber."

Dr. Byrd's recently published paper, "Gender Complementarity and Child-rearing: Where Tradition and Science Agree" provides some of the latest scientific data on the negative outcomes of homosexual behavior and how children are impacted in same-sex households.

A NARTH-published paper by Dr. George Rekers also provides background information on the impact that same-sex parenting has on children: "Review Of Research On Homosexual Parenting, Adoption, And Foster Parenting."

Dr. Rekers' paper is available for downloading on NARTH's web site. The full text of Dr. Byrd's paper is also on the NARTH web site.

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## Is Same-Sex Marriage Inevitable?

By William C. Duncan, J.D.

Director of the Marriage Law Foundation and Director, NARTH Legal Committee

Legal issues involving the intersection of same-sex attraction and family policy are arising with such frequency that the recent meeting of the Family Law section of the American Association of Law Schools addressed the topic. In "The End of Marriage as We Know It?" they discussed the recent decision of the Massachusetts Supreme Judicial Court to redefine marriage as the union of any two persons (*Goodridge v. Department of Public Health*). With each new legal journal published, more articles on the topic are added to the voluminous literature--most favoring a redefinition of marriage to include same-sex couples.

The academic discussion both reflects and contributes to a sense that a redefinition of marriage is inevitable and likely to come soon. This sense of inevitability is assiduously promoted by advocates of same-sex marriage because it can influence judges, politicians and others who may come to believe that they ought not oppose a redefinition of marriage for fear of ending up on the "wrong side of history."

The greatest boost to this effort came with the 2003 decision of the Massachusetts Supreme Judicial Court that the Commonwealth's definition of marriage was unconstitutional, mentioned above. The decision went into effect in the spring of 2004, preceded by a media frenzy when the mayor of San Francisco (followed by local officials in other states) began issuing marriage licenses to same-sex couples. The high profile failure of a proposed amendment to the U.S. Constitution that would define marriage as the union of a man and a woman, in the face of a filibuster, made the argument of inevitability seem more plausible.

On the other hand, the approval of state marriage amendments (by significant margins) in fourteen states in 2004 and early 2005 could be seen as a rebuff to the belief that same-sex marriage is inevitable. The advocates of redefinition, though, have a response to this. They characterize the states with marriage amendments as the equivalent of segregationist holdouts who somehow haven't gotten the message that "marriage equality" is the wave of the future.

This comports with their longstanding strategy of confining most of their effort to litigation rather than legislation. This strategy

has been chosen in part because of the belief (supported by significant evidence) that judges will be more sympathetic to their claims than elected officials. It also helps to justify their choice to pursue their major cases in jurisdictions they believe will be sympathetic (and less able to quickly amend their constitutions). Those, like Massachusetts, accept their claims; those that do not (like the states with marriage amendments) can be dealt with in later court actions.

Recently, there have been some significant court cases that have bolstered the inevitability argument. In California, a San Francisco trial court ruled (in March 2005) that the definition of marriage as the union of a man and a woman is irrational (*In re Consolidated Marriage Cases*). Thus, he struck down California's marriage law which had been approved by sixty percent of California voters in 2000. A month earlier, a New York trial court relied on an analogy to racist laws which forbade interracial marriage to hold that New York's marriage law was unconstitutional (*Hernandez v. Robles*). In May 2005, a federal court in Nebraska relied on some extremely novel legal theories to hold that the Nebraska marriage amendment violated the federal constitution (*Citizens for Equal Protection v. Bruning*). No one perusing these cases could be blamed for thinking there may be an inevitable trend at work.

However, there have been a series of very significant countervailing developments which would argue for a very different conclusion. For instance, while the New York case noted in the preceding paragraph was widely reported, it is less well known that there were four other decisions by New York courts in the past few months. In each of these cases, the courts came to the opposite result and upheld the state marriage laws against constitutional challenges (*Shields v. State*, *Seymour v. Holcomb*, *Samuels v. Department of Health*, *Kane v. Marsolais*). A federal court in Florida ruled in January 2005 that the federal Defense of Marriage Act (which defines marriage as the union of a man and a woman in federal law and allows states to refuse recognition to out-of-state same-sex marriages) is completely consistent with the U.S. Constitution (*Wilson v. Ake*). Appeals courts in Indiana (*Morrison v. Sadler*) and New Jersey (*Lewis v. Harris*) have issued strong opinions which articulate well the state's interests in marriage. Particularly, the fact that marriage channels the very



real attraction between men and women into a social institution whose purpose is to ensure that as many children as possible are provided an opportunity to be reared by their own mother and father who are committed to each other and their children.

All of the opinions striking down marriage laws and a number upholding these laws are now being appealed. While it is impossible to predict exactly what will occur in coming months and

years, strong opinions rejecting the constitutional claims for a redefinition of marriage suggest that same-sex marriage may not be inevitable at all. In fact, we may find that Massachusetts may be left alone to pursue its social experiment while its sister states go about the work of strengthening marriage as the foundation of the family, which in turn will strengthen the society of which it is the fundamental unit.

## A Typology Of Male Adolescents And Young Adults Seeking Therapy For Same-Sex Attraction

By Edward "Ned" Stringham, Ph.D.

I have worked as a mental health professional for twenty-five years, assisting men with concerns about same-sex attraction (SSA) during my entire career. I have witnessed several attitudinal shifts about sexual orientation that have affected the field of psychology during that period, but over the past ten years or so I have observed marked changes in the thinking of young male counselees seeking professional help for SSA. These changes have exerted major, direct influences on my methods and expectations in evaluation and treatment.

First, there has been a significant increase in the number of males requesting therapy. However, there is also a second and more fundamental change. That is, I have found that young males now present with a wide variety of motivations and goals for coming to treatment--as well as a potpourri of assumptions about homosexuality--and that these motivations, goals and assumptions do not necessarily fit easily within the basic principles that undergird reparative therapy. I can no longer assume that teens and young adults asking for therapy for SSA either recognize that homosexual orientation is necessarily problematic or understand that developing heterosexual potential is possible. Even when clients grasp these ideas, young males seeking help from a reparative therapist are not always interested in orientation change.

There are many explanations for this shift. Through a wide array of cultural media, males in the 14-25 age range have been repeatedly exposed to and even inundated with dogma promoting the acceptance of homosexuality. More importantly, most of them have been instructed in many of these ideas by influential adults such as teachers and sometimes even parents. Many have adopted a worldview defined by these concepts, while others experience confusion and doubt about beliefs that earlier generations of men relied upon to guide them in making decisions about morality and identity. Therefore, there no longer exists a set of generally accepted values that provide an essential framework for understanding and communicating with young male clients about SSA.

Other psychological factors also help explain the challenges associated with conducting clinical work with this age group. For example, extrinsic motivations, particularly parental pressures, often play a major part in the decision to enter therapy. Furthermore, psychosocial developmental factors and family dynamics influence clients' responses and abilities to benefit

from counseling. However, in my view the values confusion, abetted by the messages sent by many of our dominant social institutions, has played a decisive role in the changing psychology of young men. In order to provide effective therapy under these cultural conditions, it is necessary to respond sensitively to the set of values held by each client. Therefore, I suggest that a typology of young males requesting SSA therapy exists that includes the following six groups: the naive, the deceived, the hypocritical, the traumatized, the family-centered and the reparative. The characteristics of each group with corresponding recommendations for treatment will be described here.

The *naive* is the client who is most confused and intimidated by SSA. He comes to therapy after repeated failures to annihilate his attractions, but continues to hope that if he avoids unwanted feelings they will eventually disappear on their own. He is likely to be self-conscious and anxious, his ambivalence being expressed by trying to please his therapist while simultaneously protecting his family, especially his father, by giving vague responses to probing questions. Denial is the main defense of the naive.

The naive most needs to acquire a willingness to face and accept reality and the courage to take action accordingly. His therapist should be a confident, assuring man who progressively guides the client to face truth in small increments. If possible, especially with adolescents, a therapeutic alliance should be formed with the parents so the client can view his participation in counseling as a contribution to the family's well being rather than as an act of betrayal.

The *deceived* presents himself as confident and, at least at the outset, as agitated and antagonistic to participation in counseling. If he is a young adult, he seeks help after he acts out homosexually and "comes out" to family members, usually at a holiday gathering. If he is an adolescent, he attends counseling after being caught concealing activities such as surfing Internet porn sites, communicating in chat rooms, attending a gay club at school, or in some cases acting out sexually with a male peer. He is seeing a reparative therapist at the urging or insistence of family members but has no interest in cooperating.

He views his parents, and perhaps his therapist, as foolish oppressors who are attempting to manipulate him to deny his immutable gay identity. He epitomizes the Fundamental



Attribution Error, that is, he views others as the cause of his problems and believes they alone have the responsibility to solve them. Deceived clients demonstrate limited insight and do poorly in Emotionally-Focused Therapy, maintaining a one-dimensional focus upon anger and frustration, which they claim is caused exclusively by the refusal of family members to accept that they are gay. In the more extreme cases, deceived clients present with symptoms of Delusional Disorder.

The therapist working with the deceived must be very careful to avoid becoming one of his oppressors (or in the case of paranoia of becoming part of the delusional system). I have found that it is often necessary to establish a relationship by discussing topics, such as music, movies or hobbies, that have no obvious relevance to the goals of counseling. The client will only explore subjects that expose his emotional vulnerability after he has experienced the counseling relationship as enjoyable, supportive and non-threatening. I never argue with the deceived about Gay Agenda issues, and I also provide informed consent to family members explaining that I will honor the client's right of self-determination in treatment and will also guard client confidentiality. If the client sees me as an ally protecting him from family intrusiveness, there is a good prospect for establishing a therapeutic relationship. Over time, the client may develop insights that permit an examination of psychodynamic themes and empower him to challenge his assumptions about his development, identity and relationships.

The *hypocritical* are essentially deceived clients who pretend to be naive. These males willfully and consistently misrepresent both their actions and their motives to their therapists (as opposed to other clients' occasional lapses in truth-telling) and do not benefit from confrontation or support. Because they either believe they would face unacceptable punishment for claiming a gay identity, have weak ego strength, rigid denial or arrogant narcissism, they prefer to lie about their behavior and intentions rather than acknowledge them candidly. In my experience, it is usually a waste of time to work with the hypocritical, and I recommend that they be terminated quickly with the exception of those cases where there is a significant risk of suicide.

The *traumatized* comprise a group of clients who have suffered sexual molestation, severe rejection or abuse from peers or a parent figure. Traumatized SSA teens and adults are motivated by the same factors that bring other survivors of abuse to counseling – the needs to heal psychic pain, resolve tortuous memories and overcome demoralization and shame. SSA may be either a primary, a secondary or a non-issue for these individuals, but they may choose a reparative therapist simply because they have confidence that in doing so they will benefit from a compassionate approach provided by a professional who is at ease talking about homosexuality. Because gay writers (e.g. Cassese, 2000) increasingly urge gay men to obtain help for childhood sexual abuse, it is expected that reparative therapists will also receive more requests for this treatment.

Provided they have the training and expertise to perform the work, I recommend that reparative therapists make themselves available to traumatized clients. Many of these men likely carry

an unspoken hope that working on trauma will help them address the pain of SSA although citing reorientation as a goal may be too overwhelming for them to contemplate early in counseling. Nevertheless, it is important to provide a full informed consent that clarifies that therapy will honor the client's right of self-determination, but that, should the client choose to embrace a gay identity, the counselor will not help him work toward the goal of increasing his comfort with that decision.

*Family-centered men* enter therapy with the hope of changing their role in the family or altering the relational dynamics that affect them. Family-centered clients demonstrate insight into relational problems and are motivated to work on changing them. They differ significantly from the deceived in that the latter cling to a rigid view that demonizes family members and blames them for refusing to endorse the belief that a gay identity is unchangeable. In contrast, family-centered clients demonstrate an ability to empathize with others and recognize systemic problems such as weak communication with their fathers or over-involvement with their mothers. Family-centered men may either be gay-identified, interested in change or unsure about sexual orientation issues.

Family-centered men are intriguing because, in effect, they do reparative work without labeling it as such. The key to counseling with them is to focus on the issues they present without imposing any expectation of reorientation as a therapeutic goal. As resolution of troubled dynamics progresses, these clients individuate from their families-of-origin, grow toward maturity, and in some cases even report a subsequent decline in SSA. Therapists who work with them provide a valuable service.

The *reparatives*, clients seeking sexual orientation change, still comprise over half of the total SSA population that I see. Citing reorientation as a therapeutic goal, these young males demonstrate resilience by enduring both the shame of SSA and the ridicule and derision of peers who belittle their belief that change is possible. Typically, they have a positive relationship with at least one older adult and adhere to a belief system, such as a religion, that challenges the prevailing cultural assumption that homosexuality is normal. As the media and the schools increasingly promote the ideology of the Gay Agenda, I expect that more adolescents and young adults will become reparative clients.

The confusion in values that has afflicted our culture is exacting a cost on families and frequently creates dilemmas that complicate counseling relationships. The increased vulnerability of young men to the ill effects of this philosophical turmoil is motivating more of them to enter therapy for SSA at earlier ages. Whether facing ambiguity, affirmation or antagonism, it is the role of the reparative therapist to demonstrate compassion and flexibility, skillfully responding to the needs and developmental readiness of each client. Understanding the typology of young male clients will assist the therapist in making the strategic decisions that will maximize counseling's effectiveness.

#### Reference:

Cassese, J., Ed. (2000). *Gay Men and Childhood Sexual Trauma: Integrating the Shattered Self*. New York: Harrington Park.



# Are Sexual Preferences Changeable?

By Warren Throckmorton, Ph.D.

*"(Wayne) Besen tracks down a dizzying array of former ex-gay leaders who later came out of the closet for good, including the two founders of Exodus."*

*-- from an article by Mark Benjamin on Salon.com, July 18, 2005.*

The article containing the above quote is entitled, "Turning Off Gays" and is the first of a four part series on the Internet site, *Salon.com*. The series is billed as "an investigation into the Christian netherworld of 'reparative therapy,' a disputed practice to convert gays and lesbians into heterosexuals." The topic is important to many due to the current curiosity, both scientific and popular, regarding the nature of sexual orientation.

Are sexual preferences changeable? Activist Wayne Besen, quoted above, has made a career out of claiming that such change is impossible. As evidence, the *Salon* article, referencing Mr. Besen, claims that there were two founders of a prominent organization of former homosexuals, Exodus International, and that both of them reverted to homosexuality.

## The Facts

Are these claims accurate? Let me cut to the chase. Mostly, they are not true. In fact, after investigating the matter, I found that there were more than two people on the founding board of Exodus. Of these founders, only one reverted to homosexuality. Furthermore, one of the two men referred to by Mr. Besen was never in leadership with Exodus. Here are the details.

Exodus International is a distinctly religious organization offering services and referrals to people who experience conflict between their sexual feelings and Christian beliefs. However, detractors, such as Mr. Besen, often say that the message and mission of Exodus is compromised due to the failure of the co-founders of the organization to remain heterosexual. Mr. Besen claims that Michael Bussee and Gary Cooper were the co-founders of Exodus International but left the organization to become gay partners.

The second claim is true. As documented in the 1992 film *One Nation Under God*, these two men did indeed leave their families in 1979 and participated in a commitment ceremony in 1982.

However, the first claim is false. Mr. Cooper and Mr. Bussee were not the co-founders of Exodus International.

Concerning Gary Cooper, in no way can he be considered a founder of Exodus. Mr. Cooper, who died of complications from HIV/AIDS in 1989, was a volunteer with Mr. Bussee's ministry, called Exit (Ex-gay Intervention Team) based in Anaheim, CA. By all accounts, he was never on the Exodus Board.

Mr. Bussee, however, did help arrange a meeting of ex-gay lead-

ers that eventually came to be considered the first Exodus conference and which led to the formation of the Exodus organization in 1975.

The original board of Exodus included five formerly gay identified people, including Mr. Bussee. The incorporators of the group included Frank Worthen, Ron Dennis and Greg Reid. None of these men have returned to homosexuality and two of the three are still in ex-gay ministry. One other original board member, although still straight, requested his name not be included in this article. *Let's do the math: four out of five of the founding board have not returned to a gay identity.* It seems to me that fair reporting about ex-gay organizations requires an examination of such details.

## Inquiring Minds Want To Know

In contrast, the *Salon* article depicts a situation in crisis. Jack Drescher, chair of the American Psychiatric Association's Committee on Gay, Lesbian and Bisexual Issues claims that, "We are finding that the numbers of people claiming to be harmed by reparative therapy are increasing." Although I agree that some people leave ex-gays programs feeling disillusioned, the available research does not support Dr. Drescher's dire assessment. For instance, in a recent study of 2000 episodes of counseling with 600 gays, only 13 episodes were identified as involving sexual reorientation therapy. The floodgates appear to be safe.

## In Summary

Just so this is clear, let's re-cap. Gary Cooper was not one the co-founders of Exodus. Michael Bussee was on the original board. These married men were involved in an ex-gay ministry in Anaheim, then left their wives and children and returned to a public gay identity. Of the five formerly gay men on the original board of Exodus International, four have not reverted to homosexuality. Frank Worthen and Ron Dennis continue to lead ex-gay organizations. The other two original board members were rumored to have returned to a gay identity but according to both men, this is not true. Thus, 80% of the original Exodus board members are still ex-gay after 30 years.

What is the importance of these observations? If studied objectively, the longevity of change reported by these Exodus leaders could be an important contribution to our understanding of sexuality. While such understanding may not be the result Mr. Besen seeks, inquiring minds may want to know more.

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*Warren Throckmorton, Ph.D. is Associate Professor of Psychology at Grove City College (PA). His articles have appeared in over 60 newspapers and he is the producer of a documentary titled "I Do Exist" concerning sexual orientation. His website is [www.drthrockmorton.com](http://www.drthrockmorton.com).*



### **“Little Black Book – Queer In The 21<sup>st</sup> Century” Handed Out To Massachusetts Teenagers**

*A booklet produced by the AIDS Action Committee with assistance from the Massachusetts Department of Public Health describes gay sex practices in profane language—with correct medical information omitted.*

The Article 8 Alliance, a pro-family group in Massachusetts, has recently displayed a copy of “The Little Black Book—Queer In The 21st Century” on its web site.

“The Little Black Book” was distributed to teenagers during a Gay, Lesbian, and Straight Education Network (GLSEN) event on the campus of Brookline High School on April 30, 2005.

The booklet describes various gay sex acts including water-sports, fisting, oral sex, ingesting body fluids, rimming, mutual masturbation, etc., in explicit language.

The booklet tells teens that they have three “sexual rights and responsibilities” including: “You have the right to enjoy sex without shame or stigma! You have the right to safer sex materials that speak to your desires! You have the right to take action for your community! Be heard, you are the expert!”

Under the “fisting” section, the book advises: “Avoid too much alcohol or drugs if you fist or get fisted. Trauma can increase the risk for HIV when you get f\*\*\*\*\* so you might want to do your f\*\*\*\*\* before fisting.”

Under “watersports,” the book advises teenagers: “There is little risk of STD infection and no risk of HIV infection from playing with pee.”

#### **Author Of “The Health Risks Of Gay Sex” Reacts**

John R. Diggs, MD issued the following statement regarding “The Little Black Book” by the AIDS Action Committee which was given to children at Brookline High School on April 30, 2005. Dr. Diggs has written and lectured on the subject of sexually transmitted diseases:

“Clearly this material, which appears to have the endorsement of the Massachusetts Department of Public Health, is barely fit for consumption by swine, much less the youth of the Commonwealth.

“The brochure says ‘No HIV’ as if condoms have been shown to stop HIV. At best, there is an 85% reduction in transmission among stable couples engaged in intercourse. There is no such ballpark number for use in anal sodomy, heterosexual or homosexual.

“Most data on condom use and STD prevention is based on intercourse, not sodomy. Sodomy is clearly riskier.

“The brochure is patently wrong – Mass. Department of Health, where are you? – when it states that other STDs are dramatically diminished by condom use.

“The National Institutes of Health reviewed widespread data which showed that there is an absence of convincing epidemiological data that condoms prevent the transmission of herpes, syphilis, chlamydia, human papilloma virus, and chancroid.

“The rates of anal cancer caused by HPV infection are very high and can be fatal. Condoms have not been shown to significantly reduce this risk.

“The standard condom is not built to withstand the increased friction associated with anal sodomy. Even with intercourse the slippage and breakage rates approach 10%.

“Lastly, the brochure mentions abstaining from risky activity with tongue in cheek (‘But how much fun is that?’). They promote ‘fun’ over safety.

“It is alarming, disheartening, and medically unethical that this information be distributed to anyone. That it is distributed at taxpayer expense to vulnerable and confused youth should awaken every citizen and legislator to immediately defund this organization, and the attorney general to pursue prosecution for endangering minors on a grand scale.”

### **NARTH Seeks Contributions For December *Bulletin***

*If you're a NARTH professional, we are soliciting papers for the next issue of the NARTH Bulletin for December, 2005. Submit your articles to the NARTH Editor at [nationalarth@yahoo.com](mailto:nationalarth@yahoo.com).*



## 'Born That Way' Theory

### Latest Gay Brain Study Scrutinized

*The mainstream media is reporting on the latest research that purports to show that gay males respond differently than heterosexual males to certain pheromones.*

*Dr. Jeffrey Satinover and Dr. Warren Throckmorton respond.*

The *New York Times* reported in May, 2005, on findings from Swedish researchers who claim to have found that gay males are attracted to a different kind of scent than heterosexual males.

"For Gay Men, an Attraction to a Different Kind of Scent," by Nicolas Wade (5/10/05) quotes Swedish researchers with the Karolinska Institute in Stockholm who have studied pheromones and the different ways women, gay males, and heterosexual males react to them.

Lead researcher Dr. Ivanka Savic studied a testosterone derivative produced in men's sweat and an estrogen-like compound in women's urine. Both of these have been suspected of being pheromones.

Savic and her associates found that gay males responded to these pheromones in the same way women respond. Heterosexual males responded differently.

#### Distinguishing Cause From Effect

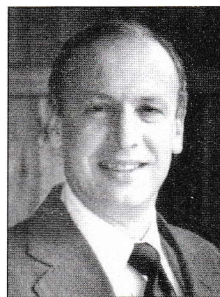
This study is being reported in the mainstream press as more evidence for a biological basis for homosexual behavior. However, psychiatrist Dr. Jeffrey Satinover, a lecturer in Civil Liberties and Constitutional Law at Princeton University, disagrees. According to Dr. Satinover:

The key statement in the *New York Times* interview with one of the authors of the article is this: "*We cannot tell if the different pattern is cause or effect,*" Dr. Savic said. "*The study does not give any answer to these crucial questions.*"

The same discussion arose after LeVay's study and LeVay finally conceded—years later—that repetition of homosexual activity can change the brain to produce the effects he discovered—likewise here, as the researchers state directly. This study claims nothing about homosexuality being innate (whether on a direct genetic, or indirect, epigenetic hormonal-developmental basis).

What if one changes the state of one's sexuality? The pheromone response would presumably change in consequence of behavioral-induced alterations in the underlying hypothalamic structures.

Because it is tacit and not explicit, the widely-held and erroneous presumption that brain structures are fixed and unresponsive to experience generates a second presumption, also tacit:



Jeffrey Satinover, M.D.

That if a brain structure or function can be correlated to a behavioral trait then the trait must be both unchangeable and innate. Unaddressed, and left non-explicit, this two-step sequence of tacit presumptions attached to explicit, high quality scientific data but of only a correlative kind, almost invariably generates in the mind of the scientifically unsophisticated something akin to a "belief."

Every single study that has emerged since the original LeVay study that falls into the above class—looking for or finding bimodal statistical physiological correlates (nervous system or otherwise) to homosexual versus heterosexual populations, in both males and females, however defined—comes with the same essential caveat: That cause and effect cannot be distinguished by the study.

Yet the press invariably editorializes, by implication or openly, that each new study somehow builds upon the last; that there exists a slowly but surely growing literature supporting the case that "homosexuality is biological," that "homosexuality is innate," "...genetic," "...unchangeable." Nothing could be further from the truth.

It would be identically and oppositely tendentious to say that "yet another study fails to find a biological, genetic, innate basis for homosexuality."

#### Another Clinician Comments

Dr. Warren Throckmorton has also examined this latest study and draws the following conclusions:

- The study does show involuntary hypothalamic response associated with self-assessed sexual orientation.
- The study shows that gay males do react to the estrogen condition but in a different manner than they react to the testosterone condition. However --
- The study cannot shed light on the complicated question of whether sexual orientation of the participants is hard wired.
- The brains of these participants may have acquired a sexual response to these chemicals as the result of past sexual experience. In other words, the response described in this study could well have been learned.



### The New Gay Teenager

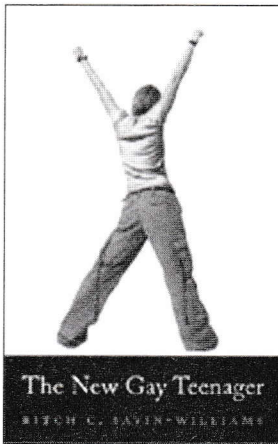
*Gay Cornell University Professor Ritch Savin-Williams argues that teenagers are rejecting binary gender categories in their pursuit of more satisfying sexual relationships. And, he's encouraged by the trend.*

Reviewed by Frank York

Writing in *The New Gay Teenager*, Professor Rich Savin-Williams presents the premise of his book on the first page of his preface. He observes: "Gay people have historically too readily accepted the inevitability and desirability of divisions based on sexual categories. It's not that same-sex attractions are disappearing—indeed, they appear to be on the upswing as young people more freely share with each other their same-sex feelings.

They're not embarrassed by gayness, don't consider it deviant, and see it all around them—on television, in movies, in songs, in cultural icons, among their friends."

Savin-Williams is encouraged by this trend and looks forward to the day when terms like "gay" become irrelevant in public discourse. He notes that more and more teens are becoming pansexual in their outlook—and the line between what was once considered "gay" and "straight" is becoming blurred.



The "New Gay Teenager" will be a person who can be attracted to both girls and boys and have sexual relationships with both sexes without guilt. The "New Gay Teenager," then is basically a pansexual or bisexual who rejects all gender categories.

#### Help From The Media

Savin-Williams asks, what has resulted in this "dramatic generational shift" between the old generation of gays who maintained that sexual orientation is fixed and unchangeable, versus the new teen who views gender categories as unimportant? "Probably the media," says Savin-Williams. He notes: "The success of the entertainment industry in presenting and hence normalizing same-sex desire has had an incalculable impact on the ability of adolescents to understand their own emerging sexual desires." (p. 18).

Another change agent, says the professor, is the public school system. He credits Los Angeles Public School teacher Virginia Uribe and her Project 10 Program as the pioneer of this effort to normalize homosexuality among teens. The Gay, Lesbian, and Straight Education Network (GLSEN), says Savin-Williams, is following in Uribe's footsteps. He notes that GLSEN-sponsored Gay Straight Alliance clubs have proliferated on high school campuses.

#### Gay-Affirming Researchers Invented The Gay Teen

Professor Savin-Williams says in Chapter 2 that gay or pro-gay researchers "invented" the gay teen. "Gay adolescence came to be what we researchers wanted it to be—what we were," says the author. (p. 23). He criticizes many of the early studies done on gay teenagers because of the problems involved in correctly defining who is gay and who isn't. "Most biological and social scientists assume a categorical sexual orientation, allowing them to contrast heterosexuals with homosexuals. The category of bisexual is often ignored altogether or folded into the gay group. Bisexuals are said to be confused, in a state of transition, not yet having decided just what they are." (p. 30).

Savin-Williams says researchers define sexual identity in a limited fashion and force teens to choose between limited options. "What about young people who identify themselves using a sexual label not provided, such as two-spirit, polysexual, or ambisexual? What about those who span multiple identities, the bi-lesbian or the gay-curious heterosexual?" asks the author. (p. 35)

Determining who's gay and who isn't, is a difficult task, says the professor. It depends on how researchers define the population: by attraction, behavior, or identity.

Savin-Williams presents the results of his own study of same-sex teenagers and draws the following conclusions:

Assuming sexual orientation is determined prior to puberty, "It is safe to conclude that at least 15 percent and maybe as high as 20 percent of all adolescents have some degree of a same-sex orientation." "Less than half of these individuals are exclusively or near exclusively same-sex oriented." "Teens with some degree of a same-sex orientation far outnumber the 3-4 percent who embrace a gay or bisexual identity or the 3 percent who report same-sex activities." (p. 44).

#### Research Incorrectly Focused On Troubled Gay Teens To Gain Grant Money

Savin-Williams believes that the early studies of gay teens focused on the psychological problems faced by a non-representative sampling of same-sex identified youth. "Being gay, young, and *troubled* had thus been intrinsically, even purposefully linked. The linkage made grant proposals and justifications for increased educational and mental-health services an easier sell," said the author.



The professor observes that much of the research published during the 70s and 80s was not peer-reviewed. Its study samples, he says, were flawed: "... all early gay-youth investigations were based on flawed research designs and included small or biased samples of those who sought the services of mental-health or social-support agencies. In defense of these earlier researchers, they have been so pleased to have access to any gay teens that any slippage in standards for methodological rigor seemed relatively inconsequential ..." (p. 57)

Savin-Williams says the "investigators who published these negative findings knew what they were doing. They were aware of their sample limitations, that they had recruited those disproportionately at risk for negative health outcomes and risk behaviors. Yet few attempted to correct this portrait of the suffering gay adolescent." (p. 68) Their goal was to follow the money in getting grants to conduct their research.

Savin-Williams urges researchers to stop focusing on the suffering gay teen and begin promoting the view that gay teens are healthy and fully functioning individuals. He says: "Same-sex attracted teenagers are, in general, indistinguishable from other teens neurologically, anatomically, and chemically." (p. 85)

### Early Same-Sex Attractions: "A Great Delight"

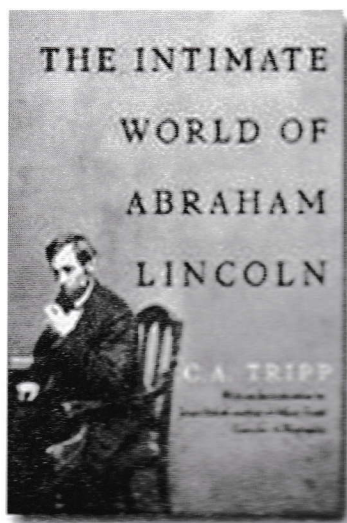
In his interviews with gay-identified teens, Savin-Williams says that "early same-sex attractions for many teenagers are sources of great delight, fond remembrance, and lifetime reverberations; they may even be these individuals' most tender and pleasurable childhood memories." (p. 131) Savin-Williams believes that childhood sexual experiences can be positive for children developing homosexuality.

## The Intimate World Of Abraham Lincoln

Reviewed by Louis A. Berman, Ph.D.

*The Intimate World of Abraham Lincoln* (Free Press, a division of Simon & Schuster, 2005) is a book by onetime Alfred Kinsey colleague, sex researcher and therapist C.A. Tripp, who passed away in May 2003. In his review of the book, published in *The Weekly Standard*, Jan. 17, 2005, Philip Nobile does not speak well of the dead.

The reviewer, who teaches history at a private preparatory school in New York, labels the book "a hoax and a fraud: a historical hoax, because the inaccurate parts are all shaded toward a predetermined conclusion, and a literary fraud, because significant portions of the accurate parts are plagiarized—from me, as it happens." (page 32)



Nobile's eight-page condemnation of Tripp's book is based upon experience that goes far beyond a critical reading of the book. Nobile was Tripp's intended coauthor. Their stormy five-year partnership came to "a bitter end" in 2000. "We quarreled constantly over evidence: I said the Gay Lincoln Theory was intriguing but impossible to prove; he said it was stone-cold fact." The partnership ended, writes Nobile, because Tripp was "more advocate than historian," exaggerated what supported his thesis, and ignored what cast doubt upon it.

Nobile summarizes the factual basis for gossip and whisperings about Lincoln's sexuality, which the Tripp book expands upon: "[A] hokey poem [Lincoln] wrote in his youth about a boy marrying a boy, a four-year sleeping arrangement with adored friend Joshua Speed, a marriage sometimes said to be reluctant and less than amorous, a lifelong preference for male company, a docu-

mented claim that he shared a bed in the summer White House with his soldier-bodyguard in 1862 and a number of other suggestive items." (page 31)

"Other suggestive items" of what sort? For example, Tripp finds it significant that Lincoln liked to tell raunchy jokes and stories, and reportedly even told one about a black man's erection. Lincoln scholar David Donald looked over Tripp's manuscript (probably at the request of Tripp's prospective publisher), and in a four-page 1996 letter counseled Tripp: "The person who tells a joke about 'fags' or 'gays' or 'butch' women may reveal a lack of taste but that does not necessarily indicate homosexual leanings." (page 37) Prof. Donald wrote of Tripp's manuscript, "Throughout you seem to be neglecting

the fundamental rule—the historian has to rely on facts. I don't mean to discourage you from doing further work—but I do think it ought to be more systematic and more empirical." (page 32).

Here is a sample of the kind of "evidence" Tripp offers to support his conjecture that Lincoln was homosexual. Abe Lincoln is known to have shared a bed with Joshua Speed for four years. Reportedly the bed was so small that one couldn't turn over without disturbing the other. Lincoln was young and poor at that time, and the arrangement probably was not unusual. The room above Berry's grocery store was most likely not heated, which made the sleeping arrangement quite practical during cold weather. (True, they exchanged friendly letters for a number of years afterwards.) During the Civil War, it was not uncommon for soldiers to sleep in pairs to keep each other warm. Times have changed, but in young Lincoln's day, it was probably not uncommon for



two men, friends or strangers, to share the same bed.

Nowadays, it is not unusual for a flight to be delayed by a snow storm, and for the airline to find overnight hotel accommodations for every passenger. Once, a severe hotel shortage forced an airline to arbitrarily pair off some male passengers and ask them to share their hotel bed with each other. One man who had to share his bed with a stranger, recalled having spent a most uncomfortable night, as both he and his bedmate settled on opposite edges of their bed, careful not to touch one another.

Here is another example of the kind of "evidence" Tripp presents, to support his view of Lincoln's sexual life: Lincoln's New Salem friend Billy Greene once visited the President at the White House, and Lincoln introduced him to his Secretary of State, William Seward, as the man who taught him grammar—a little joke, since Greene's speech habits did not show a mastery of English grammar. (Lincoln later reminded Greene that he had indeed helped Lincoln by quizzing him from a grammar book.) Greene reacted to Lincoln's unexpected praise with embarrassment, and remained silent throughout the visit.

Why did Billy Greene show embarrassment, and chose to remain silent? Fear that Seward would notice how ungrammatical was Greene's speech? Very probably, but Tripp offers the reader this marvelous *psychological* analysis ". . . [Why] was Greene so embarrassed? One cannot know for sure, but a *reasonable guess might be that those long ago grammar sessions, many of them in bed, ended with sexual contact*. To have these private events suddenly recalled within the formal surroundings of the White House . . . [by] a long-ago bed partner could have been a real jolt." (Tripp, page 52, italics added)

Without a doubt, Tripp's most serious argument about Lincoln's sexuality stems from the author's belief that Lincoln reached puberty at age nine. At the age of 10 he was described by his Kentucky neighbors as a "long, tall, dangling, awkward, droll-looking boy" . . . "Abe's growth spurt [was] obvious enough by then to have been well under way for several months, with his first ejaculatory capacity . . . [dating back to] age nine." (Tripp, page 31)

Thanks to Kinsey, writes Tripp, it has been well-established that an early puberty "is an extremely sensitive barometer of far-reaching sexual and, indeed, psychological consequences." (ibid) On page 35, Tripp offers a graph summarizing Kinsey's finding that "there is fully twice as much homosexual experience among early-maturing as among late-maturing males—with those who mature at in-between ages showing a homosexual incidence remarkably proportional to the earliness of their puberty." (Tripp, page 34)

How did Kinsey interpret this remarkable finding? Tripp quotes from page 309 of "The Kinsey Report" to explain why homosexual activity is more likely to occur in early-maturing boys:

[T]he boy who becomes adolescent at 10 or 11 has not had as many years to build up inhibitions against sexual activity as the boy who does not mature until 15 or later . . . the

younger boy plunges into sexual activity with less restraint and with more enthusiasm than the boy who starts at a later date.

Unfortunately, on page 309 of the Kinsey book, it is revealed that the author was writing about something else: about the correlation between "age of adolescence and frequency of sexual activity (italics added)." Perhaps Tripp thought this quote fit his own thinking about why early-maturing boys are more likely to engage in "homosexual" activity.

This common-sense interpretation (taken out of context) is appealing enough, but maybe there's an even more common-sense interpretation: At ages 9, 10, or 11 a boy may already be sexually developed, but in his own eyes, and in the eyes of society, he is still a kid and allowed to do all kinds of fooling around, like engaging in same-sex play. (By Kinsey's definition, this is homosexuality, but is it? This question deserves a full discussion, which I offer in an essay, "Homosexuality, 'Homosexuality' . . ." that appears elsewhere in this issue.) At age 15, a lad is not simply more inhibited, as Kinsey's argument goes. A 15-year-old lad stands closer to manhood. He wants to be recognized as more than a child, and he behaves accordingly. (The very word behavior implies self-control, as in "behave yourself.")

Kinsey admits (page 315) that while differences between early-maturing and late-maturing boys in "homosexual activities" are great during early adolescent years, "during subsequent age periods, the differences in incidence are not so great." Kinsey in Chapter 9 on "Age of Adolescence and Sexual Outlet" concludes with the admission (page 326) that "there is, of course, much individual variation on all of these matters . . ." In other words, population studies contribute to our knowledge of populations in general, but do not tell us much about a specific individual. Lincoln was, of course, an unusual person in so many observable ways. More importantly, he was a person who lived at another time in history.

Nobile asks why there is not more documentation of Lincoln's fondness for men, if indeed, that was so apparent. Why, for example, did Lincoln's law partner and biographer William Herndon write nothing along this line? Replied Tripp: Herndon was too heterosexual to notice. Today, Lincoln is revered, but in his own day he was a most controversial figure, loved by some and hated by others. He was mercilessly ridiculed in thousands of words and in hundreds of political cartoons. Yet nothing has turned up in newspaper articles of his day, or in cartoons, that touches upon the question of his sexual attractions.

According to Nobile, Tripp's book is a rehash of a "flamboyantly rendered . . . chapter" in Walt Whitman's Civil War Boy Lovers, written by Charles Shively, Professor of American studies at the University of Massachusetts, Boston. Nobile tried to persuade Tripp to credit Shively as the source of so much of "Tripp's findings," but Tripp argued that Shively had a reputation for being "too gay lib," and this would not help their book get recognized as a historical work.

Every graduate student of history learns the word presentism, a



word that still does not appear in most dictionaries. Presentism, students are warned, is a fallacy, an error that would-be “historians” make when they innocently judge persons of another historical era by the standards of their own time. If Abraham Lincoln shared a bed with Joshua Speed, and later with Captain Charles Derickson, does that indicate that Lincoln was homosexual? If Thomas Jefferson owned slaves and was sexually intimate with one of them, does that make him a hypocrite and an abuser of black women? President Franklin D. Roosevelt had no blacks among his top advisers, and George W. Bush had two. Does that fact make FDR a bigot, and W a closet liberal?

In a book in which one can find many errors, a critical shortcoming of *The Intimate Life of Abraham Lincoln* is that it is based on the error of presentism. Tripp’s book adds nothing to what is known about Abraham Lincoln, but the book serves as a splendid example of how a gay psychologist and a major publisher (Simon & Schuster by name) can be seduced by the error of presentism.

Nobile’s review goes into much detail over his disagreements with his former co-author, and with Nobile’s conflicts with Tripp’s publisher over the claim that Chapter 1 of the book was in fact the work of Nobile and belonged to him. Editors, lawyers, and friends of Tripp tangled over the legal and moral issues involved.

Author and AIDS activist Larry Kramer telephoned Nobile, he writes (p. 36), with the threat and plea: “If you don’t stop making a stink about Tripp’s book, I’m going to expose you as an enormous homophobe. . . For the sake of humanity, please, gays need a role model.”

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*The reviewer, NARTH member Louis A. Berman, is professor of psychology, retired, at the University of Illinois at Chicago, and author of The Puzzle: Exploring the Evolutionary Puzzle of Male Homosexuality (Godot Press, 2003).*

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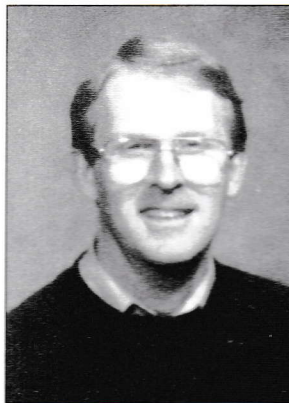
## Against The Current: The Cost Of Speaking Out For Orientation Change

*By Chris Kempling, Psy.D., R.C.C.*

It has become increasingly difficult to speak publicly about orientation change or make any valid criticism of homosexual behavior in Canada. Homosexual activists have been quite successful in pressing their agenda to normalize their lifestyle and have worked vigorously to silence opponents.

Several religious leaders have been targeted recently, including the outspoken Roman Catholic Bishop of Calgary, Alberta, Bishop Fred Henry. He has been called before the Alberta Human Rights Tribunal for a pastoral letter that was read from the pulpits in his diocese. The letter basically outlined the Catholic church’s teaching on sexually immoral behavior, but it was released to the media by an unauthorized person. Bishop Henry has also been threatened by the Canadian tax department to refrain from speaking out on marriage or risk losing the charitable status of his church.

There are other examples as well. The largest school district in the province of British Columbia in the Vancouver suburb of Surrey was sued by one of its own employees, a homosexual kindergarten teacher, so that he could use books promoting same-sex families in his classroom. The Supreme Court of Canada eventually ruled that the school district’s decision to forbid use of the books was influenced by the religious beliefs of some trustees and parents, and ordered the school board to reevaluate the books without any religious criteria. The gay kindergarten teacher was



*Chris Kempling Psy.D., R.C.C.*

furious when the school board rejected the books again because two were out of print and the third had a grammatical error in it. But two lesbian women are now suing the school board again, because the board had allowed religious parents from Christian, Sikh and Hindu religions to explain their concerns about the books in a public meeting, and the lesbians didn’t like their statements. That case will be before the BC Human Rights Tribunal in August, 2005.

Another homosexual teacher has a lawsuit before the BC Human Rights Tribunal. He is trying to force the British Columbia Ministry of Education to change the entire British Columbia school curriculum for all grades and subject areas to include “queer studies” and “queer role models.” If he is successful, even students in religious schools may be affected, as all private religious schools which accept government funding must prove that they are using the BC Curriculum.

### The Persecution Continues

Then there’s my case. On May 9, 2002, I was convicted of conduct unbecoming a member of the BC College of Teachers. The reason was because I expressed my opinion in my local newspaper. Between April 1997 and July, 2000, I wrote one freelance column and six letters to the editor of my town’s newspaper, which questioned the wisdom of promoting the



homosexual agenda. I provided factual information on rates of promiscuity and disease infection, which had been previously published in scholarly journals. I said that many religions consider homosexuality to be immoral, that it may be caused by negative psycho-social influences, and that it was nothing to be applauded. I said that I would refuse to be a false teacher, compromising my faith to teach information which the Bible clearly says is immoral. I said this not in my classroom, or my staff room, but on the editorial pages of my local newspaper. I had thought that the editorial page was a place where all Canadians have the right to express their points of view, whether other people like them or not.

### Free Speech Must Be Defended

I highly value the freedom of the press, and all points of view should be represented in our newspapers, including those opposed to ours. But, as a man by the name of Heyward Broun once said, "Everyone favors free speech in the slack moments when no axes are being ground." And how true that is.

I appealed the conviction to the BC Supreme Court, but lost my appeal in February of last year. If this verdict is upheld by the courts, teachers will not be able to write privately to their own supervisors to question a new curriculum resource, or write privately their own elected officials on a matter of public policy, nor will they be able to address the topic of homosexuality in post-graduate research papers. I was disciplined for doing all of these things. This is an unacceptable restriction of freedom of speech, freedom of conscience, and freedom of intellectual expression.

The College presented no complaints about what I had written publicly from teachers, none from students, none from parents, and most importantly, none from any member of the gay community. The people who did disagree with me did so by writing their own letters to the editor, and I fully support their right to do that.

The Catholic Civil Rights League, the Christian Legal Fellowship, the Evangelical Fellowship of Canada, and the Christian Teachers Association have banded together to form the Canadian Religion Freedom Alliance to assist in my defense. My union, the BC Teachers' Federation, is also supporting me. The case was heard on April 21-22, 2005 and the decision has been reserved at the time of this writing. Joining the College of Teachers in opposing me was the BC Civil Liberties Association, which believes I should be suspended indefinitely unless I publicly recant, and the BC Public School Employers Association.

### Efforts To Silence Me Continue

My school district supervisors have also decided to silence me. They have disciplined me repeatedly for speaking out, including for advertising my intention to offer orientation change therapy services through my private practice. On March 31, 2005, I was required to appear before a formal hearing of the Quesnel School Board to explain why I publicly criticized the government's same-sex marriage legislation as a spokesperson for my political party. They suspended me without pay for three months, even though not one homosexual person has complained about what I wrote. The school board ignored its own contract requirement forbidding discrimination against employees for political affiliation or political activity. I've filed a Human Rights complaint against the school district for religious and political discrimination.

The Chairman of NARTH's Scientific Advisory Committee, Dr. A. Dean Byrd, is currently considering acting as an expert witness on my behalf in the tribunal hearing to be held on October 25, 2005 in Quesnel.

People have been quite interested in my case. On March 4, 2005, I addressed the UN Commission on Human Rights in New York City. On June 6, 2005, I was invited to Ottawa to speak to the House of Commons Committee investigating the impact of the government's same-sex marriage legislation. The committee is dominated by those in favor of the legislation, however, and the government wishes to see a country-wide same-sex marriage bill by the early summer. [Ed. Note: The bill subsequently passed.] But 35 of the government's own members are opposed to the bill.

There is a great deal of uncertainty and divisiveness over this issue in Canada. Frankly, it has been a long nine year struggle for me, speaking out against the homosexual agenda. But I continue to do so because I care deeply about the well-being of children, and wish to ensure that they receive accurate information about orientation, and orientation change. Furthermore, it is very distressing to be disciplined merely for advertising the services of my private practice and speaking out on behalf of my political party. Currently, I am working temporarily as a dump truck driver to stay financially solvent. Those who wish to contribute to my trust fund may do so as follows: Christian Public School Teachers Legal Defense Fund, c/o Mr. Jim Sagert, Trustee, 798 Beaubien Avenue, Quesnel, BC Canada, V2J 1S5.

Dr. Chris Kempling Psy.D., R.C.C. Registered Clinical Counsellor 250-983-3949 Quesnel, BC V2J 5R5 [Kempling@telus.net](mailto:Kempling@telus.net)

### NARTH Online Bookstore

The NARTH online bookstore is offering *Destructive Trends In Mental Health* for \$34.

Order your copy today by credit card.

Dr. A. Dean Byrd, Chairman of the NARTH Scientific Advisory Committee, says this book is one of the most important books to be written on mental health in the past several decades!



## The Wife Of A Same-Sex Struggler Speaks Out

My name is Rachel. My husband struggles with same-sex attraction (SSA). I'm writing to share my experience in coming to terms with my husband's SSA.

Shmuel and I were married for 13 years before he told me about his SSA. One day he came into the house looking nervous and concerned about something. He said, "There is something I have to tell you." Then he couldn't get the words out — he kept hesitating. So being impatient, I said, "Shmuel, just say it ... what is it? You're gay?" But I was not serious. I just figured if I said something so big, he would have an easier time telling me whatever it was. Well, lo and behold, I wasn't far from the truth! My first reaction was wow! This is not possible!

Then I looked at him and said, "How could you have lived with such a big secret for such a long time?" I couldn't understand how he could enjoy life and his family while holding in such a secret. Also, because of my attitude toward secrets, I felt really bad for him. Secrets make me feel anxious and worried. Secrets to me are awful. They take up my whole being. They fill my waking hours and my dreams.

He acknowledged that he kept the secret for *too long*, that he was ashamed to admit his issues, first to a counsellor at JONAH (Jews Offering New Alternatives to Homosexuality <http://www.jonahweb.org/>) with whom he had been working to grow out of his homosexuality and then to his therapist who he had secretly been seeing (recommended to him by JONAH). Both apparently strongly counseled that when he felt ready he needed to bring me into the picture and thus become more authentic in his relationship with me as his spouse.

My heart went out to Shmuel, and at the same time I was glad he unburdened himself. I felt bad that he lived with anxiety and unfilled needs, unable to share his deepest pain with anyone, particularly me, until this point in time. I understood it was too shameful for him. Yet I felt bad that he didn't confide in ME, his wife. Didn't he trust me? What did he think I would do if he told me the truth, ask for a divorce? No way! I take our marriage very seriously. My feeling always was that we can work through whatever comes our way. I believe that we truly are each other's "bashert" (fated soulmate).

Then came Phase 2. ANGER. Lots of it. Although I didn't scream and yell (we generally don't fight), I was angry inside. And, he knew it. I felt like I was made a fool of for 13 years. But then again what was Shmuel supposed to do? Tell me before we got married? I don't know that we would have married (only because I think my family would have objected.) I come from an Orthodox Jewish home where community opinion plays a large role in the way my family sees things. The community is generally closed minded and ignorant when it comes to issues such as homosexuality. My family has never had any experience with any relatives or friends being gay. They simply would not know how to deal with it.

That first year that followed, Shmuel was in the midst of therapy and we didn't really discuss the subject too much. I just accepted it; he went to therapy and that was that. However, there came a point where his therapist recommended that I come with Shmuel for a therapy session. I agreed to go for a few reasons. I wanted to meet the therapist to get better answers as to what was happening as well as to enable him as a healer to gain a more complete picture of Shmuel's life. I also wanted to talk about some of my husband's issues and understand them better. I wanted to be helpful to my husband's healing process. I also wanted to know how I came into this picture and how our relationship toward each other and our children would be affected by Shmuel's revelation. Shmuel's therapist was incredibly helpful in answering many of my questions and assured me that Shmuel had the capacity not only to overcome his homosexuality but more importantly to alleviate many of his underlying emotional woundings that led him to his homosexuality.

One of the processes recommended by JONAH for men struggling with SSA is for them to attend the New Warriors Training Adventure. (<http://www.mkp.org/>). For those of you who know men who are unhappy being gay, or question their own internal sense of masculinity, tell them to GO! After the New Warriors weekend is when we started to talk a lot more openly about my husband's struggle with SSA (not to outsiders, only among ourselves). Because he began to internalize some of the lessons of authenticity taught by Warriors, he began being more authentic with me about his own emotions and his own feelings. It made our communication about marital issues far easier.

Then there was the Journey into Manhood Weekend (JiM) (<http://www.peoplecanchange.com/>), another experiential weekend recommended by JONAH. This weekend enabled Shmuel to become even more open about his feelings and to recognize how his own perceptions about himself and others affected his life. It also gave him a clearer vision of what he needed to do to make the necessary changes to be the kind of man he always wanted to be. In addition, Shmuel expanded his network of men, getting to know many new men who were living with the same struggle as he was but, who like him, were determined to grow out of their same sex attractions.

An important element of these relationships was that these men accepted him just as he is. It was an extremely affirming experience for him. Again, if you know men who struggle with SSA, tell them that JiM was an incredible experience for my husband (and therefore for me as well).

What helped me most was Shmuel's newfound willingness to include me in every way possible. Now, of course he needs his privacy. He needs male affirmation, which is something I obviously can't provide for him and which he had lacked for so long. Indeed, that is one of the very causes of his SSA.

Nevertheless, he includes me wherever he can. We talk a lot,



which is very helpful to both of us. Shmuel is working hard towards change. He could have said, "Forget it. This is too intense for me. Forget my wife's feelings....Forget family life..." Instead he chose to work hard on himself for change.

Shmuel and I have developed an interesting practice which helps my husband bond better with other men while simultaneously helping him, me, and SSA men he knows. We invite some of these men to our home for meals, be it weekday or Shabbos. These are men whom Shmuel has met through the network of activities in which the SSA strugglers participate. By my exposure to other men facing similar issues (whether they are single or married), I can better understand my husband's issues. For the men who visit us, I believe their participation in a warm, nurturing family environment helps them, as many of them never had such an environment in their youth.

I thank God that Shmuel and I always had a good relationship. I'm at a point where I realize Shmuel loves me, always has, always will, and I feel the same way about him. This is not about me. There really isn't anything I can do to change the way he feels; only he can do that. What I can do is be supportive. Let him go to his men's groups without me complaining about the late hours. Truthfully, it's not easy for Shmuel to go out two evenings a week (and sometimes three if he has a therapy session). But he's doing this for US. I sometimes forget that and must try to always remember that whatever psychological work

Shmuel is doing, he is doing for both of us and our family. He is becoming a better and better husband, father, and man.

Yet, there are many conflicting emotions that I have gone through and still go through. It is not easy for me. But, generally, I have a feeling of acceptance and most of all, love for my husband. I always believed I was there for him but now that I understand the causes of his issues and his occasional distance (I have taken the time to read the literature and educate myself), I am even more supportive. All of us have issues. None of us are perfect. If we are aware of our issues and work together as a team, as G-d intended, then we are living a life which is true to our faith and ourselves.

Best wishes to all you brave men and to your present and future families,

--- Rachel

NOTE: JONAH, Jews Offering New Alternatives to Homosexuality, can be reached at <http://www.jonahweb.org/>. I strongly recommend that anyone affected by this issue, be it an individual struggling with the issue or a family member or a friend that cares about someone with the issue, reach out for help from JONAH. They are compassionate, caring, and have developed a relatively complete program to help.

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## **Therapeutically Incorrect Atheist Psychiatrist Argues That Gays Can Change**

*Interview by Douglas Leblanc*

Reprinted by permission of *Christianity Today*, April, 2005 issue

Robert L. Spitzer argued in 1973 that homosexuality is not a clinical disorder—key to the American Psychiatric Association arriving at the same conclusion. Thirty years later, Spitzer caused another stir when he argued that some people who want to change their homosexual orientation may do so (*Archives of Sexual Behavior*, October 2003).

Spitzer is professor of psychiatry at Columbia University and chief of the New York State Psychiatric Institute's Biometrics Research Department. He describes himself as a Jewish atheist. Contributing editor Douglas LeBlanc interviewed Spitzer by phone.

DL: What prompted you to do a study on reparative therapy for gays?

RS: I was at an annual APA (American Psychiatric Association) meeting, where I spoke to some ex-gays who were picketing the meeting. They explained how they had changed. And that got me interested. Then I tried to organize a debate on the issue. When I was organizing the debate, it became clear that many of the people that I wanted to participate said there are really no good studies of this, it's all going to be just opinions.

DL: Did anything surprise you as you did your interviews?

RS: I guess it surprised me how convincing the accounts were. Joseph Nicolosi [of the National Association for Research and Therapy of Homosexuality] agreed to refer, I think, 10 or 20 patients to me. But he insisted on getting a summary of the results before going further. He didn't want to be set up, I guess. But from the very first people that I talked to, I had the feeling they were talking about something real.

DL: What stood out for you as something that made the patients convincing?

RS: You talk to people and you get a sense of whether they're being candid or not. I had the sense that they were. Also, there was a consistency, the fact that the change was described as slow and not immediate.

DL: Some of your critics say that only fundamentalists would even think about taking up reparative therapy.

RS: The scene has changed drastically over the last 20 or 30 years. When I started clinical practice in 1961, it was very com-



mon to get a male patient who wanted to change. Today those people don't go to psychiatrists because the word is out that the mental health profession doesn't regard it as a problem.

DL: How has the study affected your standing among your colleagues?

RS: Many colleagues were outraged. I remember when it first appeared in the media, I got a letter from, I think, a dean of admissions at Columbia. He wrote me that it was just a disgrace that a Columbia professor should do such a thing. Within the gay community, there was initially tremendous anger and feeling that I had betrayed them. I think that has largely dissipated. But also, I'm at the point in my career that I don't worry about such things.

DL: Have you considered conducting a follow-up study?

RS: No. I feel a little battle fatigue. But also I'm not sure what the study would be. Some people have said, "Follow these people, interview them five years later, see how many of them have switched back," since it's well known that some ex-gays give it up.

DL: But suppose you found that 5 percent or 10 percent did switch back. I mean, so what?

RS: You'd find the same thing if you followed people who had treatment for drug addiction. Some are going to relapse.

The study that ought to be done is a controlled study where people go into the therapy, and then you initially evaluate them, and then you evaluate them later and see how many actually changed. But that study is not going to be done, unfortunately.

DL: Is that because of a lack of interest or funding?

RS: The reasons are, number one, reparative therapists are not scientists—they don't do studies. The second reason is, if somebody proposed that the National Institute of Mental Health do such a study, I think almost certainly any gays in the study section would say this is a total waste of time: They would say, We already know it's hokum, so why do it?

DL: You've said very clearly that no one should be coerced into reparative therapy.

RS: I think the politically correct term now is reorientation therapy. Reparative already implies something's broken—of course the reparative therapists believe this, but it kind of infuriates the gays to even call it reparative therapy.

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## Parenting/Family

### Gender Complementarity And Childrearing: Where Tradition And Science Agree

*The data is clear: Children do best with a married mother and father*

*By A. Dean Byrd, Ph.D. MBA, MPH*

*The following is an excerpt from an article published in the S. J. Quinney College of Law, University Of Utah, Journal of Law & Family Studies. The complete article is available on NARTH's web site.*

#### Introduction

The notion that all "family forms" are equally as helpful or healthful for children has no basis in science. Indeed, there is no better example than the extensive research on children reared in single-parent families. The most authoritative evidence on children growing up in single-parent families (most often headed by single mothers) concluded that such children are three times more likely to have a child out of wedlock, twice as likely to drop out of high school, 1.4 times more likely to be idle (out of school and out of work) and 2.5 times more likely to be teen mothers.

Lest one might suggest that the lower socio-economic level of

children alone accounts for such statistics, these conclusions were reached subsequent to adjustments for income-related variables such as race, sex, mother's/father's education, number of siblings, and place of residence (McLanahan & Sandefur, 1994).

Perhaps, if we follow these statistics further, another picture emerges. Of children born out-of-wedlock, their chances of living in poverty are five times greater than that of growing up within intact families. Additionally, children born out of wedlock have a two to three times greater probability of having psychiatric problems as adolescents (Popenoe, 1996). Following this statistic even further, early sexual activity poses a great danger for adolescent health. Adolescents account for more than 25 percent of all sexually transmitted diseases (STDs) nationally. Women are twice as likely as men to acquire gonorrhea, chlamydia and hepatitis. Many STDs generate increased risk of one developing certain cancers, becoming infertile, and contracting HIV upon exposure. Tragically, STDs are passed on by women to their children at birth.



## Children Placed At Risk

We could carry this scenario further and include excellent data on single parenting and child abuse, single parenting and violence. While it is clear that there are cases where children reared by single parents do well, such cases are the exception rather than the rule. The evidence shown by the substantial majority of children reared in single-parent homes is very clear: this one family form places children at substantial risks (Popenoe, 1996).

### A. Is Dual-Gender Parenting Protective For Children?

There is no fact that has been established by social science literature more convincingly than the following: all variables considered, children are best served when reared in a home with a married mother and father. David Popenoe (1996) summarized the research nicely: "social science research is almost never conclusive, yet in three decades of work as a social scientist, I know of few other bodies of data in which the weight of evidence is so decisively on one side of the issue: on the whole, for children, two-parent families are preferable to single-parent and step-families" (p. 176). Children navigate developmental stages more easily, are more solid in their gender identity, perform better; in academic tasks at school, have fewer emotional disorders and become better functioning adults when they are reared by dual-gender parents.

This conclusion, supported further by a plethora of research spanning decades, clearly demonstrates gender-linked differences in child-rearing that are protective for children. That is, men and women contribute differently to the healthy development of children. Children of parents who are sex-typed are more competent (Baumrind, 1982). Research has repeatedly supported the conclusion that most effective parenting is highly expressive and highly demanding (Baumrind, 1991). Highly expressive, instrumental parenting provides children with a kind of communion characterized by inclusiveness and connectedness, as well as the drive for independence and individuality.

These essential contributions to the optimum development of children are virtually impossible for a man or woman alone to combine effectively (Greenberger, 1984). Children learn about male-female relationships through the modeling of their parents. Parental relationships provide children with a model of marriage—the most meaningful relationship that the vast majority of individuals will have during their lifetimes.

Complementarity is readily observable in differing parenting styles of mothers and fathers. Not only are fathers' styles highly complementary to the styles of mothers, but research indicates that the fathers' involvement in the lives of children is essential for optimal child-rearing. For example, complementarity is provided by mothers who are flexible, warm and sympathetic, and fathers who are more directive, predictable and consistent. Rossi's research (1987) noted that mothers are better able to read an infant's facial expressions, handle with tactile gentleness, and soothe with the use of voice (p. 113). Fathers tend to emphasize overt play more than caretaking. This play in various forms among the young appears critical for later development. (Yogman, 1982).

A study authored by Marissa Diener (2002) at the University of Utah, demonstrated that babies (12 months old) who have a close relationship with their fathers seemed more stress resistant than those who did not. Babies who had secure relationships with their fathers used more coping strategies than those who did not. Her conclusion has fascinating implications: "there may be something unique to fathers that provides children with different opportunities to regulate their emotions" (Broughton, 2002 p. A1).

Male and female differences emerge in ways in which infants are held and the differential ways in which mothers and fathers use touch with their children. Mothers more frequently use touch to calm, soothe, or comfort infants. When a mother lifts her child, she brings the child toward her breasts providing warmth, comfort, security and protection. Fathers more often use touch to stimulate or to excite the child. Fathers tend to hold infants at arm's length in front of them, make eye contact, toss the infant in the air, or embrace the child in such a way that the child is looking over the father's shoulder. Shapiro notes that each of these "daddy holds" underscores a sense of freedom (1994).

Clarke-Stewart (1980) reported differences in mothers' and fathers' play. Mothers tend to play more at the child's level. Mothers provide an opportunity to direct the play, to be in charge, to proceed at the child's pace. Fathers' play resembles a teacher-student relationship—apprenticeship of sorts. Fathers' play is more rough-and-tumble. In fact, the lack of this rough-and-tumble play emerges disproportionately in the backgrounds of boys who experience gender disorders. Additionally, Clarke-Stewart notes the benefits of this rough-and-tumble play have appeared in child development areas extending from the management of emotions to intellectual and academic achievement.

Interestingly enough, fathers' play is related to the development of socially acceptable forms of behaviors and does not positively correlate with violence and aggression, but rather correlates with self-control. Children who "roughhouse" with their fathers quickly learn that biting, kicking and other forms of physical violence are not acceptable. Children learn how to recognize and manage highly charged emotions in the context of playing with their fathers, and such play provides children with opportunities to recognize and respond appropriately to emotions (Cromwell & Leper, 1994).

There are gender differences in parental approaches to discipline. The disciplinary approaches of fathers tend toward firmness, relying on rules and principles. The approaches of mothers tend toward more responsiveness, involving more bargaining, more adjustment toward the child's mood and context, and is more often based on an intuitive understanding of the child's needs and emotions of the moment. Gilligan (1982) concluded that the differences between paternal and maternal approaches to discipline are rooted in the fundamental differences between men and women in their moral senses. Men stress justice, fairness and duty based on rules, while women stress understanding, sympathy, care and helping based on relationships.

The critical contributions of mothers to the healthy development of children have been long recognized. No reputable psycholog-



ical theory or empirical study that denies the critical importance of mothers in the normal development of children could be found. Recent research validates the importance of fathers in the parenting process, as well. Studies such as that conducted by Pruett (1987) concluded that six-month old infants whose fathers actively played with them had higher scores on the Bailey Test of Mental and Motor Development. Parke (1981) noted that infants whose fathers spent more time with them were more socially responsive and better able to withstand stressful situations than infants relatively deprived of substantial interaction with their fathers. A second female cannot provide fathering. In fact, McLanahan and Sandefur (1994) found that children living with a mother and grandmother fared worse as teenagers than did those adolescents living with just a single parent. Biller (1993) concluded that men who were father-deprived in life were more likely to engage in rigid, over compensatory, masculine, aggressive behaviors later. His research, based on more than 1,000 separate sources, demonstrated repeatedly the positive effect of fathers on children.

Pruett (1993) summarized the highly acclaimed work of Erik Erikson, one of the most esteemed developmental psychologists in the world, who noted that mothers and fathers love differently. A father's love is characterized by instrumentality and more expectancies, whereas a mother's love is more nurturing, expressive, and integrative. Mothers care for their young. Fathers baby sit. Mothers nurture. Fathers negotiate. Fathers focus on extra-familial relationships, social skills and developing friendships. Adolescents who have affectionate relationships with their fathers have better social skills, exude more confidence, and are more secure in their own competencies. When there is a father present in the home, there are lower instances of adolescent sexual involvement.

What are the consequences when fathers are not present? Alfred Masser, a psychiatrist at Northside Hospital in Atlanta, Georgia, noted that more and more children who seek psychiatric help are suffering from father-hunger (1989). Blankenhorn (1995) concluded that father-hunger is the primary cause of the declining well-being of children in our society and is associated with social problems such as teenage pregnancy, child abuse, and domestic violence against women.

Based on extensive research spanning decades, the importance of mothers to the healthy development of children is irrefutable. Recent research has provided clear and compelling evidence of the importance of fathers to the healthy development of children. The evidence is equally convincing regarding the consequences of father absence and the relationship, not only to the severe difficulties in the lives of children, but the societal costs, as well. However, the consequences of mother-hunger are less clear.

In spite of the overwhelming evidence citing the importance of mothers and fathers to the healthy development of children, attempts have been made in professional literature to blur the lines between genders, and to claim that neither mothers nor fathers are necessary for positive child outcomes. Such research reports have become increasingly bold with their activist agendas. Perhaps the boldest of such articles appeared in the flagship

journal of the American Psychological Association in 1999. In the article titled "Deconstructing the Essential Father," the authors argue that "neither mothers nor fathers are essential to child development and that responsible fathering can occur within a variety of family structures" (Silverstein & Auerbach, 1999, p. 397).

As advocates of homosexual parenting, Silverstein and Auerbach support their "normalcy" or homosexual parenting theory through their observations of animal behavior. They utilized the offspring-raising habits of soft-furred, tree-dwelling South American monkeys to support their view that homosexual parenting leads to positive child outcomes. "Marmosets illustrate how, within a particular bioecological context, optimal child outcomes can be achieved with fathers as primary caregivers and limited involvement by mothers. Human examples of this proposition include single fathers . . . and families headed by gay fathers" (p. 400). I am not sure that animal models are good models for humans. To their credit, however, Silverstein and Auerbach offer the following statements: "We acknowledge that our reading of the scientific literature supports our political agenda. Our goal is to generate public policy initiatives that support men in their fathering role, without discriminating against women and same-sex couples. We are also interested in encouraging public policy that supports the legitimacy of diverse family structures, rather than policy that privileges the two-parent, heterosexual, married family" (p. 399). Further, the authors state, "We realize that some of the research we cite to support our perspective will turn out to be incorrect" (p. 399).

It is noteworthy that the authors did not consider the best interest of children to be one of their goals. In fact, a careful reading of the article is reminiscent of activism, but not of science. That such a commentary would appear as the lead article in the premier journal of the American Psychological Association demonstrates that activism has replaced science in this instance.

## **B. Homosexual Couples And Child-Rearing**

Homosexual adoption of children has forced the issue of homosexual couples and child-rearing to center stage. Until recently, advocacy groups have argued that an upbringing in a homosexual environment not only presents no challenges for children, but actually may be better than a dual-gendered parenting environment. Such advocacy seems illogical and at odds with the abundance of peer-reviewed research. Nonetheless, the civil rights of homosexual couples, with an activist backdrop of politically correct words like tolerance, diversity and non-discrimination, seem to dismiss what is in the best interest of the child.

A close scrutiny of many of the studies provided some interesting data, more appropriately described as problems with the research. Lerner and Nagai (2000), in their excellent review of the research concluded:

The claim has been made that homosexual parents raise children as effectively as married biological parents. A detailed analysis of the methodologies of the 49 studies, which are put forward to support this claim, shows that they suffer



from severe methodological flaws. In addition to their methodological flaws, none of the studies deals adequately with the problem of affirming the null hypothesis, of adequate sample size, and of spurious non-correlation. (p. 1)

The critique of the research on homosexual parenting completed by Williams (2000) arrives at essentially the same conclusion. However, Williams goes a step further in his review of the research by Golombok, Spencer, and Rutter (1983), and Golombok and Tasker (1996), which followed children of lesbian and heterosexual parents into adulthood. He noted that the follow-up study found that children of lesbian parents were significantly more likely to have both considered and actually engaged in homosexual relationships. This finding did not seem particularly interesting to the researchers.

Williams found that other omissions were made by researchers who conducted research in these areas as well. Huggins found a difference in the variability of self-esteem between children of homosexual and heterosexual parents. Huggins did not test for significance, but Williams reanalyzed the data and found the differences to be significant. Williams noted that Patterson found, and left unreported, similar differences. Likewise, Williams noted that Lewis found social and emotional difficulties in the lives of children of homosexual parents, but such data did not seem to find its way into her conclusions. Perhaps the most significant study to be published within last few years came from Stacy and Biblarz (2001). Stacy, the former Streisand Chair of Gender Studies at the University of Southern California and currently at New York University, conducted a meta-analysis that contradicted nearly 20 years of studies indicating that there were no differences between children reared by heterosexual versus homosexual couples. The findings of these authors include:

- Based on sex-typed cultural norms, daughters of lesbian mothers when compared with daughters of heterosexual mothers more frequently dress, play and behave in gender nonconforming ways.
- Sons of lesbian mothers behave in less traditionally masculine ways in terms of aggression and play. They are more apt to be more nurturing and affectionate than their counterparts in heterosexual families.
- One of the studies indicates that a significantly greater proportion of young adult children raised by lesbians had engaged in homosexual behavior (six of 25) when compared with those raised heterosexual mothers (none of the 20).
- Children reared by lesbian mothers are more likely to consider a homosexual relationship.
- Teenage and young adult girls reared by lesbian mothers were more sexually adventurous and less chaste than girls reared by heterosexual mothers. Sons were less sexually adventurous and more chaste than boys reared by heterosexual mothers.

Stacy and Biblarz (2001) reported, the adolescent and young

adult girls raised by lesbian mothers appear to have been more sexually adventurous and less chaste... in other words, once again, children (especially girls) raised by lesbians appear to depart from traditional gender-based norms while children raised by heterosexual mothers appear to conform to them. (p. 171)

The research can be summarized as follows: lesbian mothers tend to have a feminizing effect on their sons and a masculinizing effect on their daughters. The bigger question is, how healthy is the rejection of gender roles? Gender nonconformity is probably the only factor in the literature that predicts future homosexuality. Indeed, there are few facts on which both Rekers and Hamer agree, and the relationship of gender nonconformity to homosexuality is one of them. Rekers (1995) states, "Gender nonconformity in childhood may be the single common observable factor associated with homosexuality" (p. 300). Hamer (1993) concluded:

Most gay men were sissies as children. Despite the provocative and politically incorrect nature of that statement, it fits the evidence. In fact, it may be the most consistent, well-documented and significant finding in the entire field of sexual-orientation research and perhaps in all of human psychology. (p. 166)

Stacy and Biblarz (2001) offered an interesting observation:

Planned [les-bi-gay] parenthood offers a veritable "social laboratory" of family diversity in which scholars could fruitfully examine, not only the acquisition of sexual and gender identity, but the relative effects on children of the gender and number of their parents, as well as the implications of diverse biosocial routes to parenthood. (p. 179)

What is the ethicality of such radical experimentation?

### C. Homosexual Couples And Adoption

*[Note to the reader: the author was employed by an agency which has a very comprehensive adoption program.]* The "best interest of the child" test is often the most important guideline in the agency, and adoptive parents had to demonstrate that they were physically healthy, emotionally stable and had sufficient longevity to rear a child to adulthood. The question was, "[i]s this family the best fit for the child?" with the understanding that some parents are not able or prepared to rear the children whom they conceive or that some children, because of abuse or neglect, may need a home. Such children have a right to the best possible parenting arrangement that society can provide. The best possible placement for a child, regardless of the child's needs, is with parents whose health and lifestyles provide optimal development for that child on his or her journey to adulthood.

Historical and current research provides significant concerns about the mental health, physical health and longevity of homosexual individuals, as well as stability of homosexual relationships. The data cannot be applied to all homosexual individuals, but the findings are so significant that they cannot be ignored



when considering the placement of children.

#### **D. Mental Health, Physical Health, Stability Of Homosexual Men And Women And Longevity Of Homosexual Relationships**

The mental-health data is alarming. Herrel, Goldberg, True, Ramakrishnan, Lyons, Eisen (1999) concluded, "same-gender sexual orientation is significantly associated with each of the suicidality measures . . . the substantial increased lifetime risk of suicidal behaviors in homosexual men is unlikely to be due to substance abuse or other psychiatric co-morbidity" (p. 867). Fergusson, Horwood, and Beautrais (1999) concluded that "Gay, lesbian and bisexual young people were at increased risks of major depression generalized anxiety disorder conduct disorder nicotine dependence multiple disorders suicidal ideation suicide attempts." (p. 876)

These researchers further noted that "findings support recent evidence suggesting that gay, lesbian and bisexual young people are at an increased risk for mental health problems, with these associations being particularly evident for measures of suicidal behavior and multiple disorder" (p. 876). Commentaries on this research were offered by some of the most prominent investigators in the field. Bailey (1999) noted,

[T]hese 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 suicide, major depression and anxiety disorder. Preliminary results from a large [,] equally well-conducted Dutch study generally corroborate these findings (p. 883).

Bailey (1999) offered several possible explanations, among them, that "increased depression and suicidality among homosexual people are caused by societal oppression" (p. 884).

According to Bailey, "Homosexuality represents a deviation from normal development and is associated with other such deviations that may lead to mental illness" (p. 884). Since evolution naturally selects for heterosexuality, Bailey indicates that homosexuality may represent a "developmental error" (p. 884). Noting that some research links homosexuality to "developmental instability," (p. 884) he considers the possibility that --

Increased psychopathology among homosexual people is a consequence of lifestyle differences associated with sexual orientation ... such as behavioral risk factors associated with male homosexuality such as receptive anal sex and promiscuity (p. 884).

Bailey concluded, "it would be a shame if sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis" (p. 884).

A commentary by Remafedi (1999) noted "[T]here can be little doubt about the conclusion that homosexual orientation is asso-

ciated with [suicide], at least among young men" (p. 886).

Friedman (1999), in another commentary, noted, "[T]here is clearly a need for additional investigation of associations between sexual orientation, suicidality and psychopathology. Collaborative research between developmentally oriented clinicians, descriptive psychiatrists and epidemiologists might help distinguish between causes and consequences of these associations" (p. 888). These findings were corroborated by another study conducted by Sandfort, de Graaf, Bijl, and Schnabel (2001). The researchers concluded that:

homosexual men had a much larger chance of having 12-month and lifetime bipolar disorders, and a higher chance of having a lifetime major depression . . . the greatest differences were found in obsessive-compulsive disorder and agoraphobia. The 12-month prevalences of agoraphobia, simple phobia and obsessive-compulsive disorder were higher in homosexual men than in heterosexual men. (p. 87)

Homosexual women reported a substantially higher rate of substance abuse disorders during their lifetime than did heterosexual women, and "[o]n a life time basis, homosexual women had a significantly higher prevalence of general mood disorders" (p. 87).

This study was significant from several perspectives. First, it was a large study of 7,000 individuals which avoided convenience samples and the potential for bias that such samples often introduce. Of the individuals surveyed, 2.8 percent of the men and 1.4 percent of the women were classified as homosexuals. The authors noted, for example, that the lifetime prevalence for two or more psychiatric disorders for men who engaged in homosexual behaviors was 37.85 percent versus 14.4 percent for men who did not engage in homosexual behaviors. For women engaging in homosexual behaviors, the rate for two or more psychiatric disorders was 39.5 percent versus 21.3 percent for women not engaging in homosexual behaviors (Sandfort, et al., 2001). Society's oppression of homosexual people is a hypothesis unlikely to find support in this study, conducted in the Netherlands, which is perhaps one of the most gay-affirming and tolerant countries in the world.

High suicide rates among homosexual individuals have been further substantiated in the research literature. In a study reported in The Washington Advocate (2002), Lisa Lindley recruited 927 lesbian, gay, bisexual and transgendered students for her study. She found that 62.1 percent of lesbians had considered suicide compared to 58.2 percent of gay men. Among lesbians, 29.2 percent had actually attempted suicide and 28.8 percent of gay men had attempted suicide.

Studies on sexual molestation and its relationship to homosexuality have mental health consequences. Shrier and Johnson (1988) found that homosexually assaulted males subsequently identified themselves as homosexual seven times more often as the non-assaulted control group. In half of the molestations, physical force was used. The mean age at which the molestation was reported was 18.2 with a range from 15 to 24. The mean age



at the time of the molestation was from four to six with mean age of 10. Of the extension group, "one half of the victims currently identified themselves as homosexual and often linked their homosexuality to their sexual victimization experiences" (p. 1192).

Additional data on molestation was found in a recent study by Tomeo, Templer, Anderson, and Kotler (2001). The researchers used a non-clinical sample of 942 adults to compare rates of childhood molestation between heterosexuals and non-heterosexuals. The researchers found that 46% of the gay men and 22% of the lesbians reported homosexual molestation in childhood.

In the compared heterosexual group, the homosexual child molestation rates were 7% of the heterosexual men as compared to 1% of the heterosexual women. The researchers noted that this was the first study to report substantial homosexual molestation of girls. The girls had a mean age of 13 at the time of the same sex abuse and the group of abused boys had a mean age of 11.

This study was particularly important because the population was not dissatisfied homosexual men and women. Ninety-seven percent of those surveyed were participating in a gay pride celebration at the time they were interviewed. What was particularly intriguing about this study was that 68% of the men and 38% of the women did not identify as homosexual until after the molestation.

Violence in gay and lesbian relationships has been another area of considerable investigation. Waldner-Haugrud, Gratch, and Magruder (1997) explored the gender differences in victimization and perpetration experiences of gays and lesbians in intimate relationships. The results from a sample of 283 gays and lesbians revealed that 47.5% of lesbians and 29.7% of gays had been victimized by a homosexual partner. Lesbians reported an overall perpetration rate of 38% compared to 21.8% for gay men.

The conclusion of high rates of violence in lesbian and gay relationships finds significant support in the research. In a study Lockhart (1994) found that 90% of lesbians surveyed had been recipients of one or more acts of verbal aggression from their partners during the 12 months prior to the study. Thirty-one percent reported one or more incidents of physical abuse. Lie and Gentlewarrior (1991) found that more than half of the lesbians had been abused by a partner. Island and Letellier (1991) noted that the incidence of domestic violence among gay men was almost double that of the heterosexual population. A national survey of lesbians published by Bradford, Ryan, and Rothhlum (1994) found that 75 percent of almost 2,000 respondents had received psychological care, many for long-term depression.

## Conclusion

The research is clear: mothers and fathers are essential for optimal child-rearing. Gender complementarity affords children the opportunity to thrive in the best possible environment. Other family forms are not equally as helpful or healthful for children. Substantial research demonstrates the negative effects of father hunger. One can only surmise the consequences of mother

hunger.

Adoption is not a right for prospective parents. Rather the best interest of the child should always prevail. Although most children do well when raised by the couples who conceive them, some children are voluntarily released for adoption because parents are not able to adequately care for them. Others become available for adoption because of abuse or neglect. These children have a right to the best possible parenting arrangement that society can provide. The best interest of a child is in a family setting with parents whose health and lifestyle are likely to ensure appropriate care and guidance until the child reaches adulthood. Taking into consideration appropriate family preparation, the social science data suggests that a home with a married mother and father has beneficial outcomes for adoptive children. Other family constellations are less optimal and place children at risk.

The emerging data on the placement of children with homosexual couples provides significant warning signs, suggesting that there are differences between children reared by homosexual and heterosexual couples. Stacy and Biblarz's meta-analysis (2001) contradicted prior studies on homosexual parenting, and concluded that lesbian mothers have a feminizing effect on their sons and a masculinizing effect on their daughters. How healthy is the rejection of gender roles?

What is more alarming is that both historical and current research provides significant concerns about the medical and mental health consequences of homosexual practices, as well as the stability of homosexual relationships. Medical health, mental health, longevity and relationship stability are essential issues to be addressed when considering the placement of children. Those who engage in homosexual practices present serious concerns in all of the above areas. Hayton (1993) expressed concern about children who are reared without the benefit of dual-gender parenting. What do children learn from homosexual relationships? Hayton writes,

Homosexuals . . . model a poor view of marriage to children. [Children] taught by example and belief that marital relationships are transitory and mostly sexual in nature. Sexual relationships are primarily for pleasure rather than procreation. And they are taught that monogamy in a marriage is not the norm and should be discouraged if one wants a good marital relationship. (p. 9)

The contribution of gender complementarity to child rearing is deeply rooted in the innate differences between men and women. The Harvard sociologist Pitirim Sorokin (1956) concluded that no society has ceased to honor the institution of marriage and survived. Traditional marriage and parenting contributes to the fulfillment of life's meaning to both individuals and society. Enjoying the marital union in its infinite richness, parents freely fulfill many other paramount tasks. They maintain the procreation of the human race. Through their progeny, they determine the hereditary and acquired characteristics of future generations. Through marriage they achieve a social immortality of their own, of their ancestors, and of their particular groups and community. This immortality is secured through the transmission of their



name and values and of their traditions and ways of life to their children, grandchildren, and later generations. (p. 6)

Regarding gender complementarity and child-rearing, tradition and science agree: mothers and fathers provide optimal development for children. Children's needs must be placed first. The placement of children in settings where there is not a mother and a father begins a slippery slope, one filled with risks that neither

the children, nor society, can afford to take.

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### **Doctoral Candidate Publishes Analysis Of Rhetoric Used To Describe Reparative Therapy**

Craig O. Stewart, a doctoral candidate in Rhetoric at Carnegie Mellon University has published a lengthy analysis of rhetoric used in the news media to describe reparative therapy. The study, "A Rhetorical approach to news discourse: media representations of a controversial study on 'reparative therapy'," was published in the April, 2005 edition of the *Western Journal of Communication*.

Stewart's stated objective is to survey how linguistic choices are used to create a demarcation between good science and bad science in media reports on reparative therapy and other controversial scientific subjects.

Stewart notes that one of the first techniques used in demarcating between good and bad science is by "framing" the issue. Framing is typically done in the headline of a story and in the lead paragraphs. Four kinds of framing are used: conflict, human interest, responsibility and economic consequences.

One element of framing is designed to marginalize or discredit certain points of view by attributing them to social deviants. Other techniques involve the use of quotation marks, epithets, etc. to provide a frame or viewpoint for the story.

Stewart analyzed how the mainstream media, psychological groups such as NARTH, pro-family organizations, and gay activist groups covered Dr. Robert Spitzer's 2001 study of the possibility of change in sexual orientation in some individuals with same-sex attractions. An Exodus press release on the Spitzer study introduced him as a "prominent psychiatrist" and then describes his standing within the psychiatric community. The Exodus release also quotes pro-gay organizations as being critical of Spitzer's study but these protests are dismissed as being invalid. The Exodus release ended with a quote from NARTH President Dr. Joseph Nicolosi who criticizes Spitzer's critics as being motivated by political, not scientific considerations.

The National Gay and Lesbian Task Force characterized Spitzer's study in its headline as "flawed" and puts "reparative therapy" in quotes to stigmatize the term. The NGLTF also described Spitzer's study as "snake oil packaged as science" and "tainted and biased." GLAAD's release states that it "condemns unscientific study's claim that sexual orientation can be 'changed.'" Again, quotes are used to frame the term "changed" as being illegitimate or false.

Stewart concludes by observing that particular news frames "give presence to an interpretation that demarcates a study as either good or bad science, and researchers as good or bad scientists."

### **Access NARTH's Online Bookstore**

NARTH's online bookstore offers a wealth of reports and books on helping individuals overcome unwanted same-sex attractions. The bookstore features NARTH's Conference Papers. Some back issues are discounted at \$5 each. The 2004 Conference Papers are available for \$10.

The online credit card feature allows you to join NARTH or renew your membership online. Access the bookstore by going to the NARTH home page: [www.narth.com](http://www.narth.com).

