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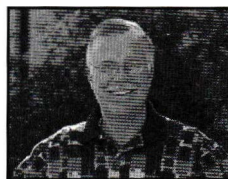
NARTH Responds With 'Good Science And Demonstrable Clinical Experience' At The Annual Conference

Keynote Speaker's New Study Called "Must Reading" By Former APA President

By Daniel Byrne, Ph.D.

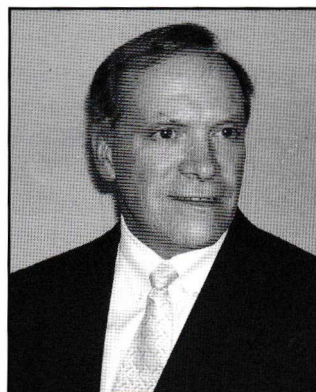
The NARTH Conference in Dallas, Texas this year included stellar presentations by scientists and clinicians who responded forcefully to the false notion that homosexuality is innate and immutable. In fact, scholars and practitioners provided convincing evidence that homosexuality is more fluid than fixed, and that indeed, individuals can make desired changes in their lives.

Responding from a strong research base with a study that meets the high standards set by the American Psychological Association, Dr. Stanton Jones presented the results of his longitudinal, prospective study—a book just released by InterVarsity Press entitled, *Ex-Gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation*.



Douglas Abbott,
Ph.D.

Dr. Jones noted that the answer to whether or not some motivated people can alter aspects of their sexual orientation through religious ministry is "Yes." His presentation was entitled, "Can Homosexuals Change? Is the Attempt Harmful? Results of a Prospective, Longitudinal Study of Religiously-Mediated Change Attempts."

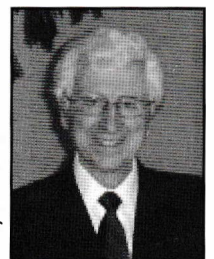


Keynote Speaker
Stanton Jones, Ph.D.

Dr. William O'Donohue, the Nicholas Cummings Professor of Organized Healthcare Delivery, University of Nevada, Reno, characterized Dr. Jones' study as "first-rate scholarship." Dr. Brent D. Slife, Professor of Psychology at Brigham Young University, characterized the study as "careful scholarship and empirical rigor."

Further, Dr. Nicholas Cummings, former president of the American Psychological Association, commented:

"I have waited for over thirty years for this refreshing, penetrating study of an imperative, though controversial human condition. This is 'must reading'...."



Nicholas
Cummings, Ph.D.

Those in attendance were impressed with the scholarship and clinical expertise of many of the presenters, including that of Dr. James Phelan, who provided a comprehensive review of the scientific evidence regarding the genesis and treatment of unwanted homosexual attractions.

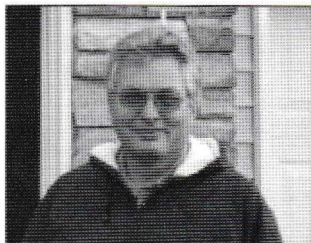


Christopher Rosik,
Ph.D.

Dr. Christopher Rosik focused on the ethi-

(Continued on page 2)

cality of providing psychological care for those with unwanted homosexual attractions and offered ethical guidelines. (The NARTH Governing Board is slated to review the guidelines for possible adoption.)



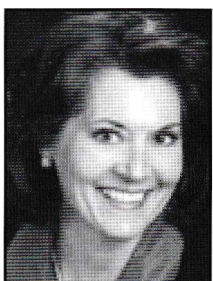
Peet Botha, Ph.D.

Presenters also included Dr. Douglas Abbott, University of Nebraska, who offered a stimulating paper on the role of free will in same-sex behavior. This new model focused on the power of choice in responding

to unwanted homosexual attractions, notwithstanding environmental and biological influences. Other presenters were Dr. Peet Botha, South Africa, who offered a presentation on "Homosexuality- A Phenomenological Approach to Early Communities' Attitudes to Homosexuality"; and Dr. Julie Harren-Hamilton, whose presentation was titled, "Homosexuality 101: What Every Therapist, Parent, and Homosexual Should Know But Isn't Being Told."

Dawn Stefanowicz, who grew up in a household with a homosexually active father, spoke about the impact that his gender confusion and promiscuity had on their family.

Psychotherapist Janelle Hallman offered a paper on "The Next Generation of 'Lesbian' Women." In her clients, she sees disruptions in mother-daughter attachment, deficits in development of the core self, and an attitude of "gender irrelevance," where gender is seen by the SSA woman as somehow detached from personhood or irrelevant to it. She

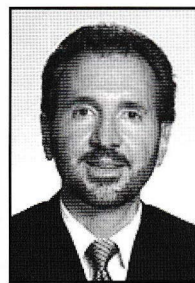


*Janelle Hallman,
M.A., LPC*

spoke about the growing phenomenon of bisexuality, and offered advice to parents with lesbian or bisexual daughters.

NARTH Board member and psychotherapist Mary Beth Patton presented a speech about "The Bisexual Woman." Most of her clients reported childhood attachment losses -- typically, having consciously chosen not to identify with their mothers, and having experienced a lack of closeness to other girls. In adulthood, there is a tenuous connection to men. Many of her bisexual clients are married women enmeshed in a same-sex relationship that is threatening their marriage. Respecting their uniqueness and right to autonomy, she

assists her clients in untangling their relational conflicts.



*Joseph Nicolosi,
Ph.D.*

NARTH President Joseph Nicolosi, Ph.D. offered a workshop on "Revisiting the Scenario Preceding Homosexual Enactment." When clients report an unwanted incident of same-gender sex, they commonly describe having struggled with one or more of the following immediately beforehand: shame, envy, a feeling of having been slighted, unexpressed anger, being mired in "The Gray Zone" (boredom/depression), or an aborted expression of masculine assertion. Dr. Nicolosi explained how therapists can help their clients avoid moving from those negative states into unwanted sexual experiences.

With Dr. Dean Byrd now moving into the NARTH leadership post, Dr. Nicolosi chronicled some of the accomplishments of NARTH during his many years at the helm, where membership grew from three founding members to over 1,000. Only two persons have led NARTH since its beginning in 1992: Charles Socarides, M.D. and outgoing president Nicolosi.

Dr. Byrd offered a talk on "The Interpersonal Approach to the Psychological Care of Men with Unwanted Homosexual Attractions." Interpersonal theory and therapy provide an effective approach for unwanted homosexual attractions. This approach finds support for its effectiveness in the neuropsychological literature.

From moderated panel discussions involving seasoned academics and clinicians to informal discussions between professional and laypersons, the conference provided a warm, open, and inviting atmosphere for exchange. Attendees repeatedly expressed appreciation for the scholarly, yet understandable dialogues.



*Mary Beth Patton,
M.A., LPC*

The conference's mission statement was described as "respecting every client's dignity, autonomy and diversity," supporting the inalienable freedom of every client to claim a gay identity, or to diminish their homosexuality and develop their heterosexual potential. ■

THE NARTH BULLETIN



"Victory on the Bow of a Ship"

NARTH Scientific Advisory Board Member Presents At APA Convention

In defining "homophobia," the mantle of science is utilized to favor one side on a philosophical issue, says NARTH's Dr. Christopher Rosik.

Research On Measurements Of "Homophobia" And "Homo-Negativity"

By Christopher Rosik, Ph.D.

My poster session during the American Psychological Association conference highlighted the recent research I have published (Rosik 2007a, 2007b) that examines the construct of homophobia and homo-negativity from a more critical perspective.

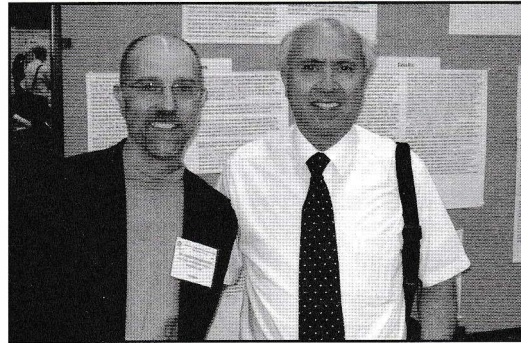
Utilizing Watson's Ideological Surround Model (Watson, et al., 2003) as a backdrop, my study examined the structural properties of Herek's (1998) well respected Attitudes Toward Lesbians and Gay Men Scale (ATLG-R) for a sample of 155 conservative Christian students. Ideological perceptions of the ATLG-R items were derived from a smaller (N = 36) sample of students similar in demographic makeup and religious devotion. These students evaluated whether or not the ATLG-R scale items were consistent (pro-religious) or inconsistent (anti-religious) with their religious tradition.

Anti-Religious Test Bias

Factor analytic and ideological surround analyses indicated that the ATLG-R was disproportionately comprised of items perceived to be anti-religious, with the primary "Condemnation-Tolerance" component consisting exclusively of such items, the majority of which related directly to respondents' beliefs about the morality and naturalness of homosexuality.

Furthermore, respondents' degree of self-identification as Christian (i.e., agreement with the statement, "I am a Christian"), when factor analyzed as an additional item in the ATLG-R, loaded singularly and to a greater degree than over half of the items on the "Condemnation-Tolerance" component. This suggested that the so-called "condemnation" identified by the ATLG-R was central to the religious self-perception of these conservative Christian students.

Three multiple regression analyses then revealed that the associations between homo-negative attitudes and respondents' intrinsic religiousness, religious practice, and beliefs about the authority of the Bible were predicted only by the "Condemnation-Tolerance" component after accounting for gender, age and the remaining components of the ATLG-R. These findings suggest the possibility of an ideologically-based circularity in the relationship between conservative religion and the construct of homophobia as measured by the ATLG-R. Thus, for these



Christopher Rosik, Ph.D. (left) and A. Dean Byrd, Ph.D. at APA poster session on homophobia.

respondents the ATLG-R may function as an empirically packaged method of disparaging their religiously-based values concerning homosexuality. It appears that the mantle of science is

being utilized covertly to favor one side on an ideologically prescriptive, fundamentally non-empirical issue, i.e., the morality and naturalness of same-sex behavior.

I concluded that it is crucial for mental health professionals to cultivate greater sensitivity in the use of the terms homophobia and homo-negativity in relation to religious conservatives.

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Dr. Christopher H. Rosik is a Phi Beta Kappa graduate of the University of Oregon. He received his doctoral degree in clinical psychology from Fuller Graduate School of Psychology. Dr. Rosik is a licensed psychologist and director of research at the Link Care Center in Fresno, California, as well as a member of the clinical faculty at Fresno Pacific University.

NARTH's President-Elect Chairs Symposium At APA Convention In San Francisco

By Daniel Byrne, Ph.D.

A symposium sponsored by Division 1 (Society for General Psychology) was held at the annual convention of the American Psychological Association in San Francisco on August 20. Though relegated by APA to a Monday-morning slot, the gathering was well attended -- reflecting substantial interest both in the topic and in the presenters.

The symposium, "Reforming APA Advocacy," was chaired by the President-Elect of NARTH, A. Dean Byrd, Ph.D, MBA, MPH.

Presenters included Drs. Nicholas Cummings and Frank Farley - both former APA presidents -- and Dr. Rogers Wright, a former member of APA's Board of Directors. Not only were these esteemed participants once APA insiders, but their *curriculum vitae* classify them as among the most influential leaders in psychology today.

Dr. Cummings and Dr. Wright are also former keynote speakers at NARTH Conferences.

Summarizing his impression of the symposium, NARTH Scientific Advisory Board member Dr. Christopher Rosik said: "I believe that Cummings, Wright and Farley have a wealth of insight into the dysfunction currently existing in the APA, as well as solid ideas on how to remedy the problems. They all seem to converge on the notion of returning the vote back to the membership, rather than letting the Council decide social-policy matters."

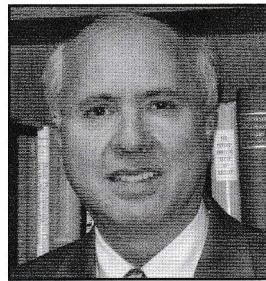
Dr. Byrd opened the symposium by citing his motivation for proposing it: his admiration for a new book edited by Wright and Cummings, *Destructive Trends in Mental Health*.

The book, reviewed by Dr. Byrd (for the NARTH web site) describes it as perhaps the most important critique of the mental health profession during this decade.

Political Agendas Controlling Science

Wright and Cummings, along with an Academy-Award roster of prominent mental health professionals, conclude that "psychology, psychiatry, and social work have been captured by an ultra-liberal agenda." "Misguided political correctness tethers our intellects," they observe, and "if psychology is to soar like an eagle, it needs both a left wing and a right wing."

Chapter after chapter in this well-written book documents how APA has again and again taken position statements and issued resolutions without adequate scientific data or demonstrable clinical experience.



A. Dean Byrd, Ph.D.

Wright cites the issue of homosexuality as 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 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 preference in patients who have a desire to do so."

Former APA President Decries APA's Activism

The spirited presentation by Dr. Cummings began with the following introductory comment: "In his President's Column in the Monitor on Psychology (October 2006), APA President Gerald Koocher declared, 'Psychological science is not politically correct.' Coming after almost three decades of politically correct APA proclamations, most [of which] are gratuitous and devoid of scientific verification -- with some even silly -- it caused me to reminisce about another president...that one of the United States. It was Richard Nixon who declared on TV at the height of the Watergate Scandal, 'I am not a crook.' Even though they are light years apart in the level of importance to society, there is an escapable similarity in the absurdity of both statements in the face of the existing facts."

In his eloquent style, Dr. Cummings provided a case for the continuing erosion of psychological science by APA, focusing on the "dozens of proclamations, ranging from boxing, to Zionism, to the silliest of all -- the naming of athletic-team mascots -- all without one shred of scientific evidence."

"In the meantime," Dr. Cummings noted, "dire social problems persist and even increase as psychology, the science that should be addressing these, has its hands tied by political correctness. 'PC' has a chilling effect on scientific inquiry, making taboo the investigation of certain problems that should be the province of psychology.... APA proclamations have the effect of ending debate -- carving into stone ignorance and lack of scientific understanding."

Demoralization Of The APA Membership

Of APA membership, Dr. Cummings concluded, "A large number who remain in the APA are demoralized and detached, maintaining their membership because they need the benefits such as malpractice insurance...Much of the membership is essentially disenfranchised, getting to vote only for the president, while divisions and their sub-divisions elect the Council of Representatives, the Board of Directors, and control the numerous committee and task force appointments. The APA is a bloated bureaucracy run by an oligarchy of about 200 who recycle themselves through various offices in a kind of musical chairs."

Dr. Cummings fears that "Unless psychology alters this nihilistic course, it will eventually be totally discredited."

Last year, Dr. Cummings proposed a governance overhaul that was strongly endorsed by APA past-president Dr. Patrick DeLeon. The proposal called for the removal of control of the APA from the divisions and returning control to the membership based on a one-member, one-vote democratic principle for all the offices within APA. Dr. Cummings predicted that his proposal would be DOA -- dead on arrival. "It was worse," Dr. Cummings noted. "My proposal was stillborn."

Too Late For Reform?

"Without reform, psychology will continue to decline," noted Dr. Cummings. He concluded that unless something is done soon, "it will be too late for reform, and will require desperation."

Dr. Wright's presentation began by describing his dilemma. After more than 50 years of active membership and substantial commitment, he admitted that he was agonizing about resigning from the membership of APA.

Cited as the cause for such drastic consideration were two reasons:

1. APA's "abuse of its public stature in the interest of advancing controversial social and/or political goals," and
2. The "fecklessness" of APA's recent leadership.

Included in Dr. Wright's paper were grave concerns about APA's continued violation of the Leona Tyler Principle, an accepted position adopted by the Council of Representatives.

The principle forbids APA from taking positions or issuing proclamations where there is inadequate science and/or demonstrable clinical experience. (This principle does not prevent any psychologist from taking a position or advocating for particular issues either individually, or in groups. However, when there is an absence of data derived from science or practice, APA as a group must remain silent.)

Banning Therapy Would Be Unethical

Citing APA's previous attempt to ban psychotherapy aimed at reducing unwanted homosexuality, Wright concluded that this effort was "ill-advised," noting that "the causation of homosexuality remains unknown," and "success/failure rates of sexual-identity change as a function of psychotherapy are equally unknown, (perhaps currently unknowable)," and suggesting that the correct application of the Leona Tyler Principle would have found any consideration of this anti-therapy proposal "out of order" from the very outset.

Dr. Farley's response to the Cummings and Wright papers was equally spirited. As a more recent APA president, Dr. Farley provided additional data supporting the "growing chorus in APA demanding reform" of APA's political advocacy. He expressed concern that APA has become "a politically correct profession, with crowd control by the thought police."

Persistent Ideological Bias

Dr. Farley noted the corrosive effects of sociopolitical ideologies, the presence of liberal biases, APA's politicization, and its inappropriate involvement in public and political issues. The audience response to the symposium was overwhelmingly positive, with many participants citing similar concerns.

Longtime APA member Dr. Norma Hart echoed those concerns about APA's preoccupation with political correctness, and demonstrated the corrosive effects on psychology of adherence to such "correctness."

Dr. Steve Smith concluded that a "return to the 'Tyler Principle' is sound and important to pursue."

Of the potential ban on providing psychological care for those with unwanted homosexual attractions, Dr. Smith declared, "I'm persuaded that there is no compelling scientific reason to ban work with homosexual persons who want to make a change in orientation."

What was clear from the response to this symposium is that there is a widening effort from APA members for more input into the resolutions and position statements made by APA. There was also a clear mandate to re-institute the Tyler Principle as a way of preventing special interest groups from masquerading activism as science, as well as a demand for a more democratic form of governance.

Perhaps the time has come for grassroots efforts to demand reform in APA advocacy -- *now*.



A Family Counselor In Spain Uses The Internet To Help Individuals Struggling With Unwanted Same-Sex Attractions

Maria Jose Mantica has an M.A. in Marriage and Family Counseling. She has lived and worked in Latin America, the United States, the Caribbean, Africa, Europe and now lives in Spain. During the past five years, her work has involved helping individuals with unwanted same-sex attractions. She was interviewed by a member of the NARTH editorial team.



Maria Jose Mantica

Please describe briefly your current work.

I presently participate as a counselor in a non-profit organization that provides on-line Reparative Therapy. We assist 2,500 Spanish speaking SSA individuals. The group is comprised of males and females, whose ages range from 13 to 66, are either single or married, and are from more than twenty different countries. Some parents of homosexuals also reach out for advice. Our members attend a series of workshops based mainly on Dr. Nicolosi's work. Books and articles by Gerard van den Aardweg, Jokin Irala, Richard Cohen, Jeffrey Satinover, Elizabeth R. Moberly, David Morrison, Anne Paulk and Janelle Hallman are also used.

When did you learn about reparative therapy?

While I was living in Madrid, Spain some seven years ago, a well known psychiatrist asked me to contribute to an investigation regarding homosexuality. Using Dr. Gerald van den Aardweg's findings as a point of departure, I came across NARTH's web site and discovered the most complete and scientifically-backed information on Reparative Therapy I have yet encountered.

How did you get involved in working with SSA individuals?

After becoming aware that unwanted homosexuality is a problem that spans all ethnicities, religions, nationalities and ages, and encountering people who strongly wanted to change their sexual identity but did not know where to get help, I decided that I needed to learn more about Reparative Therapy. In 2004, I attended a conference in Milan given by Dr. Joseph Nicolosi. I was impressed by his work and the respect and admiration homosexuals themselves have for him. Since then, I have been present at a NARTH national conference, and recently participated in Dr. Nicolosi's "The Time for Truth" conference in London. I hope to further my education on this subject matter, and will dedicate a great part of my professional life to helping SSA individuals.

What sort of opposition have you encountered in Spain?

Spain's socialist government has legalized gay marriage and it harshly opposes anyone who considers homosexuality to be an attachment problem. A specific date has been designated National

Homophobia Awareness Day. Any mention of Reparative Therapy is judicially punishable, persecuted, ridiculed by gay lobbyists, and silenced, as it counters the government's official stance.

Can you describe what your experience has been with SSA individuals?

My personal and professional life has been enriched in many ways by working with SSA individuals. I respect all homosexuals, as they are sensitive people who have endured a lot of pain in their lives, but I also admire and honor those who while suffering with their condition have the courage to change.

Imparting Reparative Therapy through the internet is extremely rewarding. I see progress every day. While some individuals take small steps forward, others have already experienced enormous changes. Those who have successfully given up their homosexual lifestyles serve as discussion moderators on our web site. Both their example and solidarity offer hope to those striving to understand and repair the wounds that drove them towards their same-sex attraction.

What advice can you give to others who may wish to use reparative therapy?

Doing Reparative Therapy is a very serious matter; not doing it correctly can be very damaging. It is extremely important to be well trained and well informed. I would advise anyone who wishes to apply Reparative Therapy to SSA individuals to closely follow Dr. Nicolosi's work. NARTH, Exodus, Courage and JONAH also offer excellent sources on Reparative Therapy.

Do you ever regret doing this work?

I will always respect those who choose a homosexual lifestyle, but will also lend a hand to all who struggle with their homosexuality and exhibit a desire to change. It is impossible to regret this line of work when you can alleviate the excruciating pain felt by some SSA individuals. As expressed by one of our members' personal testimony:

I am a 25-year-old man, and believe that through my testimony, I might be able to help someone out there, as another's testimony once helped me. I was born to a 17-year-old mother; my father was of a similar age. The circumstances of the time led the two to marry in order to raise me. Thank God they did not opt for abortion, as some family members of mine had recommended. After three years of periodically abusing her, my father ended up mur-

dering my mother. Years later, he committed suicide in prison. I was left under the care of my grandparents: an overprotective mother/grandmother trying to keep me from committing the same mistakes her daughter had, and a distant father/grandfather figure. Amidst this tumultuous childhood, I felt defenseless in the classroom, and experienced what I deemed was a sort of social marginalization.

I found it impossible to relate to other boys, and was afraid of all the girls. At the age of 15, I was initiated in the practice of homosexuality, and from that point on, until I discovered Reparative Therapy, I maintained a daily regimen of sexual relations with multiple partners.

None of these relationships were lasting or fulfilling, so at the age of 16, I joined a homosexual association as a proactive member, collaborating in magazines, web pages, and a few conferences.

We worked to change the world towards a more gay-friendly attitude, and to promote lasting relationships. I later understood this was an impossible goal. All of my partnerships were short-lived, and the longer lasting ones were fairly "open." From that point on, and until I turned 23, I was involved in all sorts of homosexual activity, from the more ordinary variety, to the practice of orgies and sadomasochism. I grew more and more empty and depressed each day, and attempted suicide more than once.

I tried to force myself to become attracted to women, or even remain chaste, but was unable to resist the temptations surrounding me, and always regressed into my old habits.

Today, I am new man; that is to say, I am the same person I have always been, but am no longer held hostage by homosexuality. I came across a website, where I was offered the opportunity to undergo web-based Reparative Therapy. At first, I was very skeptical. How could a website ever help me make headway with my problems? Especially considering all the efforts I had already made? Impossible! Yet, the thought of others' success gave me hope.

I worked on improving relations with my parents, battled with my inferiority complexes, successfully maintained chastity, and was able to control homoerotic thoughts. As a by-product of my work, and without having to force the situation, I became attracted to women.

At the moment, everything is great, but I understand I have to continue my efforts and therapy for many years to come. This is a comfortable and pleasant thought, though. Everything has been happening so fast, and I would hate to regress in my condition. I owe my life to Reparative Therapy. Through it I was able to understand how and why homosexual tendencies and feelings arise. A window of hope was opened for me. If I have been able to experience change, why not you?

"Advocate" Magazine Describes Drug-Related Depression In MSMs

The *Advocate* magazine (January 30, 2007) described the problem with depression that MSMs (Men who have Sex with Men) have as it relates to the use of the drug Ecstasy.

According to the *Advocate*, "It has been widely reported that the incidence of depression among gay men is higher than in the overall U.S. population. One often-cited study report that more than 17% of American gay and bisexual men suffer from depression, compared with 9.5% of all adults."

In addition, a survey of high school students in Massachusetts found that gay teens are about four times more likely to have attempted suicide in the last year than their counterparts.

Tom Johnstone, an MSM who has used Ecstasy for years, believes this drug is what may have caused his mental illness. "I think that taking the amount of Ecstasy I started taking at such a young age definitely has been a factor in my depression. When I'm not on Prozac, I'm suicidal. I've always felt there was a connection."

Jim Solz with the Pride Institute observes: "There are people who use drugs and alcohol because of a mood disorder, and there are people who have a mood disorder because they used drugs and alcohol." The *Advocate* notes that long-term or heavy use "appears to change the brain's mood-controlling system permanently. A number of studies suggest that Ecstasy causes depression and anxiety that lasts far

longer than any initial withdrawal would. This long-term depression is the result of Ecstasy damaging the brain's serotonin-producing neurons."

Dr. Neil Whitehead, a NARTH advisor, writing in his NARTH article, "Homosexuality and Mental Health Problems" has surveyed a number of studies that indicate that MSM males suffer from higher rates of psychiatric problems than do heterosexuals. Whitehead, however, points out that even in countries where tolerance for homosexual behaviors is high, this higher rate of psychiatric problems persists.

"Losing One's Life For Sexual Liberation"

According to Whitehead, "A strong case can be made that the male homosexual lifestyle itself, in its most extreme form, is mentally disturbed. ... Same-sex eroticism becomes for many, therefore, the central value of existence, and nothing else—not even life and health itself—is allowed to interfere with pursuit of this lifestyle. Homosexual promiscuity fuels the AIDS crisis in the West."

Whitehead continues: "Bluntly then, core gay behavior is both potentially fatal to others, and often suicidal. Surely it should be considered 'mentally disturbed' to risk losing one's life for sexual liberation." ■

An Empirical Study Of The Mother-Son Dyad In Relation To The Development Of Male Homosexuality

By Gregory L. Dickson, Ph.D. and A. Dean Byrd, Ph.D., MBA, MPH

Previous research suggests the need for further exploration of the parent-child relationship in the development of adult male homosexuality. Utilizing the Parent-Child Relations Questionnaire (PCR-II; Siegelman, 1979) 135 men (57 ego-syntonic homosexuals, 34 ego-dystonic homosexuals, and 44 heterosexuals) were surveyed. Results indicated significant group differences on the PCR-II Mother scales and on frequency of sexual abuse, with homosexuals far more likely to recall abuse. Results are consistent with past studies which suggest an important role for environmental factors in the development of homosexuality.



Gregory L. Dickson, Ph.D.

Introduction

In 1973, after a long period of political debate and professional conflict, homosexuality was deleted by the American Psychiatric Association from its official listing of psychiatric disorders (American Psychiatric Association, 1973). Since then, in spite of the fact that a significant portion of society claims a homosexual orientation, and a disturbing amount of professional and societal confusion continues about the subject, published

empirical research regarding the impact of environmental factors on the development of homosexuality has decreased significantly. As Bieber and Bieber (1979) stated, "The openness and politicizing of homosexuality have helped many homosexuals overcome feelings of isolation and to some extent guilt but it has also served to reinforce denials that personal problems exist" (p. 417).

Not all etiologic research has ceased, however. Since 1973, apparently spurred by intense political pressure, a quest to conclusively determine a genetic etiology for homosexuality to the exclusion of potentially contributing environmental factors, has ensued. Rekers (1995) stated,

Reductionistic Biological Models

"Biological approaches are often either reductionistic models of causality or statistical inferences based on theories that are themselves naïve in their simplicity. There is a great deal of rich complex data about the development of homosexual orientations yet the careless misapplication or misappropriation of such information for the sake of expediency does little to advance understanding." (p. 297)

Schore (1996) studied the impact of primary attachments and socio-emotional stressors on neurological development and subsequent behavior. His findings may be helpful in establishing a broader scope of investigation into a potential biological etiologic factor leading toward the development of adult homosexuality. Schore stated, "Less than optimal affect-regulating experiences

with the primary caregiver are imprinted into the circuits of this frontolimbic system that is instrumental to attachment functions, thereby producing orbitofrontal organizations that neurobiologically express different patterns of insecure attachments" (p. 59). He continued, "Deficits in function must be associated with defects in dynamic structural systems, and a theory of the genesis of psychopathology needs to be tied into current developmental neurobiological models of the experience-dependent anatomical maturation of brain systems, especially systems involved in socioemotional functioning" (p. 59).

This broadened view of the impact of environmental factors on subsequent brain development, as suggested by Schore (1996), may help to understand the etiology of homosexuality and contribute toward a resolution of this ongoing nature-nurture debate. The issue of biology versus environment is important to the extent that the exclusion of either narrows the focus of exploratory research, thereby limiting the fullest possible understanding of the homosexual.

Without denying the possibility of replication of existing genetic or biological findings, and in keeping with the view that more research is needed regarding the etiology of homosexuality, the current study examined potential environmental activators in the development of male homosexuality with a specific focus on the mother-son relationship. In addition, this study explored the impact of environmental factors and current life experiences on the heterosexual and homosexual groups. While clinical experience considers the importance of these factors, they have heretofore not been empirically studied. These factors include history of sexual abuse, age at first sexual experience, primary childhood attachment, number of partners, and depression.

The predominant model for studying environmental impact on the development of homosexuality has been mother-son and father-son relationships. To date, little work has been done on whole-family dynamics, including the impact of siblings, on the development of adult male homosexuality. While the potential contributions of birth order, number of siblings, and parental age variables to homosexual development are important for consideration and deserving of further investigation, such studies, like much of previous research, are reductionistic. They attempt to define and explain too simply that which appears to be an intri-

cate and complex process. This study does not deny or minimize the impact of whole family dynamics, but will focus primarily on parent-child issues in an attempt to further clarify issues raised by previous studies. Specifically, a theoretical understanding of the development of male homosexuality from an object relations perspective will be reviewed.

Object Relations Theory centers around the concept that the developing infant's sense of being (or self) is determined by the way the mother, or mother-substitute, responds to the child. Past research has suggested the evolution of homosexual orientation within an Object Relations Theory matrix (Bergler, 1956; Socarides, 1978). As development occurs, the child must first form a secure, close attachment to mother, while discovering a self separate from mother; he must also identify with a male role model in order to internalize a secure male identity (Lynn, 1962). When the mother significantly impinges (by acts of either commission or omission) on the process of attachment and/or subsequent detachment, the boy's sense of masculine self will be adversely affected (Atkins, 1982; Greenberg & Mitchell, 1983; O'Connor, 1964).

Psychoanalytic literature asserts the importance of the male child's replacement of the primary object of his identification—his mother—with identification towards his father (Abelin, 1975; Chodorow, 1988; Dumas, 1997; Mahier, 1975). Greenson (1968) stated, "The male child's ability to disidentify [with the mother] will determine the success or failure of his later identification with his father" (p. 370). Poorly developed paternal relationships can push boys into avoidance of masculine behavior, leading to feelings of inferiority and a perceived lack of manliness (Moberly, 1983; Nicolosi, 1991; van den Aardweg, 1984). Although beyond the scope of the present study, a similar model has been theorized for the psychosexual development of girls (Williamson, 2004).

False Self Syndrome

Fisher and Greenberg's (1996) analysis of current literature supported the idea that many homosexual males experience an overly close relationship with their mother and a negative relationship with a hostile father (Fisher & Greenberg, 1996). A close-binding and intimate (CBI) mother-son relationship can impinge on the process of attachment (Bieber & Bieber, 1979). According to Hornet (1988), a CBI mother can facilitate in her son a "false-self syndrome." Britton (2004) classified this syndrome as a narcissistic disorder: The mother facilitates the child's withdrawal from external relationships to become preoccupied with himself. Britton goes on to say that these individuals "cannot form an ordinary transference relationship. Some remain aloof and detached, others are adherent, clamorous and concrete in their transference attachment and yet others form an unreal, compliant relationship" (p. 478).

The literature also supports Freud's theory of the mother-son dyad and homosexual development (Fisher & Greenberg, 1985): that homosexuals are more likely than heterosexuals to report having an affectionate mother who treated her son as a confidante and discouraged appropriate adolescent heterosexual

behavior (Bieber et al., 1962; Evans, 1969).

The empirical literature on the mother-son relationship can seem contradictory to the CBI relationship; other research has suggested that distant and less restrictive mother types can also contribute to homosexual development (Apperson & McAdoo, 1968; Siegelman, 1974; Stephan, 1973). One such researcher stated that homosexual males reported their mothers as less loving and more rejecting than mothers described by their heterosexual peers (Millic & Crowne, 1986). Bene (1965) found that homosexuals reported significantly more hostility from and less affection toward both the father and the mother than heterosexual males.

The current study examined the mother-son relationship in contributing to homosexual behavior using the Parent Child Relations Questionnaire (PCR-II; Siegelman, 1979). In addition, this study explored the impact of environmental factors and current life experiences on the heterosexual, ego-syntonic homosexual, and ego-dystonic homosexual groups. Although clinical experience considers these factors to be important they have not previously been empirically studied within the same sample. Relevant factors include history or sexual abuse, age at first sexual experience, primary childhood attachment, number of sexual partners and depression.

Hypothesis

The primary focus of the current study was on the homosexuals' responses to the PCR-II scales Mother Love, Mother Demand, Mother Attention, Mother Reject, and Mother Casual. The study compared the responses of ego-syntonic and ego-dystonic homosexual groups with each other and with a group of heterosexual males. Relative to the Mother Love, Mother Demand, and Mother Reject scales of the PCR-II, it was hypothesized that homosexuals would report a less loving, more demanding, and more rejecting mother than their heterosexual peers. This is the first study to compare ego-dystonic and ego-syntonic homosexuals' relations to their mothers. It was hypothesized that there would be no difference between the two groups. The current study also explored without hypotheses the possibility of group differences in the areas of sexual abuse, depression, number of sexual partners, and primary parental attachment.

Methods

The purpose of this study was to investigate the mother-son dyad in the development of adult male homosexuality. Utilizing the criteria and questionnaires established by Dickson (1997) and Phelan (1996), the Parent-Child Relations Questionnaire (PCR-II; Siegelman, 1979) was given to each of the participants, and answers were examined. The authors further compared the responses of ego-dystonic (dissatisfied with their sexual orientation) homosexuality and ego-syntonic (satisfied) homosexuality with those of heterosexual males (Dickson, 1997).

Participants

The questionnaire was administered to 135 men: 57 ego-synton-

ic (satisfied with their sexual orientation) homosexuals, 34 ego-dystonic (dissatisfied) homosexuals, and 44 heterosexuals. Each participant was asked to read and sign a statement of informed consent. Confidentiality was assured.

Homosexual orientation was differentiated according to self-reports of same-sex desires, fantasies, and/or sexual partnership (Dickson, 1997; Phelan, 1996). Participants were classified as homosexual if they reported having homosexual tendencies "all of the time" or "some of the time"; those who reported having homosexual tendencies "none of the time" were classified as heterosexual.

For the purposes of this study, ego-dystonic and ego-syntonic homosexuality were distinguished based on this question: "If it were possible to change my sexual orientation, I (would or would not)." Those who expressed no desire to change orientation were considered ego-syntonic; the others were categorized as ego-dystonic. None of the heterosexual participants indicated dissatisfaction with or desire to change from heterosexuality.

Homosexual participants were recruited from clinical outpatient as well as non-clinical, non-criminal sources. Group and organizational leaders of various homosexual support, church, and political groups were contacted for permission to present the study to their group members,

Heterosexual volunteers were sought from men's civic, political, and religious organizations. Permission to discuss the study was obtained from appropriate group and organizational leaders. Participants were then recruited from among the groups' memberships.

In addition, participants were recruited via Internet notices placed on various user boards and news services. Respondents were sent the questionnaire electronically. Questionnaires completed in this manner were returned electronically and printed for future reference and analysis.

Instruments

All participants completed a questionnaire that included clinical and demographic variables: age, race, educational level, socioeconomic status, parental marital status, religiosity, and therapeutic experience (see Table 1). The PCR-II (Siegelman, 1979) is a 100-item test designed to assess the characteristic behavior of parents towards their young children as remembered by the child as an adult. There are separate forms of the PCR-II examining different parent-child relationships: mother-daughters, father-daughter, mother-son, and father-son. This study utilized the mother-son portion of the questionnaire. Each item was scored on a 4-point scale: (1) very true, (2) tended to be true, (3) tended to be untrue, and (4) very untrue.

The PCR-II has several subtexts for characterized behavior including the following: (1) Loving, or the extent to which the mother is perceived to be warm, helpful, and affectionate; (2) Rejecting, or the extent to which the mother is perceived to be

cold, hostile, and derogatory; (3) Casual, or the extent to which the mother is perceived to have few rules or restrictions and to be casual about enforcing the rules that exist; (4) Demanding or the extent to which the mother is perceived to restrict the child and enforce rules, demanding respect and punishing hard when the child misbehaves or refuses to comply; and (5) Attention, or the extent to which the mother is perceived as 'spoiling' a child or giving the child special attention or gifts as rewards. Scores on each subtest were tallied with a maximum score of 40. High scores on each subtest indicated a high level of that quality. A generalized Kuder-Richardson formula calculated 20 reliabilities for this questionnaire, ranging from .76 to .95 (Alvarez, Farber, & Schonbar, 1998).

Based on previous studies conducted by Finkelhor (Finkelhor, 1984; Finkelhor, Eloraling, Lewis, & Smith, 1990), several differently worded questions were asked to participants to elicit responses relevant to sexual abuse history (see Table 2). All participants were also asked to complete the Beck Depression Inventory (BDI), a 21-item scale which is widely accepted as a clinical instrument with a test-retest reliability ranging from .74 to .93 (Beck, Carlson, Russell, & Brownfield, 1987).

Results

Significant ($p < .05$) demographic differences were found in a three-way analysis of variance between the heterosexual and ego-syntonic homosexual and ego-dystonic homosexual groups in education, ethnicity income, religious affiliation, church/synagogue attendance, psychotherapy experience, and marital status (see Table 1).

In order to test the hypotheses a hierarchical linear regression analysis controlling for the covariance of significant demographic group differences was applied with each PCR-II scale serving as the dependent variable in turn. To determine differences between the ego-syntonic and ego-dystonic groups the Protected F pose hoc was examined.

Mother Love

As hypothesized, the heterosexual participants recalled having a significantly more loving mother than did the homosexual group when demographic differences were controlled (see Table 3). As indicated in Table 4, the mean scores did not differ significantly between the ego-syntonic and the ego-dystonic homosexuals on the Mother Love subscale.

Mother Demand

As hypothesized, the heterosexual sample recalled having a significantly less demanding mother than did their homosexual peers. Table 4 shows that the ego-syntonic men recalled their mothers as being significantly more demanding than did the ego-dystonic homosexuals.

Mother Reject

As predicted, the heterosexual participants recalled having a sig-

nificantly less rejecting mother than did the homosexual participants (see Table 3). There was no difference between ego-syntonic and ego-dystonic homosexuals on the Mother Reject scale (see Table 4).

Mother Attention and Mother Casual

The analysis indicated no significant differences between heterosexual and homosexual groups nor between ego-syntonic and ego-dystonic homosexual groups on the Mother Attention and Mother Casual (mother perceived to set few rules) scales (see Tables 3 and 4).

Sexual Abuse: 49% vs. 2%

Significant differences in sexual abuse were found between the heterosexual and homosexual groups and between the ego-syntonic and ego-dystonic groups. Fewer than 2% of heterosexuals reported having been sexually abused, compared to 49% of the homosexual participants ($p > .0005$). In the three-way comparison of heterosexuals and ego-syntonic and ego-dystonic homosexuals, 44% of ego-syntonic homosexuals and 57% of ego-dystonic homosexuals reported sexual abuse ($p < .0005$) (see Table 5).

Depression

Homosexuals reported significantly more depression than heterosexuals ($p < .0001$). Within the homosexual subgroup, the ego-dystonic men were significantly more depressed than ego-syntonics ($p > .01$) (see Table 5).

Limitations

Since sampling in the current study was not random, idiosyncratic characteristics of the sample may have contributed to the results. Therefore, replication will be crucial in establishing the validity of these results. As suggested by Friedman (1988), pen and paper questionnaires limit the researcher's ability to explore, in the deepest sense, the individual complexities and interactions of multiple layers of relational issues and are therefore limited as to empirical interpretation.

Significantly Different Childhood Recollections

The current study supported previous empirical findings (Bene, 1965; Bieber et al., 1962; Evans, 1969; Millic & Crowne, 1986; Siegelman, 1974; Stephan, 1973; Thompson Schwartz, McCandless, & Edwards, 1973) that homosexuals and heterosexuals have significantly different recollections of their childhood mother-son relationships. As hypothesized, adult male homosexuals recalled having experienced a less loving, more demanding, and more rejecting mother than did their heterosexual peers. Additionally, the present study found the ego-syntonic homosexuals were more likely to recall their mother as demanding than were the ego-dystonic homosexuals. Otherwise, no significant difference in mother recollection of the two homosexual subgroups was observed.

Unbalanced Parent-Child Relationships

Current findings were consistent with Object Relations Theory that an unhealthy and unbalanced triangular parent-child relational pattern may thwart a boy's gender and identity development from both the mother's and the father's influence, hindering the accomplishment of developmental tasks necessary for attaining and sustaining adult heterosexual relationships. These findings are also consistent with those previously reported (Bene, 1965; Dickson, 1996; Nicolosi, 1991; Phelan, 1996; Siegelman, 1974).

Both heterosexual and homosexual groups reported a high sense of attachment to their mothers and a higher sense of love from their mothers than from their fathers. The dissimilarity between their parents reported by the two groups of men was most striking in the areas of love, demand, and rejection. The process of developing a mature masculine identity appears to be affected by the mother-son relationship, the father-son relationship, the dissimilarity between the son's relationship with mother and with father, and/or a combination thereof.

The current findings regarding the experience of ego-syntonic versus ego-dystonic homosexual males are perhaps most helpful in contributing to an overall understanding of homosexuality. The minimal difference noted between the two groups may suggest that a more secure relationship with mother and father enables the child to develop and maintain a greater sense of "ego-syntonicity." These findings suggest that sense of dissatisfaction with self may contribute to the significant levels of depression currently observed in homosexuals (Bailey 1999; Fergusson, Horwood, & Beatrais, 1999; Sandfort, de Graaf, Bijl, & Schnabel, 2001). In light of the previously discussed mother/father-son patterns, there appears to be an overall "dystonia" present among homosexual individuals which may pertain more to developmental separation and individuation issues than differences due to specific homoerotic identifications. Current findings support the possibility that this sense of dissatisfaction with self may contribute to the significant levels of depression currently experienced by the homosexual group.

Sexualizing Of Male Attention

The current study highlights the need for increased understanding of the effects of sexual abuse in the development of adult male homosexuality (see Table 5). The alarming rare of childhood sexual abuse should not be ignored in research pertaining to male homosexuality. All respondents in the current study who reported molestation designated a male perpetrator; none reported a female abuser. This finding, perhaps one of the most significant of the current study, suggests that sexual abuse should be considered in evaluating etiologic factors contributing to the development of adult male homosexuality. An experience of sexual abuse may contribute to the sexualizing of the unmet needs for male affection, attention, and connection.

Previous psychological literature has focused primarily on single-factor theories regarding the role of environmental factors in the development of adult male homosexuality. The current study

may be viewed as a preliminary step towards integrating varied investigations of the complex interactive influences which occur over time at multiple levels of conscious and unconscious organization in the child and in the family

Implications for Future Research

Further inquiry into the underlying complexities of the development of adult male homosexuality is clearly warranted. The need for additional research, including multivariable studies, regarding developmental and current life experience of adult male homosexuals is suggested. Relatively few studies have attempted to measure differences between ego-syntonic and ego-dystonic homosexual men; future research should replicate and expand current findings regarding the reported differences between the two groups. Longitudinal studies would support a clearer understanding of the impact of various life experiences on the development of adult male homosexuality over time. For example, a longitudinal study could contribute to integrating the somewhat fragmented pieces of past theoretical and empirical research pertaining to homosexuality and aid in lessening the prevalent rigid nature-nurture debate.

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NARTH Urges California Psychological Association To Support Leona Tyler Principle

NARTH is urging a major psychological association to avoid politically-motivated stands in the absence of sound science.

November 7, 2007

Dr. Jo Linder-Crow, Executive Director
California Psychological Association
3835 North Freeway Blvd., Suite 240
Sacramento, CA 95834

Re: CPA signing onto APA Amicus Brief on Gay Marriage

Dear Dr. Linder-Crow:

We are writing in response to your recent e-mail announcing that the California Psychological Association has signed onto an APA amicus brief recommending homosexual marriage to the California Supreme Court. The National Association for Research and Therapy of Homosexuality is gravely concerned to learn of this decision and the clinical and academic members who make up our organization would urge you to reconsider. All too often in recent years professional associations have allowed sound professional experience and scientific validation to be subject to political fiat.

Once we abdicate our responsibility to uphold scientific standards as a basis for our policy pronouncements our scientific credibility and influence will be badly damaged. Taking political positions that cannot be supported by peer-reviewed research undermines the public's faith in the profession of clinical psychology.

In 1973, American Psychological Association President Leona Tyler enunciated the principal under which the organization would advocate in the name of psychology. This principle became APA policy. That policy established that as an organization, our advocacy should be based on scientific data and demonstrable professional experience. Absent such validation it should be left to individual psychologists to speak out on public policies. Violation of this principle erodes the credibility of the science and profession psychology represents.

NARTH urges the California Psychological Association to withdraw its support of homosexual marriage and return to its historical role of advocating mental health policies based on fact and evidence before we become just another political organization shouting to be heard in the vast arena of public opinion.

Sincerely,

Joseph Nicolosi, Ph.D.
President

Cc: Dr. Miguel Gallardo, CPA President; Pepperdine University

'21 Reasons Why Gender Matters' Examines Gender Disorientation Pathology And Social Policy

By Mike Hatfield

The Fatherhood Foundation in New South Wales (NSW) has recently published a booklet, "21 Reasons Why Gender Matters."

The booklet is based upon four foundational principles: 1. Gender differences exist; 2. Acknowledging gender differences is the only intellectually honest response to this reality; 3. Gender differences are complementary; 4. Gender disorientation exists in a small minority of individuals. It is not normative and should not drive social policies.

The 21 reasons are summarized below:

1. Gender uniqueness and complementarity means that each gender has a unique contribution that can't be filled by the other.
2. Acknowledging gender differences helps children learn more effectively.
3. Men and women are happier when they recognize these gender differences.
4. The masculine gender is an essential ingredient for fatherhood.
5. The feminine gender is an essential ingredient for motherhood.
6. Marriage is the best way for men and women to enjoy complementarity.
7. Gender complementarity in a life-long marriage is essential for the continuation of humanity.
8. Gender complementarity in marriage is needed for a healthy, stable society.
9. Gender complementarity in marriage between a man and woman is good for the economy.
10. Marriage between a man and woman is the foundation of a successful family and best way to protect children.
11. Gender complementarity in marriage is the best way to teach children about the value of gender.
12. Gender is important in understanding the significance of manhood.
13. Gender is important in understanding the significance of womanhood.
14. In healthy societies, gender complementarity is celebrated; societies rejecting this face harmful consequences.

(Continued on next page)

15. Healthy gender development prevents individuals from developing compulsive obsessive disorders leading to sexual addiction and other pathologies.

16. Gender disorientation pathology is a symptom of family dysfunction, personality disorder, father absence, health malfunction or sexual abuse.

17. Gender disorientation pathology will lead to increased levels of drug abuse and partner violence.

18. Gender disorientation pathology will increase the risk of communicable disease and bad health.

19. Gender disorientation pathology will decrease life expectancy.

20. Gender disorientation pathology is preventable and treatable.

21. Gender disorientation pathology encourages the sexual and psychological exploitation of children.

The study concludes with a list of 20 public policy responses to gender disorientation pathology.

The authors note: "Given the importance of the two genders, it is imperative to promote heterosexual marriage and the biological two-parent family. The evidence makes it clear that these two institutions provide the best environment for individuals, for societies, and for children."

"21 Reasons Why Gender Matters" can be ordered from the Fatherhood Foundation, P.O. Box 542, Unanderra, NSW 2520; www.fatherhood.org.au. For ordering information, contact the Fatherhood Foundation: info@fatherhood.org.au.

Interview With Michael Glatze

A Former Gay Activist Describes How He Rejected A Homosexual Identity

Interviewed by Joseph Nicolosi, Ph.D.

Michael Glatze decided at the age of 13 that he was gay and eventually founded Young Gay America, a non-profit media outreach project. Through a series of incidents, however, Glatze slowly came to conclude that his homosexuality represented a false self, and that he had been dealing with fears about his own masculinity. He has since rejected his gay identity. His interview with Dr. Joseph Nicolosi describes his spiritual and emotional journey.

Dr. Joseph Nicolosi: Thank you, Michael, for your willingness to talk publicly about your life. You've discussed your religious transformation before, and we know that religious experiences can have a profound effect on one's sense of self. But I'd also like to discuss the psychological dimension. Particularly, what comes to your mind when you think back on transformative moments or insightful moments about yourself?

Michael Glatze: Well, I think maybe the first thing that comes to mind is just that I began noticing the nature of my desires, and the fact that I was able to change them.

J.N. That's an interesting phrase: "the nature of desire."

M.G. Although when I look back on my life in the gay community, there was always a sense that "You don't question your same-sex desires."

J.N. Yes. That's a very big rule in the gay community.



Michael Glatze

M.G. Right. In fact -- it's rule number one.

J.N. Rule number one: "Don't ask why." People "just are." No questions about why.

M.G. As soon as you join the club, that's the first rule. You can go ahead and examine any other thing's cause, except for homosexuality.

J.N. I can explore the foundations of my alcoholism, my overeating, my depression -- but not my homosexuality.

M.G. Right. And ironically, it's even OK for straights to question their heterosexuality.

J.N. (nods)

M.G. So I guess when I finally came to the realization that I could question my homosexuality, actually, it became very religious. When I started moving through the process of seeking God's will, and trying to understand what that meant, I was essentially gaining more and more knowledge, and was basically buying less into things I had long believed. I had believed in ideas that made no sense --

(Continued on bottom of page 21)

"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." -- *Destructive Trends In Mental Health: The Well-Intentioned Path To Harm*, edited by Rogers H. Wright/Nicholas Cummings.

An Empirically-Supported Rational Basis for Prohibiting Adoption, Foster Parenting, and Contested Child Custody by Any Person Residing in a Household that Includes a Homosexually-Behaving Member

By George Rekers, Ph.D.

The following is an excerpt from a 100-page document published in the St. Thomas Law Review. Dr. Rekers is Distinguished Professor of Neuropsychiatry and Behavioral Science Emeritus at the University of South Carolina School of Medicine.

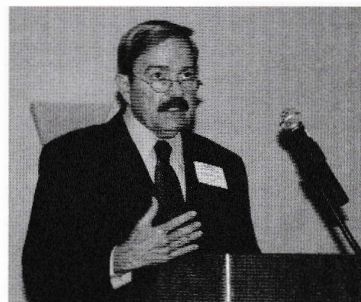
A 2001 review of existing research by Marcia Carlson of Princeton University and Mary Corcoran of the University of Michigan concluded, "[A]s fewer children spend most or all of their childhood living with two biological parents, concern has risen about the consequences of various family structures for children's development and well-being The link between family structure and young adult outcomes is no longer questioned." [1]

Comparison Of Three Family Types

In 1996, Professor Sarantakos published the results of a study of educational success and social development of 174 children in three types of households – fifty-eight children living with heterosexual married couples, fifty-eight children living with heterosexual cohabiting couples, and fifty-eight children living with homosexual couples (forty-seven lesbian and eleven gay male). [2] The children studied were "matched according to age, gender, year of study, and parental characteristics (education, occupation and employment status). [3] All children were of primary school age, and were living with at least one of their biological parents at the time of the study. [4] The homosexual couples were matched according to socially significant criteria (e.g., age, number of children, education, occupation, and socio-economic status) to married and cohabiting (heterosexual) couples. . . ." [5] Data was obtained "primarily from teachers and only secondarily from parents and children" through questionnaires and interviews, school aptitude tests, and behavioral observations of the child in class and out-of-class. [6] Analysis of variance demonstrated that the families headed by married couples resulted in the best environment for children's social and educational development for almost every measure. [7] The following are the specific findings for educational achievement in which multiple data sources were combined for each area with an overall score "ranging from 1 (very low performance), through 5 (moderate performance) to 9 (very high performance):"

School Achievement

For language achievement, "the children of the married couples



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achieved the highest scores and the children of the homosexual couples the lowest: the average achievement score of the children of homosexual, cohabiting and married parents was 5.5, 6.8 and 7.7 respectively (. . . significant at the 0.000 level). [8] For mathematics achievement, "children of homosexual partners showed an overall

performance of 5.5, as against 7.0 and 7.9 for the children of cohabiting and married couples respectively (. . . significant at the 0.000 level)." [9]

For social studies achievement, "children of homosexual couples tend to perform slightly better than the children of the other two groups. . . . The differences between these three groups is shown in their average scores, i.e., 7.6, 7.3, and 7.0 for the children of homosexual couples, married couples and cohabiting couples respectively (. . . significant at the 0.008 level)." [10] For sport interest and involvement, "the children of heterosexual cohabiting couples following closely the children of married couples, and with children of homosexual couples far behind . . . the average scores of married, heterosexual cohabiting and homosexual couples were 8.9, 8.3 and 5.9 respectively (. . . significant at the 0.000 level)." [11]

Sociability Achievement

Sociability scores "were 7.5 for the children of married couples, 6.5 for the children of cohabiting couples and 5.0 for the children of homosexual couples (. . . significant at the 0.000 level)." [12]

[M]ore children of homosexual couples were reported to be timid, reserved, unwilling to work in a team, unwilling to talk about family life, holidays and about out-of-school activities in general, to feel uncomfortable when having to work with students of a sex different to the parent they lived with, and to be characterized as loners and as introvert. To a certain extent these feels were reciprocated by a number of the students in class, who preferred not to work with them, to sit next to them, or work together on a project. [13]

(Continued, next page)

A similar attitude was expressed by these children in their out-of-class activities. In most cases children of homosexual couples ended up being by themselves, skipping rope or drawing, while the others were involved in team sports. In extreme cases, they have been ridiculed by the other children for some personal habits or beliefs, or for the sexual preferences of their parents. In certain cases, these children were called sissies, lesbians or gays, or asked to tell 'what their parents do at home,' where they slept, and so forth. Such incidents were one of the reasons for these children to move to another school, to refuse to go to that school, or even for the parents to move away from that neighbourhood or town. [14]

"[P]arents and teachers alike reported that comments such as 'the pervs are coming,' 'don't mix with the sissies,' or 'sisterhood is filthy,' made by some pupils, were not uncommon." [15]

Sex identity was measured by multiple behavioral observations of play behavior and social interactions among the students.

Teachers felt that a number of students of homosexual parents were confused about their identity and what was considered right and expected of them in certain situations. Girls of gay fathers

were reported to demonstrate more "boyish" attitudes and behaviour than girls of heterosexual parents. Most young boys of lesbian mothers were reported to be more effeminate in their behaviour and mannerisms than boys of heterosexual parents. Compared to boys of heterosexual parents, they were reported to be more interested in toys, sport activities and games usually chosen by girls; they cried more often when under the same type of stressful situations. . . . [16]

Gender Confusion

"In general, children of homosexual couples were described by teachers as more expressive, more effeminate (irrespective of their gender) and 'more confused about their gender' than children of heterosexual couples." [17]

"With regard to the experiences of young children of homosexuals. . . , the findings show that these children usually find it difficult to be fully accepted by their peers as boys or girls. In many cases these children have been harassed or ridiculed by their peers for having a homosexual parent, for 'being queer' and even labeled as homosexuals themselves." [18]

(Continued on page 19)

Homosexuality And Brain Development

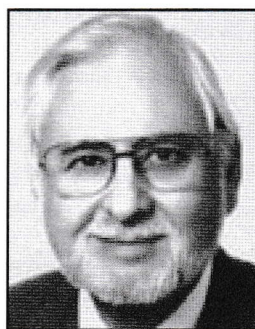
By Sander Breiner, M.D.

Safe homosexual behavior between consenting adults is their own private business. Homosexuals who are interested in therapy have the same rights and opportunities as heterosexuals. This freedom is a key concept in a democracy. It allows people to speak their minds, but not injure another. It also means the freedom to participate in social or religious activities that involve informed and consenting adults, which is not injurious to oneself or others.

Most adults do not support such freedom for children. Adults must protect children until they have more mature judgment. Gradually, adults allow and encourage the maturation of their children to adulthood by increasing freedom of behavioral expression, with a protective attitude, so they do not injure themselves, or become injured by others.

All children growing from prepuberty to adulthood normally have doubts about themselves, especially in their social and sexual roles, appearance, and function. Anything that increases their doubts about their acceptability or adequacy as a male or female becomes stressful. Any previous psychological problem makes them more vulnerable.

Anything that contributes to doubts about their social sexual roles can organically/physiologically deleteriously affect their brain development. This should be kept in mind as we explore the anatomy and physiology of the brain and mind of the child in its transition to adulthood.



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Adolescent Brain Development

Many experts agree that the brain is in a state of constant change during the pubertal stage of human growth. There are numerous structural changes such as a significant decrease of synaptic density, estrogen receptors in various portions of the brain (which are highly sensitive), and there are marked changes in the brain anatomy. While these changes are occurring there is the risk of outside stimuli affecting the balance and possibly affecting the final overall geography of the brain itself.

One result of this extensive restructuring of the brain during adolescence is that early developmental compromises become vulnerable. This means that certain brain regions will become vulnerable to dysfunction due to adverse experiences that have taken place earlier and might be changed from partial resolution to poor resolution by current stresses on the brain restructuring during adolescence (Goldman Rakic, 1983).

Rosso states that there is a close connection between adolescent social anxiety and abstract reasoning. The ability to handle social anxiety increases as abstract reasoning becomes more prevalent through experience (Rosso, 2004). This can be countered by early risk taking behavior which can lead to cognitive impairment. Silveri indicates that intervention, by a parent or other adult, can prevent poor cognitive and emotional development (Silveri, 2004).

"Children make approximately two to three times the numbers of response suppression errors as adults. There is a rapid decrease in the number of errors with age, with stabilization beginning in mid-adolescence" (Luna, 2004).

There is interesting evidence that puberty onset begins at night with the first surge of sex hormones. Night means sleep, and sleep means dreams. Dreams contain wishes from the "child within," which the child's conscience considers forbidden. This wish, in a more mature form, precedes social behavior. Therefore, as social activity matures, there is increased movement towards adult desires and activity including love and sex.

The brain neurons that produce kisspeptin also carry receptors for leptin (which is produced by fat cells). Kisspeptin moderates this connection. Further, kisspeptin paired with GP R54 helps to regulate heterosexuality past puberty. Any marked stress, including heavy physical or athletic activity and/or significant weight loss will cause a delay of secondary sex characteristics, and the preceding normal neurohumoral heterosexual development.

Therefore, what disturbs the pubertal postpubertal child's self and gender concept, related to their sexual interests and activity, will contribute to difficulty in the complex neurohumoral development as described in the preceding discussion (Vogel, 2005).

McDaniel points out, "There are increased rates of nonlethal suicidal behavior among youth with same-sex sexual orientation. However the suicide attempt rate was higher for those with same-sex orientation with an actual same-sex sexual contact" (McDaniel, 2001).

Discussion

Recently there has been increased literature sent to the nation's schools, prepared by homosexually oriented teachers. This informs the students of their opinion that the students have "legitimate sexual alternatives." This is part of an extensive political and pseudoeducational program designed to present the concept of homosexuality as a normal and reasonable choice. There is increasing political pressure that this material be made available and promulgated as part of the educational experience.

In view of the preceding important research information about the brain microscopically and neurochemically of children through adolescence, probably up to 22 years of age, parents have cause to be concerned. The white matter of the brain markedly increases in the vulnerable period of 12 to 22 years of age. This means that dendrite arborization is going on at a very rapid rate. Knowledge in every area is exponentially increasing; especially in the social, sexual, selfawareness, and everything encompassed in the concept of maturation. The self concept of the child at 12 is much different and much less sophisticated compared to that of a 22 year old. What is being learned about the social self is anatomically produced in these extensive synaptic connections of the dendrites that make up the white matter of the brain.

In the same period, the neurohumoral hormone axis development

is equally rapidly expanding as part of the extensive dendrite arborization. This effects the entire hormonal and somatic development of the individual child. The complex sexual area is particularly sensitive during this period. There are microscopic and chemical changes especially in the sensitive sexual and secondary sexual characteristic development. Ovarian and testicular growth and function can be stimulated or delayed by the physical and psychological stresses in this period.

How permanent and injurious these negative effects will be varies from child to child, but there will be a negative effect. Therapists, educators, and parents try to avoid and modify the doubts and stress these children might be experiencing related to their being attractive, athletic, or socially/sexually acceptable. Adults can decipher their children's doubts about themselves, and try to help them avoid the pain and stress that would result from any extra stress in these areas.

Children in this age range may express their doubts and insecurities, especially if there are any additional psychological/social problems by moving into a more active homosexual reference. In view of the vulnerability of the developing brain, anatomically, dynamically, and neurochemically; and its effect on the neurohumoral development and functioning, it is obvious that some significant psychological and/or organic injuries could occur. Some of these children will believe they are homosexual and attempt to function more in that reference and social milieu. It is common for these individuals to not recognize their basic heterosexuality until they are adults. At that point in their adult lives their conflicts such as depression and low selfesteem will be more complex with greater difficulties in making social, sexual, and vocational adjustments.

Suggestions to developing children indicating that having homosexual feelings are equivalent to being a hidden homosexual are playing upon their normal doubts about themselves. Since this acts as an additional stress, it will affect their neurohumoral/hormone development, normal dendrite arborization, ovarian and testicular development, and most importantly their selfesteem and contribute to their underlying depression. Presenting homosexuality to children as a normal or reasonable life alternative is potentially physically and psychologically injurious to them.

Sander Breiner, M.D., is a Psychoanalyst and has served as an Associate Professor of Psychiatry at Michigan State University and Assistant Professor of Psychiatry at Wayne State University. He is a Distinguished Life Fellow of the American Psychiatric Association, Fellow of the American Society of Psychoanalytic Physicians, and is on the Scientific Advisory Board of NARTH. He has published over 100 scientific articles and books and has lectured extensively.

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Study Published In Sexual Abuse Journal Suggests Pedophilic Orientation Influenced *In Utero*

Researcher Dr. James Cantor at the Toronto-based Centre for Addiction and Mental Health (CAHM) published a report in the December issue of *Sexual Abuse: A Journal of Research and Treatment* claiming a link between height and pedophilic attractions in men.

Cantor studied 1,200 men who were assessed for sexual disorders between 1995 and 2006. He found that pedophiles were two centimeters taller than the average Canadian man, who stands 178 centimeters (5' 10"). According to Cantor, "It's about double the effect that would happen if the mother smokes while she's pregnant."

He also noted: "Pedophiles are [also] about three times more likely to be left-handed and that's something that really only happens with brain organization before birth. ... What's important about this entire branch of research is that it demonstrates pretty conclusively that it is indeed about how the body grows and how the brain develops. There are still a great many people who believe that this is purely learned, or a psychological reaction to something that happened in childhood."

Pedophilia expert Fred Berlin, founder of the Johns Hopkins Sexual Disorder Clinic in Baltimore, says the study leaves room

for doubt. He noted that the study did not look at the height of parents, so these men may have just had shorter mothers and fathers. A shorter stature may also have resulted in these men being teased in school and developing a psychological attraction to younger children. (Source: *The Star*, Joseph Hall, Health Reporter, October 23, 2007)

Related Research On Fraternal Birth Order Effect And SSA

Dr. Cantor's 2002 research on the fraternal birth order effect and homosexuality gained worldwide notoriety. He was a co-author of a birth order effect study published with Dr. Ray Blanchard at CAMH. NARTH Scientific Advisory Committee member Dr. Neil Whitehead has written extensively on the fraternal birth order effect. Writing in "Nearly Straight Men And The Fraternal Birth Order Effect (FBO)," for NARTH, Whitehead writes:

"The FBO effect has been found in a few careful representative samples in the general community, so it appeared to be a robust finding. However, as reported in the last NARTH Bulletin, a Danish study (Frisch and Hviid, 2006) could not find the FBO effect in a sample of 2 million Danes." NARTH will publish an analysis of the pedophilia study in a future *Bulletin*.

Dr. Julie Harren-Hamilton Becomes President-Elect Of NARTH

Dr. Julie Harren-Hamilton, Assistant Professor in the Graduate Counseling Program of Palm Beach Atlantic University, is now the President-Elect of NARTH.

Dr. Harren-Hamilton is a licensed marriage and family therapist and has extensive clinical experience in providing psychological care to those with unwanted homosexual attractions, as well as to individuals and



Julie Harren-Hamilton, Ph.D.

families dealing with other adjustment issues.

She conducts seminars for those who are interested in the genesis and treatment of homosexuality and has produced a video titled "Homosexuality 101: Where Does It Come From, Is Change Possible, and How Should Christians Respond?" Dr. Harren-Hamilton is the past president of the Palm Beach Association for Marriage and Family Therapy.

She will assume the presidency of NARTH in January, 2009 after Dr. Dean Byrd's 2008 tenure.

"We must spend every effort increase our membership, to publish books and papers, and to resist being silenced. We must cling to our friends and advance our scientific ideas freely, and thus, I believe, through truth, sincerity, and perseverance, we will be victorious in protecting family life and furthering the mental health of the nation." -- Charles Socarides, M.D., "Thought Reform And The Psychology of Homosexual Advocacy," NARTH Collected Papers, 2005.

"Responsibility for household tasks is significantly higher among these [homosexual parented] children than among children of heterosexual cohabiting and married couples." [19]

Study Conclusions

Sarantakos concluded, "Overall, the study has shown that children of married couples are more likely to do well at school in academic and social terms, than children of cohabiting heterosexual and homosexual couples.

In summary, family environments are definitely instrumental for the development of the attributes which encourage educational progress and social development among children. However, these environments are shown to vary significantly according to the life style of the parents, leading to adverse reactions among these children." [20]

The research study by Sarantakos comparing children's educational achievement and social adjustment as a function of the family structures of married couples, heterosexual cohabiting couples, and homosexual couples is a very rare type of study in the sense of including a homosexual couple comparison group.

Because Sarantakos found similar disadvantaged child outcomes in the cohabitating heterosexual couple group and homosexual cohabiting couple group compared to the married couple group, the best available additional research for courts to consider (in making child custody decisions) regarding the effects of family structure on child adjustment would be the research on cohabitation and single-parent family structures compared to married couple family structure.

Child Well-Being in Households of Married Couples Versus Single-Parent (Homosexual and Heterosexual) Families

Studies of single-parent families include a mixture of heterosexual single parents, "closet" concealed homosexual single parents, openly identified homosexual single parents, and bisexual single parents.

In the 2000 research review accompanying their research, Biblarz and Gottainer wrote,

"Evidence over the past 30 years shows that children raised in single-parent households generally have lower average levels of psychological well-being and socioeconomic achievement than those raised by two biological parents [S]tudies . . . show that children from both types of families [widowed single-mother families and divorced single-mother families] have higher rates of delinquency (running away or truancy) and emotional problems (depression or low self-esteem) and lowered school performance" [21]

Carlson and Corcoran's 2001 review concluded, "Research shows that children reared in single-parent families do not fare as well as those reared in two-parent [heterosexual] families, on average, regardless of race, education, or parental remarriage; they are more likely to experience increased academic difficulties and higher levels of emotional, psychological, and behavioral problems." [Citations omitted.] [22]

"Single-parent families have been associated with delinquent behavior, use of drugs, alcohol and tobacco, lower self-esteem, dropping out of high school, younger age at leaving home, and early sexual activity. Because parents influence their children in many and multifaceted ways, the theoretical mechanisms that may explain the effect of family structure on child outcomes are numerous. Four primary causal mechanisms that have been discussed in the literature are economic status, parental socialization, childhood stress, and maternal psychological well-being." [Citations omitted.] [23]

"Single mothers report higher rates of depression and lower levels of psychological functioning than do other mothers. Mothers' poor mental health has been shown to adversely affect child behavior." [Citations omitted.] [24]

Adverse child outcomes are associated with deviations from the dual-gender parenting model. Research indicates that role models outside the household do not have the same advantageous influences on child development and child adjustment as mothers and fathers living under the same roof as the developing child. The review by Marsiglio, Amato, Day and Lamb (2000) of Furstenberg & Cherlin (1991) stated:

"Compared with fathers in two-parent households, nonresident fathers provide less help with homework, are less likely to set and enforce rules, and provide less monitoring and supervision of their children. If non-resident fathers rarely engage in authoritative parenting, then mere contact, or even sharing good times together, may not contribute in a positive way to children's development." [25]

Though negative effects of poverty and having single parents are interrelated, each is a risk factor with independent negative outcome effects for children. [26] Father presence is more relevant than family income for decreased delinquency. Delinquency is twice the rate where the father is absent. [27] When a child resides with a single mother and her cohabiting boyfriend, delinquency rates are higher than when mother lives alone with her child. [28] After taking into account many other facts (such as, race, income, residential instability, urban location etc), fatherless boys have twice the rate of incarceration as boys living with a father. [29]

Twice the percentage of children from one-parent families (16% to 29%) drop out of high school compared to mother/father families (8% to 13%). [30] There are more teens giving birth and dropping out of school in one-parent families than in two-parent married families. [31] Half of this effect is due to poverty and half due to lack of parent access and residential mobility. [32] Marriage produces better outcomes for children by providing a

"long-term contract," and a form of "co-insurance" of economic and social resources for the child. [33]

Mother or father absence is associated with lowered academic performance, more cognitive deficits, increased adjustment problems, greater susceptibility to delinquent peer group, more conduct problems, higher rates of illicit drug and alcohol use, higher rates of suicide and homicide, deficits in social problem solving competencies, deficits in social sensitivity, deficits in social role taking skills, a poor self concept, low self esteem, lowered self confidence, less sense of mastery, less self-assertiveness, delayed emotional and social maturity, increased sexual promiscuity, higher rates of effeminacy in boys and higher risks for psychosexual development problems. [34]

Single parents are at greater risk to develop poor quality relationships with their children, leading to greater rates of child maladjustment. [35]

Qualified Married Couples Provide for Critical Needs of Placed Children that a Household with a Homosexual Adult is Inherently Unable to Provide

The foster-parent or adoptive household with one or more homosexually-behaving members thereby deprives the placed child of significant positive contributions to the child's current adjustment and to the child's preparation for successful adulthood adjustment that are present in heterosexual homes.

The best interests of the child cannot be served by the simplistic proposal of merely screening a homosexually-behaving applicant for foster parenting, adoptive placement, or contested custody for the absence of psychiatric disorder, drug abuse, criminality, sexual relationship instability, etc., because the homosexual behavioral lifestyle is inherently deficient structurally of being capable of providing the best preparation for future heterosexual married life that the vast majority of children will aspire to as adults.

Whether granted "marital" status or similar legal recognition by the state or not, a household headed by a practicing homosexual simply cannot by its very nature provide a model of healthy heterosexual married family relationships.

Further, since the majority of children and adolescents who have participated in homosexual behavior as minors grow up as heterosexuals, it is premature and highly irresponsible to label a minor as "homosexual" as a rationale to place them in a homosexual household.

Therefore, it is clearly in the best interests of children to be placed with families where all adult members are exclusively heterosexual because this natural family structure inherently provides unique needed benefits and more psychologically stable families than is inherently characteristic of households with a homosexually-behaving adult.

Conclusion: Laws Prohibiting Homosexually-Active Persons from Serving as Adoptive, Foster, or Custodial Parents are in the Best Interests of Children Because they Eliminate

Avoidable Instability, Avoidable Stressors, and Avoidable Deprivations.

Because adopted, foster, and custodially-placed children unfortunately must face unavoidable stresses and losses in connection with the state's necessary intervention, and because foster children have substantially higher rates of psychological disorder and conduct disorder than the general population of children, the optimal future adjustment of placed children requires that the state eliminate all risk of sources of avoidable family instability, of avoidable stressors, and of avoidable deprivations.

Empirical research, clinical experience, and reasoning clearly demonstrate that households with a homosexually-behaving adult member inherently (1) are substantially less stable than heterosexual families, (2) impose unique harms of profound stressors on children, and (3) deprive children of the needed benefits of having relatively better psychologically adjusted adult family members who provide the needed benefits of both a mother and father figure in the home.

While the plaintiffs might speculate that a particular homosexually-behaving couple might in some circumstances be able to offer satisfactory or equivalent parenting functions for a child placed in its household and even be preferred in some scenario, even if that could be empirically established, it would be the rare exception and not the rule.

Further, such a placed child would still be exposed to the risks of harm by the stressors, relative couple instability, and deprivation of a mother or father that are inherent to the structure of the household with homosexual adult membership.

By analogy, in some exceptional circumstances, a convicted felon, a newly married couple of eighteen-year-old adolescents, or a ninety-five-year-old man might be able to offer satisfactory or equivalent parenting functions for a child placed in their household, but certain risks associated generally with the structure of that type of household justifies laws prohibiting such a foster, custodial, or adoptive placement.

It is rational for the state to exclude households with homosexual adults from child custody placement, adoption, or foster family licensure because the household with a homosexual adult member has an inherent structure that exposes the placed child to unique high risks family instability, for stress, and deprivation of needed benefits. These risks and harms are reasonably eliminated by laws or regulations prohibiting child placement in households with a homosexually-behaving adult member.

Dr. George Rekers is Distinguished Professor of Neuropsychiatry and Behavioral Science Emeritus at the University of South Carolina School of Medicine in Columbia, South Carolina.

Professor Rekers was previously a Research Fellow in Psychology and Social Relations and a Visiting Scholar at Harvard University. He was awarded the Diplomate in Clinical Psychology from the American Board of Professional Psychology

and is an elected Fellow of the American Academy of Clinical Psychology.

In addition to his clinical psychology practice and expert courtroom testimony, Professor Rekers has published well over one hundred academic journal articles and book chapters and ten books, including the *Handbook of Child and Adolescent Sexual Problems* (Simon & Schuster) for which he served as the editor.

His work has been supported by fellowships, contracts, and grants exceeding one million dollars from private foundations and governmental entities, including the National Science Foundation and the National Institute of Mental Health.

Dr. Rekers has delivered many invited research presentations on child and family variables before committees of the United States Senate and House of Representatives, and has served as an invited expert for White House staff and several presidential cabinet agencies such as the Department of Health and Human Services.

He has delivered over two hundred invited lectures in universities and academic societies in dozens of countries in Africa, Asia, Latin America, the Middle East, and in Western and Eastern Europe.

Professor Rekers served as one of the multidisciplinary experts for the legal team that successfully defended the state of Florida's law prohibiting adoption of children by homosexually-behaving individuals all the way to the U.S. Supreme Court, in the case *Lofton v. Secretary of the Department of Children and Family Services*.

He is a past recipient of the NARTH Sigmund Freud Award for his research contributions on child gender identity disorder.

End Notes

1. Carlson & Corcoran, *supra* note 97, at 779-80
2. Sotirios Sarantakos, Children in Three Contexts: Family, Education and Social Development, 21 *Children Austl.* 23, 23-31 (1996)

3. *Id.* at 23-24.
4. *Id.*
5. *Id.* at 23-24.
6. *Id.*
7. *Id.*
8. *Id.* at 24.
9. *Id.*
10. *Id.* at 25.
11. *Id.*
12. *Id.*
13. *Id.*
14. *Id.*
15. *Id.*
16. *Id.* at 25-26.
17. *Id.*
18. *Id.*
19. *Id.* at 28 (stating that "[p]arenting styles – control and punishment" scores among the three groups were not found to be significantly different).
20. *Id.* at 30.
21. Timothy J. Biblarz & Greg Gottainer, Family Structure and Children's Success, 62 *J. Marriage & Fam.* 533, 534 (2000).
22. Carlson & Corcoran, *supra* note 97, at 779 (2001).
23. *Id.* at 780.
24. *Id.* at 78.
25. Marsiglio, *supra* note 285, at 1184.
26. See Linda Waite and Maggie Gallagher, *The Case for Marriage: Why Married People Are Happier, Healthier, and Better Off Financially*, 126-27, (Doubleday 2000)
27. William Comanor & Llad Phillips, The Impact of Income and Family Structure on Delinquency 16 (Dept. Of Econ., University of California, Santa Barbara, Working Paper No. 7'95R, 1998)
28. *Id.* at 17.
29. See Gallagher, *supra* note 417, at 134.
30. See *Id.* at 133.
31. See *Id.* at 136.
32. See *Id.* at 134-37.
33. See generally Waite, *supra* note 322.
34. See generally, Biller, *Fathers and Families* *supra* note 285, at 194-233.
35. See Gallagher, *supra* note 417, at 128.

(Continued from page 14)

they held no weight. And I discovered that I didn't need to believe them any more to have a sense of self.

J.N. OK...so you're saying, as you began to follow God's will, you began to dispense with some of the assumptions and beliefs that went along with the idea that homosexuality reflected "who you are," in the very deepest sense.

M.G. Yes—I looked at things like political ideas, social ideas, and also, more interpersonal things. For example, the nature of the power dynamic between two guys is something about which I just had been naïve. Whenever I had disagreed with the man who was my partner at that time--before I gained the sense of my own connection to God, or my connection to myself, autonomous from someone else--I would just be talked into submission.

J.N. So due to your deepening relationship to God, you began to develop a separate, autonomous identity....

M.G. Exactly. That was the first thing I definitely noticed.

J.N. So how did God come into your life? How did that happen for you?

M.G. Well, he [God] did it, really. My father had died of a sudden heart condition and I thought that I had developed what he had. I had a sort of panic – a hypochondriac reaction. For about a month while I waited for test results, I thought that I was about to die.

J.N. OK, so you had anxiety attacks. You thought you were going to have a heart attack like your father, and that put a fear into you.

(Continued, next page)

M.G. It put total fear, because my dad died when he was just walking on the beach. And then I did a stupid thing and I looked on the internet and tried to diagnose myself on the internet.

J.N. Which was just increasing your anxiety, because now you find yourself having every possible symptom you've ever imagined...

M.G. Exactly. (Laughs) So I basically figured every step I take now is my last one, and I waited for the test, and finally found out that I didn't have it.

J.N. (nodding) It is often said that what really brings us to God, is fear about our mortality... having an experience when we find ourselves doubting our very survival.

M.G. There you go. So I found out I didn't have this heart condition, and I thanked God. This was the first moment in my entire life when literally every concept that my mind had ever entertained—my whole existence—was completely reevaluated.

J.N. So it was first fear, then gratitude, and then "metanoia"...an awakening to your true identity.

M.G. That was the moment. There was no more doubt. And on a fundamental level, it was the end of an intense war between myself and God.

J.N. You made peace?

M.G. It was instant peace.

J.N. Wonderful. Absolutely fantastic.

M.G. And in that experience, all of a sudden, I kind of rejoined all the other parts of humanity that I had been fighting with.

J.N. You rejoined the living.

M.G. Yes, but at that time, I didn't fully understand it as such. I just felt I had rejoined something so primal. This gave me a sense of autonomy, so that slowly, I grew to further understand what it all meant.

J.N. I jumped in and used the words "joined the living," but what would be your own words? How would you describe the experience?

M.G. The first thing that came to me was that sense of freedom, of personal autonomy; then when I started to read the Gospels and specifically what Jesus wrote, that's when I started to gain an understanding of actually what was happening to me--the notion of a new life. In the Gospels, Jesus was giving up his life for my sake -- giving me a new life and all those concepts I had never been exposed to before.

J.N. You were not raised in a religious family?

M.G. Well, I was raised in a Christian family, but it was really all presented as a fairytale. My dad was not Christian; he undermined

all of the more divine truths that they tried to teach us. He just kind of turned them into silly stories and nice things to celebrate at Christmas time.

J.N. Was your mother religious?

M.G. Yes. She was Christian, non-denominational. She took us to Unity churches where they had Father-God, Mother-God and like that. I think she was a good woman who also had a need to please her husband--a man who was very agnostic and was a hippie from Berkeley in the '60's.

J.N. So tell me—what are your psychological understandings of your situation?

M.G. Well, as I said, the first thing that happened to me was that growing sense of autonomy. Then I began to notice how the power dynamics work within gay relationships.

J.N. Male-to-male.

M.G. Male-to-male – I saw that there always is a power difference, where two men actually can't come to some sort of mutual agreement without one side actually dominating the other. And that was when I started to recognize that. My relationship with my partner began to come to an end, because we would literally come to an impasse when we would not agree. He didn't know what to do when that happened, because he was used to me just backing down.

J.N. So you were changing now?

M.G. After we split, I was beginning to develop more autonomy. But it wasn't just about the relationship; there was still some very fundamental thing that was wrong. For quite awhile, I was willing to look at every possible thing it might be-- except for the homosexuality. I literally sat there, I was in tears and was praying, and then I said, "What is it? I can't understand -- what is it that's still wrong?"

And it was almost like it was obvious. I just wrote this down on my computer screen -- "I am straight." I wrote that down, and when I wrote that down, I just couldn't believe it. I felt like I was breaking the law, you know.

J.N. A breakthrough of understanding...

M.G. And yet it was so terrifying; I felt like millions of people were just laughing at me, condemning me, for writing those words.

J.N. It was like, "How dare you say you are straight!"

M.G. Yes. But from that point on, I realized that that was the truth. Then I had to work out why I had these desires and where they came from.

J.N. In other words, "If I am straight, then why do I have these attractions?"

M.G. Right.

J.N. That's exactly the first step of conversion therapy, which

is the conviction, "I am straight."

M.G. Right.

J.N. So what you are saying is, "You're not a homosexual; you're a heterosexual with a homosexual problem."

M.G. Exactly. And it's nice to hear that that's the same approach you take, because obviously, that's the truth. I mean, the whole gay identity is completely a fabrication.

J.N. A social construct. And when you see it that way, then you begin to ask, now, why do I have these same-sex attractions?

M.G. That's right. For me, a lot of it actually was helped by meditation. I joined a community here-- it's nonsectarian, but they have some ties with Buddhism.

J.N. What kind of meditation is that?

M.G. Simple; you're in the upright position and you stay focused on your breath.

J.N. And then, whatever thought comes up, you look at it.

M.G. Exactly. And so each thing that comes up, you know, is not much more than a thought, and you get eventually deeper and deeper in your mind and you notice bigger thoughts and bigger constructs. Eventually, those slip away as well. This was neat, because the same thing began to happen with the same-sex desires.

At the same time that that was happening, I was also reading your articles where you were talking about the False Self. That one really resonated with me, because it was right in line with what I had already begun to uncover in meditation -- that we have a True Self, and that, to me, was the Self that I had already recognized as being this authentic, autonomous Self-with-God.

J.N. The Self that was God-inspired, and that was realized through your meditation.

M.G. Exactly. I was holding on to that True Self, and then recognizing all the False Selves and seeing them just fall away.

J.N. Very interesting. So you started to look at all these Self-constructs from the perspective of the True Self.

M.G. When I read your piece on the False Self, and also when you were talking a lot about masculinity and the craving for masculinity, it was just so clear that that was exactly what had taken place with me. At that same time, I had already been doing a lot of reading and had tried to be more knowledgeable about all the issues which I used to believe in, which I no longer did believe in, politically. I was starting to understand the larger issue of how our culture dampened masculinity. I had already been examining these notions about masculinity from the perspective of liberalism, socialism and humanistic psychology. I understood that masculinity needed to be

equal to femininity, but I had adopted feminist ideas. So when I read your piece, it just made perfect sense about masculinity. When I look back at my father, the way he was afraid of masculinity...he taught me to be afraid, too. As a result, when I was nine years old and my mom was crying about him, I became her protector against him, and against the "evil forces" of masculinity.

J.N. So it seems that this, for you, was the origin of the False Self—a refusal to claim the masculinity within you. This is a common pattern among the men I see. They have a negative image of what it means to be male, they ally themselves with their mothers against their dads, and in doing so, they never fully embrace their own masculine identity.

M.G. Absolutely. I didn't want to associate with something that could hurt a woman like I thought it hurt my mom.

J.N. Because your mom was your secure attachment figure.

M.G. That's right.

J.N. And without your mom, when you're a small child, you are "nothing."

M.G. That's right.

J.N. And so in a sense, it's not that you were just protecting Mom, but you were protecting yourself from annihilation, too.

M.G. Yes, exactly--like you put it in your essay. Exactly.

J.N. Um-hmm.

J.N. So yours was what we call the Classic Triadic family-- you say you had an over-involved mother and a distant, detached father.

M.G. Yes. And then of course, just as you described, as puberty takes place, the body is full of sexual energy, and already, I'm craving the masculinity, because I obviously need to have it in myself. But at the same time, I don't want it, because I'm afraid of it. All that makes perfect sense-- and yet the real clincher there, when I look back on it, is this fabricated gay identity [offered by society]. I can remember very clearly when I was 14, a friend of mine coming to me and explaining to me that I was gay.

J.N. That label answers everything, doesn't it?

M.G. Exactly. And that's the problem, right there.

J.N. It's a quick and easy answer to a very complicated problem.

M.G. That's right. If we continue to feed this identity to people, they'll never solve their problems.

J.N. Because the gay self-label is like putting a coating over a disordered aspect of your life.

The National Association for Research & Therapy of Homosexuality (NARTH) is committed to freedom of choice in therapy for individuals with unwanted same-sex attractions.

M.G. Yes, it's like a sugar coating. And it's really insidious, when you realize that in my work as editor of a gay magazine for young people, I was doing this to teenagers! That's what made me eventually stop.

J.N. So you were editor of a gay magazine..

M.G. That's right. I had been slowly gaining an understanding about my gay identity, yet I just didn't want to say anything about that yet, at my job. But then, I would read stories about gay-affirming books going into grade schools, and that's when I realized that this had to stop. Obviously, I'm just one guy, but maybe by saying this now, I can help somebody.

When I think about my own life, if I had never been fed that gay identity, and if we had a clear moral approach to the issue in our society-- it [the attractions to males] would have been just something that I would have dealt with early on.

J.N. Right.

M.G. It's insane. I just don't understand it. I'll tell you that when I first looked at the NARTH site, I felt so guilty. Of course, I already knew about it -- I was an activist, and always just had catalogued you guys in with all the "right-wing hate groups." I knew who you were, because I had to keep abreast of all the "hateful people" out there.

Honestly, when I got to the point of clicking on an article at the NARTH site, I felt like I was breaking the law; like I almost shouldn't even read it. I could only read a few words and then I would have to stop.

J.N. Reading NARTH materials was like a taboo to you.

M.G. It was so horrible. It was unbelievable -- and it makes me realize just how overpowered I was -- and how so many other people are, too.

J.N. Feeling that kind of social control is like being in a cult, isn't it?

M.G. It is like a cult. I mean, right now you see how they're talking about me like I actually died -- that's what they [gay activists] are saying. There was a headline in a gay newspaper, "The Life and Death of a Gay American" -- they're talking about me.

J.N. So do you have same-sex attractions now? What do you do when they come up?

M.G. They don't come up very often, actually. When I'd go through a meditation process, a thought would come to me, or a desire. Rather than grabbing onto it or craving it, I would just "let it be." My authentic self was growing and the False Self and the craving would then eventually just disappear.

J.N. So you see it as a battle between True and False Selves?

M.G. Yes.

M.G. It's already there.

J.N. It's in your nature.

M.G. And it's so different from the homosexuality.

J.N. Please explain how.

M.G. You described it best -- homosexuality puts you into a False Self. It's all in your mind -- and this is something obviously I've been very focused on -- it's literally all in your mind. The difference between it and heterosexuality is huge, but I don't think a lot of homosexual people recognize this, because they're so used to this life of sexuality created in the mind that they don't know the difference.

J.N. Now, when you say "in the mind," gay men will say "It's in my body. When I see a hot-looking guy, that's not my mind-- I feel that zap in the body."

M.G. Well, they'll say that. Yet, what that zap is, is a message from God that you want something outside you that you need to actually develop in yourself.

J.N. That's the "reparative" element. Homosexuality is an effort to repair an integral part of your nature by seeking something outside yourself that is missing within.

M.G. Exactly. If I would see some attribute of masculinity that initially drew me toward it, I would say, "Well, I have two choices here: my first choice is to go for it, clutch it and feel that masculinity. Or, the second choice, is: stop, pause, recognize it and say 'No, I don't need it. In fact, I already have it.'"

J.N. So in your situation, you're bringing that truth about the False Self and homosexuality into the meditation with you. And when you say meditation, this not a different, altered state -- it's just a "coming to the truth." Meditation is creating the occasion to stop the external distractions and just to "come to the truth," and that truth, for you, was God-inspired.

M.G. That's exactly right. But I have to say, the meditation organization annoyed me because they're anti-Christian. That was something I just had to deal with, and I prayed about it a lot. I sensed God was telling me: "No, don't stop this, this is good for you--just take from it what's good for you."

I don't want to make it sound like you can change without God, because I don't think you can. I don't know, maybe you guys have success with people who are without God....

J.N. Well, we do have success with people who are not religious, but as a Catholic, I believe the Holy Spirit is working in their lives, as well. Many men become more religious as they go through the therapy process. It's not my role as a psychologist to introduce religious ideas, but clients themselves will often gradually begin to seek out knowledge of a creator as they grow in humility and in transparency. In fact, receptivity to a relationship with God often seems to be part of the larger emotional maturation process.

Michael, thank you very much for your insights into the change process. ■

"Will And Grace": The Role Of Faith In The Healing Of Lesbianism

By Kristin Johnson, M.A., M.Div., Executive Director OneByOne Ministry

The following is a paper presented at the NARTH National Conference in 2006. The author writes from a Christian perspective.

Speaking As A Fellow Struggler

I speak to you today as Christian woman who has struggled with same-sex attraction and who is now a national director for a Christian "ex-gay" ministry within the Presbyterian Church USA -- a denomination that is divided over gay ordination. I have a bachelor's degree in secondary education and English, a master's degree from Columbia University Teachers College, and a Master of Divinity from Gordon-Conwell Theological Seminary. I never pursued this field -- whatever field this is -- speaking to audiences about homosexuality. You don't go to school for this! I'm not a psychiatrist or counselor, rather, I speak to you today as a teacher, theologian and fellow struggler.

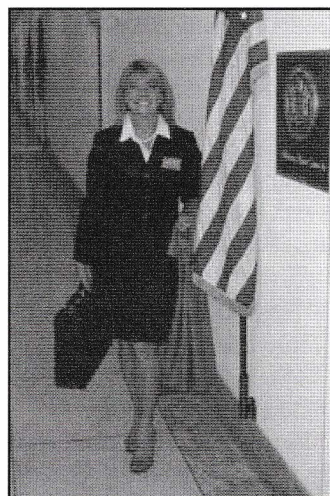
My Background

I remember when I first heard the word "gay." I was sitting with my fellow 6th graders at a lunch table at my Christian elementary school, eating awful canned cafeteria food. A boy named Greg announced that he knew another definition of the word "gay"; he informed us that this word did not just mean to be happy and carefree. We were all very quiet and a little nervous listening to this alternative definition. When he told us, we all looked at each other and went "eeuw." Not very politically correct.

I grew up in the 1970's and although homosexuality was not talked about as overtly as it is today, it was being promoted subliminally in the media and in pop culture. Being a tomboy was very fashionable in the 1970's, and I remember idolizing girls that were boyish and self-assured. When I was around 10 years old in 1978, girls were being portrayed and glorified as tomboys in movies and TV, and adult women were discarding femininity and motherhood within the women's rights movement. Even clothing trends were more masculine during 70's and 80's.

I remember being confused during my adolescence. My mother grew up in the 50's and I grew up in the 70's; two completely different eras. I remember my mother being anxious about my hair and clothes. I felt ugly and overweight and wanted so badly to fit in at school (by dressing more masculine and cool -- wearing jeans with a zipper!) and yet I wanted to be beautiful and feminine to please my mother and to be more like my beautiful, petite, graceful sister.

At the same time that I was struggling with my own identity, I observed my mother being constantly critical of her own appearance and femininity. At an age when I should have wanted to emulate my mother, I began to emotionally detach from her -- not wanting to be her if being insecure, unhappy, unloved, and angry was what it meant to be female. However, I still tried to be fem-



Kristin Johnson

inine. I tried to please my Mom, and I hoped that boys would find me as attractive and desirable as they found my sister.

A lot of women who struggle with lesbianism also struggle with self-acceptance as it relates to their femininity and beauty -- as do women in general. (It is a curse -- this constant quest for beauty, youth, and desirability!) Mothers who struggle with insecurity and an innate sense of worthlessness will pass this negative self-image on to their daughters.

Defensive Detachment From Mother And Femininity

Melissa Fryrear, a woman who struggled with same-sex attraction and now works for Focus on the Family, teaches how important a daughter's relationship to both her mother and father is in cultivating a sense of healthy gender identity. She also emphasizes that the parent's marital relationship also affects the daughter's sense of gender identity and security.

For example, if a mother is "dispassionate, a doormat, manipulative, domineering, a 'my best friend' mother, or self-consumed, the daughter will be unable to form an emotionally connected relationship with her and may defensively detach herself emotionally from her mother and from femininity." [1]

If a father is "unprotecting, inattentive, unadoring, or unsupportive, the daughter will develop an insecurity in her sense of worth. She will also be inhibited from effectively relating to men." [2] In a husband-wife relationship, if the couple is indifferent to each other, if the wife is critical of her husband, if the husband is selfish and degrading of women, "the daughter may develop strongly negative attitudes toward men and women in general, the role of husbands and wives, and marriage in general." [3]

Absorbing A Mother's Pain

My mother and I were close when I was growing up (though we did have a love/hate relationship in junior high and high school, as many mothers and daughters do). I truly loved my mother and my mother truly loved me and demonstrated it in the only way she knew how. She affirmed me and wanted the best for me, but she had a very negative self-image. Being sensitive, I absorbed her pain as my own -- her rejection as my own. Sometimes I had such love and empathy for her, and then other times I resented her because I felt the need to take care of her when she needed to be taking care of me.

The times when I didn't get what I needed from her, I attempted to go to my Dad. I wanted to be Daddy's girl. I wanted to be like Laura on Little House on the Prairie and to have my Dad refer to me in endearing terms like "half-pint." But my Father was not able to be emotionally available to me (and to my mother). He escaped conflict in the home and spent too many hours as a pastor at church – taking care of other people besides his family.

So I found myself in a kind of limbo, at times feeling emotionally detached from both my mother and my father. The masculine world was not an unsafe place; it was more of an uneventful, unemotional place. The feminine world, on the other hand, was fraught with conflict and high emotion.

Many girls who eventually become tomboys or become overly masculine (which did not happen in my case) have detached in varying degrees from the feminine and have bonded emotionally to the masculine by identifying with their fathers and other boys. They have cultivated their gender identity within the context of the masculine world, which may be easier for them to relate to than the world of the feminine, which for them may be unsafe, competitive, and critical.

Chastity Bono describes her gender confusion within the context of her parents' broken marriage:

"In a way, I think I was the son my father never had.... When my father encouraged my tomboyishness, my mother would get annoyed. I think in some ways they acted out their frustrations with each other through me: my father would aggravate my mother by encouraging my boyish behavior, and my mother would become more uncomfortable with me because she saw me mimicking my father"[4]

Chastity also discusses her relationship to her mother. She says, "My Mom wasn't always around, since she was working.... At the time I wasn't able to rationalize that my mom was thinking of me and my needs by working; I just focused on the fact that I wasn't getting enough attention, and I often felt lonely or abandoned." [5]

Sacrificing Femininity For Safety

Also, many women who eventually struggle with lesbianism have been emotionally, physically, or sexually abused, so many women will take on masculine characteristics for fear of making themselves vulnerable. The actual definition of "vulnerability" is "the ability to be wounded." [6] Women who have been abused do not want to be wounded like that again, so they sacrifice femininity for safety. Their false masculinity is a protection from being hurt again.

Rosie O'Donnell confesses, "I was a kid who had no mom. We were five children, and my dad was struggling to keep us all fed. It was a hard childhood and I had to take control. I think a lot of my success was because I drove the bus, I made the rules and I told people what to do," she explains. [7] O'Donnell also speaks about her disturbing childhood. Having gone to therapy since she was 16, she says, "[I] went over and over the disturbing things

that happened to me ... [but] I never felt much better." She said the gloom was "constant" [and that] despite "moments of joy ... happy days and career success, the dark cloud that arrived in [her] childhood did not leave until I was 37 and started taking medication." [8]

Mother's Inability To Protect Her Daughter

Ellen DeGeneres has confessed to the sexual abuse that occurred in her own life. She said that she and her mother "still don't talk about it [the abuse] much because she [her mother] feels really, really guilty," says DeGeneres, her eyes welling with tears. "The fact is that it was a horrible situation for me." DeGeneres said the abuse continued on and off. "My grandmother was sick, and my mom was having to fly back to New Orleans and leave me alone with him [mother's second husband]." Eventually she told her mother. "She was shocked and upset and she was going to leave him," says DeGeneres. "But then she stayed [with the abuser] another 10 or 12 years. [9]

In ministries such as OneByOne and Exodus, we help women realize that their same-sex attraction is fueled by their legitimate need to be loved and affirmed by women – by a protective mother figure – and by their peers who may have rejected them. Same-sex attraction is the result of an emotional deficit that has not been filled.

And so very "butch" women who despise being female can be sexually attracted to very feminine women. It is as if they are trying to have and experience the feminine love and acceptance and femininity that for one reason or another they did not receive or could not achieve in adolescence and childhood.

Christian ex-gay ministries such as Exodus International, OneByOne, and Love Won Out attempt to help women fill this void with the love and nurture of Christ. Why is this their approach?

Why bring God into the equation? Why not rely solely on psychotherapy, medication, and support groups?

Why are the majority of "ex-gay" programs faith-based, and why are almost all of these faith-based ministries exclusively Christian? What does faith have to offer those who want to overcome same-sex attraction? In particular, what does Christianity offer those who want to overcome same-sex attraction? And even more specifically, how does Christianity help a woman who wants to overcome same-sex attraction?

What does faith have to offer those who want to overcome same-sex attraction?

Spirituality vs. Christianity

There is a theological distinction between spirituality and Christianity, and this distinction plays a role in psychotherapy. The incorporation of the spiritual within the practice of psychology is nothing new. Jung acknowledged that "in this dark atom-

ic age of ours' [we] are once more groping for God; and without knowing it, [we] are always concerned with God." [10]

However, Jung's view of "God" or rather what he called the "God-image within the human psyche" [11] is vastly different than the God of Abraham, Isaac, and Jacob - the Christian God whose own flesh and blood - whose own Son - went to a cross to save and reconcile humanity to himself.

For Jung, God mirrored the Gnostic god - a god who is both good and bad "supreme light and abysmal darkness" [12] - a God who in the Old Testament was limited and had to evolve (via humanity's assistance) into a higher supreme being as described in the New Testament. And yet, Jung "considered that [even] the God of the New Testament, though characterized as all loving, was still as vengeful, citing the cruel, sacrificial death of Christ as superfluous, adding that [he, Jung] would not allow his own son to be killed in order to be reconciled to his disobedient children." [13]

Therefore, Jung's view of God became limited to an internal force within the human psyche. He stated: "God is to be considered as the representative of a certain sum of energy...God is the supreme force in a person's psychology, the supreme and ultimately decisive factor." In other words, according to Donald Dyer in *Jung's Thoughts on God*, Jung believed that "one worships the psychic force within the psyche as something divine and that the psychic energy of libido creates the God-image by making use of archetypal patterns." [14]

In other words, Jung acknowledged and valued the human need for God, but his God was a force within the psyche of the person. He openly confessed that he took issue with the God of Abraham, Isaac, and Jacob - the God who called himself the "I AM" - the Judeo-Christian God who is not an impersonal spirit from within our individual psyches but who is an historical, personal entity outside of us who created us in all our complexity, and who comes to us willingly, desiring to relate intimately with us.

Why is having a God with whom we can relate, important for healing emotional and sexual problems?

Just as healthy interpersonal relationships are critical to healthy developmental growth, healthy relationships are critical to the healing of same-sex attraction as well as other forms of relational brokenness. Moreover, Christians contend that having a healthy relationship with God is paramount to a patient's healing and wholeness and paves the way for healthy relationships with others.

The God Within Is No God At All

A God who merely emanates from us is no God at all. A God who is confined to our own experience is one with whom we can have no relationship. Relationship requires an "other" with whom we can relate. If God is simply a force within our psyche, then we can only love ourselves. According to Oprah Winfrey and Dr. Phil, loving ourselves is the greatest love of all. However, I would contend that it is not love at all. Love requires plurality.

We cannot love alone. We cannot love without another to love.

Unlike other faiths, the Judeo-Christian faith professes a personal relationship with God based on historical events and direct intervention in human lives on the human planet within the span of human history. No other religion can claim that kind of activity and revelation.

Moreover, no other religion can claim a God who loves his creatures so much that when they fail him and ask for mercy, he takes the blame upon himself. J.I. Packer writes, "The Greek and Roman world of the New Testament times had never dreamed of such love; its gods were often credited with lusting after women, but never with loving sinners; and the New Testament writers had to introduce what was virtually a new Greek word, *agape*, to express the love of God as they knew it." [15]

Why aren't good relationships with people or our experienced counselors enough?

Human relationships and human counsel (even the best and most devoted) never fully satisfy and never fully rescue people from our fallible natures. We cannot fully save people from themselves or their demons. We do not counsel perfectly. We do not theorize and think perfectly. We don't have all the answers. We can only guide, advise, love, and point people to the truth: and the truth is there is only One who can truly "save" and love humanity unconditionally.

Have you not experienced this dilemma in your own relationships? You reach out to help someone and that person latches on to you like a nursing infant - sucking the life out of you. He or she is what we call "needy," or in other words, he or she needs you to give what you cannot and should not be required to give. You become that person's sole source of security and affirmation and love. It's suffocating, isn't it? You want to run from people like this. Why is this? Because we were not meant to be God. Perhaps we have been the needy party. Why have we been? Because we *are* needy - we need someone to be our sole source of security and affirmation and love. However, the only person who can be that for us is God - the source of all life - our Creator - our Perfect Parent.

What Does Christianity Offer Those Who Want To Overcome Same-Sex Attraction?

Renowned psychiatrist Irvin Yalom says, "Therapy is enhanced if the therapist enters accurately into the patient's world. Patients profit enormously simply from the experience of being fully seen and fully understood." [16]

The God of Abraham, Isaac, and Jacob relates to us personally so that he might save us from the effects of our free will - a free will that he graciously gave to us. We as humans do evil things. We

abuse, we neglect, we take revenge, and we meet legitimate needs in very illegitimate ways. And God lets us. He is no dictator. He is also a compassionate Father who does not want us to suffer and die. So he interferes with our lives so that we might be saved from the very evil we have embraced.

Why is this love so important as it relates to the healing of same-sex attraction? Last month, I went to the Gay Pride Parade here in Orlando, and I passed out this tract with three other Christians. (Believe me, this was not easy for us. We had never passed out tracts before nor had we wanted to.) The title is: A Love Worth Finding. This is how it starts: "Psychologists have long known that every person has two great longings and inward needs. The first is to be loved, and the second is to love."

What a great opening line. So, why is this love important? Because it is our greatest need. Not everyone finds satisfying human love, and we all know that even the best human love doesn't completely satisfy and often disappoints us in varying degrees.

The tract goes on to say: "But when pressures and heartaches come into our lives, many give up any hope of ever finding love. The tragedy is that we often look in the wrong places to fill this deep, deep need and longing. Some substitute lust for love. Others pursue material things or superficial relationships -- all in the futile attempt to fill a God-shaped vacuum in the human heart."

This God-shaped vacuum cannot be filled with an idea, a philosophy, a force, a form of self-awareness, an achievement, a medication, or even a human relationship -- for these things, helpful as they are, were not meant to fill this space. The God-shaped vacuum can only be filled by God, himself.

How does Christianity help a woman who wants to overcome same-sex attraction?

It offers her the one thing she desires the most: perfect love.

In her book: *For Women Only: What You Need To Know About the Inner Lives of Men*, Shuanti Feldham conducted a survey which asked over 400 men this question: "If they had to make a choice between being alone and unloved or being inadequate and disrespected, what would they choose?" The majority (76%) said they would rather be alone and unloved. The opposite was found true for women.

A woman's greatest need is to be chosen -- to be loved and cherished. Christianity, or rather, a relationship with Jesus Christ offers a woman the very thing she most desires -- passionate, relentless, sacrificial love.

The proof of this reality (that women respond to love) is found in our Christian churches. Over 70 percent of Christian congregations are made up of women. I've heard Christian men sadly refer to this as the "feminization" of the church. But the reality is that the Church by nature is referred to as feminine (we are the

Bride of Christ) and there is nothing substandard about the feminine. God says that he created us in his image -- male and female. That means that God's image reflects masculinity and femininity.

A woman walked into my office a while back and asked me this question: "What does it mean to be feminine?" I had to pause and think about that. Yes, I thought, what does it mean to be feminine? I responded by saying, "I think the essence of being feminine is having the ability to receive."

Christ calls us all (men and women) to come to him and receive his love and forgiveness. We cannot come to him in any other way. Yet, if we come to God in a feminine posture, then God approaches us in a masculine posture. This is hard for women to accept -- particularly those who have been abused by men. Considering a large percentage of lesbian women have been abused and rejected by men, calling God "Father" can be a challenge. [17]

I struggled with rejection from men and emotional detachment from my own father, so I had my share of issues as it relates to men. As a single woman who desires to marry and be a mother (at the age of 38), I continue to struggle with the male population.

On those tough days when I watch more babies be baptized and more friends get married, and more men take no interest in me, I have heard God speak to my heart: He says, "Kristin, only I am worthy to be called a real man -- a truly good man -- a man on a white horse -- a man who truly loves you."

Remember the song "Try a Little Tenderness"?

It's not just sentimental.
She has her grief and her care.
But a word soft and gentle;
makes it easier to bear.
You won't regret it; women don't forget it.
Love is their whole happiness.
And it's so easy; try a little tenderness.

This is how God through Jesus has been to me: tender. In his tenderness, he is never condescending or belittling. On the contrary, he lifts me up and calls me to be a warrior for him. He knows that it is this very tenderness that gives me strength to be mighty. Unlike many men, God does not see women as assistants. He sees women as heirs in his Kingdom -- sitting at the roundtable with him.

Jesus spoke directly into the lives of sexually broken women.

To the woman at the well he said, "You are right when you said that you have no husband. The fact is, you have had five husbands and the man you now have is not your husband. What you have said is quite true. If you knew the gift of God and who it is that asks you for a drink, you would have asked him and he

would have given you living water...I who speak to you am he [the Messiah]" (John 4).

To the woman caught in adultery, Jesus said: "Woman where are they? Has no one condemned you? Then neither do I condemn you. Go and leave your life of sin" (John 8:10-11).

To the prostitute who interrupted the Pharisees' dinner, Jesus said: "Why are you bothering this woman? She has done a beautiful thing to me. The poor you will always have with you, but you will not always have me. When she poured this perfume on my body, she did it to prepare for my burial. I tell you the truth, wherever this gospel is preached throughout the world, what she has done will also be told in memory of her" (Matt. 26:10-13).

No wonder the women were at the cross and at the tomb – when most of the men had fled. Jesus was everything they had ever hoped for in a man but never got. In Christ they found their hero, their savior, their husband, their father, their lover.

I share this with you because this is how I overcame same-sex attraction – by following Jesus. Yes, as time passed I went to a good Christian counselor, and God provided friends and eventually a supportive church, and books and testimonies, and prayer support groups, but in the initial stages of healing there was no Exodus or OneByOne. It was just God and me. My Will and His Grace.

'Will' And 'Grace' -- The Human Will And The Grace Of God

Are you willing? This is the question we must ask ourselves, our patients, and those to whom we minister. Are you willing? The human will plays a decisive role in the outcome of overcoming same-sex attraction. Many people, especially Christians, believe that God will just zap them and heal them instantaneously. But God requires our steadfast cooperation and our willingness to suffer – because that's what it takes to overcome.

Healing requires a choice. Embarking upon a relationship requires a choice. Listen to Joshua as he speaks to the Israelites: "Now fear the Lord and serve him with all faithfulness. Throw away the gods your fathers worshipped beyond the River and in Egypt, and serve the Lord. But if serving the Lord seems undesirable to you, then choose this day whom you will serve, whether the gods your forefathers served beyond the River, or the gods of the Amorites, in whose land you are living. But as for me and my household, we will serve the Lord" (Jos. 24:15).

The beginning of my healing began on my knees on a hard wood floor in an apartment in Savannah, GA. At that time I was involved in an intimate relationship with a woman, and I had to decide whether I would continue this relationship.

I prayed these words: "Dear Jesus, I love you, but I do not know what to do. But, Lord, even though I don't know what to do, I ask

that your will be done. Let your will be done."

Honestly, in that prayer I still hoped that his will was my will – the will to live with this woman...but it wasn't. The relationship came to a sudden end, and I was crushed. I knew God allowed it, but I was still angry. I was angry at her, but what God had to show me was how angry I was at God. I was angry at him because I thought that by obeying him he had deprived me of love.

One day I was driving on an unfamiliar street, distracted. I was smoking and listening to the soothing sounds of Alanis Morissette. I didn't see the stop light mounted on the side of the road, so I went right through it, and a pick-up truck slammed right into me.

I remember sitting in that car, with the airbag in my face, a crooked cigarette hanging out of my mouth, dust and smoke swirling into my eyes. My car was completely totaled, but Alanis was still singing from my CD player. It was comical, but at the time I wasn't laughing. I remember thinking as I sat there, "My God, will this ever end...will this misery ever end? When will you relent, Oh Lord?" I remember wishing God would have taken my life in that accident.

Amazingly, I crashed right in front of an apartment where I had prayed with a small group of Christians and confessed my struggle with homosexuality. The girls with whom I had prayed came out of the house, and I remember getting out of my car and seeing them run into the street to meet me. I couldn't believe they were there. And I was a basket case. I remember one of the girls held me in her arms -- and I held on to her. As I held her, I thought, "Oh no, she probably knows about my 'issue.'" I don't want to give her the wrong impression." So I pulled my arm away from hers.

Without hesitating, she drew my arm right back around her, and she kept holding me. It was as if God were holding me through her and saying, "I have not come to deprive you of love, but to give it to you -- in my way."

Those girls were God's messengers sent to me that day. When I think of that crash, I don't see it as God's wrath but as God's great mercy to me. It was through that crash and subsequent financial difficulties that God taught me what I needed to know to be able to do his will.

The first thing he taught me was that there was no way I could do his will if I did not trust him. I had believed in God all of my life. Before and during my struggle, I never lost my faith in God's existence or Christ's love for the world or of his justice.

But what I struggled with was trusting God to provide for me. When temptations came and hardships, it was always there that I faltered. I did not trust God to provide for me – to rescue me – to defend me in crises and to give me what I needed, so I got it on my own. I took care of myself.

It was during this time of brokenness – during and after the car accident– when I could not take care of myself that I had to recklessly let God take care of me. And in so doing, he took care of the greatest longing of my heart: He told me: “My dear little girl – you can trust me to provide for you. I am your Father.”

There is no therapeutic technique, no human counsel, no man or woman who can say that to me and mean it. Only God can deliver me. And he has delivered me.

What I do know is that God and this journey of faith is not safe, but it is good. And God is right there beside me to help me up when I fall. He has promised to never leave my side. Knowing this keeps me from frantically looking to women or men or to myself to fill my need for unconditional love and acceptance. I know who I am in Christ; I am his beloved – and through this knowledge, I am healed.

Summary

What does Christianity offer those who want to overcome same-sex attraction?

It offers a God who desires an intimate relationship with his creation. It offers a God who empathizes with human need and provides a way to meet these needs. Moreover, it offers a God who has taken upon himself the role of savior and deliverer, so that we might be reconciled to God and our neighbor.

How does Christianity help a woman who wants to overcome same-sex attraction? It offers her the one thing she desires the most: perfect love. A relationship with Jesus Christ offers a woman the very thing she most desires – passionate, relentless, sacrificial love.

The same-sex drive is an unmet need for unconditional acceptance and nurturing from women that has become a sexual hunger. The only way to assuage the craving is to feed on God's love and to digest his Word, which tells us how unique and beautiful and loved we are in his eyes.

How does the human will and God's grace help a woman overcome same-sex attraction?

God does not force himself upon his creation. He allows us choice. Therefore, we must choose to meet our deepest needs in the perfect arms of God or we must choose to meet our deepest needs in the arms of fallible human beings.

The paradox is that when we go to God's arms first, we end up surrounded by the arms of others. But when we go to man's arms first, we find that we have let go of God and those human arms eventually fall away.

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5. Anne Paulk, *Restoring Sexual Identity: Hope for Women Who Struggle with Same-Sex Attraction* (Eugene, Oregon: Harvest House Publishers, 2003) 134.
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17. Paulk, 125-142.

NARTH Conference Highlights

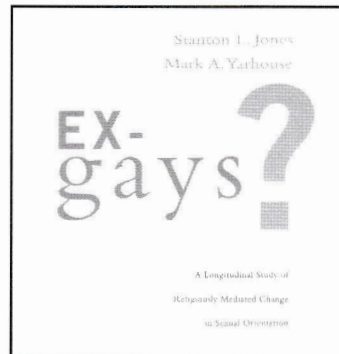


Dr. Peet Botha from South Africa spoke on the attitudes about homosexuality in early communities.

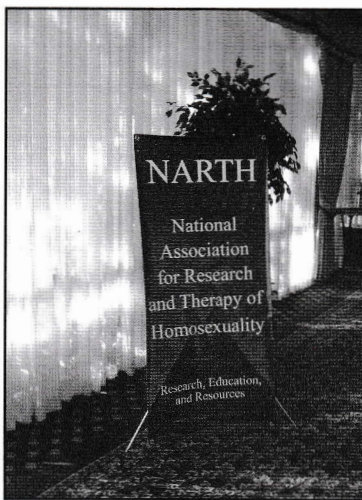


Standing left to right are A. Dean Byrd, James Phelan, Stanton Jones and Joseph Nicolosi.

Dr. Stanton Jones gave the keynote speech at the NARTH Conference. He presented the results of his research with co-author Mark A. Yarhouse, Ph.D. Their new book is *Ex-Gay? A Longitudinal Study Of Religiously Mediated Change In Sexual Orientation*.



This ground-breaking study puts to rest the claims that therapy for unwanted SSA is inherently harmful and ineffective in bringing about change.



The NARTH Conference was held at the Marriott Hotel in Dallas, Texas.



Marc Dillworth, Joseph Nicolosi, A. Dean Byrd and Shirley Cox participate in a panel discussion.

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The Tables mentioned in the article above are provided here for reference.

Table 1: Demographic Characteristics of Heterosexual and Homosexual Participants

| Variable* | Heterosexual | Ego-Syntonic Homosexual | Ego-Dystonic Homosexual | Effect Size (p-value) |
|--------------------------------------|--------------|-------------------------|-------------------------|-----------------------|
| Education<High School | 0% | 4% | 0% | .27 (<.0001) |
| High School | 5% | 11% | 12% | |
| Some College | 9% | 44% | 24% | |
| College graduate | 25% | 30% | 44% | |
| College + | 61% | 12% | 21% | |
| Ethnicity | | | | .18 (.02) |
| Caucasian | 95% | 82% | 74% | |
| African American | 5% | 0% | 3% | |
| Hispanic | 0% | 7% | 21% | |
| Asian American | 0% | 5% | 0% | |
| Native American | 0% | 2% | 3% | .20 (<.005) |
| Income | | | | |
| \$0-9,900 | 7% | 9% | 21% | |
| 10,000-24,900 | 34% | 31% | 21% | |
| 25,000-49,490 | 20% | 35% | 35% | |
| 50,000-74,900 | 25% | 5% | 12% | |
| 75,000 + | 14% | 5% | 9% | |
| Did not answer | 0% | 16% | 3% | .26 (<.0001) |
| Religious Affiliation | | | | |
| None | 7% | 28% | 0% | |
| Christian/Catholic | 7% | 21% | 18% | |
| Christian/Protestant | 80% | 33% | 79% | |
| Jewish | 5% | 4% | 0% | .47 (<.0001) |
| Church/Synagogue Attendance | 2% | 14% | 3% | |
| Regular | 68% | 30% | 85% | |
| Not Regular | 32% | 70% | 15% | .37 (<.0001) |
| Therapy | | | | |
| Never | 50% | 32% | 9% | |
| Currently | 25% | 9% | 56% | .29 (<.0001) |
| Past | 25% | 60% | 25% | |
| Marital Status | | | | |
| Single | 34% | 63% | 62% | |
| Married | 55% | 9% | 24% | |
| Divorced | 11% | 2% | 12% | |
| Widowed | 0% | 2% | 0% | |
| | | | 3% | |
| Tables 2-5 are located on next page. | | | | |

Table 2: Survey Questions Asked To Participants to Measure Sexual Abuse

Sample Questions

Have you ever been sexually abused?
 How old were you when you had your first sexual experience?
 How old was the other person?
 What was the gender of the person?
 What was your relationship to the other person?
 What specific activities were involved in the first sexual experience?

Table 3: Mean PCR-II Scale Scores of Heterosexual and Homosexual Participants

| Variable | Heterosexual | Homosexual | Effect Size (p-value) | Overall Mean (SD) |
|-----------|--------------|------------|-----------------------|-------------------|
| Love | 33.07 | 28.89 | .02 (.02) | 30.25 (6.71) |
| Demand | 22.19 | 26.90 | 0.22 (.01) | 25.36 (6.99) |
| Attention | 25.61 | 23.85 | 0.11 (ns) | 24.42 (5.03) |
| Reject | 13.89 | 18.50 | 0.26 (<.005) | 17.00 (5.73) |
| Casual | 23.61 | 22.83 | 0.04 (ns) | 23.08 (5.94) |

Table 4: Mean PCR-II Scale Scores of Ego-Syntonic Homosexuals and Ego-Dystonic Homosexual Participants

| Variable | Ego-Syntonic | Ego-Dystonic | Protected F Effect Size (p-value) |
|-----------|--------------|--------------|-----------------------------------|
| Love | 29.41 | 28.01 | .22 (ns) |
| Demand | 28.82 | 24.18 | .29 (<.01) |
| Attention | 24.14 | 23.28 | .14 (ns) |
| Reject | 18.17 | 19.06 | .27 (ns) |
| Casual | 22.01 | 23.92 | .10 (ns) |

Table 5: Exploratory Variables Among Heterosexual, Ego-Syntonic Homosexual, and Ego-Dystonic Homosexual Participants

| | Heterosexual | Ego-Syntonic | Ego-Dystonic | Effect Size |
|--------------------------------|--------------|--------------|--------------|--------------|
| Sexual Abuse | <2% | 44% | 57% | .36 (<.0005) |
| Age of First Sexual Experience | 17.78 | 13.6 | 12.02 | .19 (.06) |
| BDI | 3.24 | 10.45 | 14.08 | .43 (<.0001) |
| Number of Sexual | | | | |
| Past Week | 0.47 | 0.72 | 0.38 | .14 (.2) |
| Past Month | 0.48 | 1.6 | 0.79 | .17 (.11) |
| Past Year | 1.67 | 7.61 | 3.44 | .16 (.2) |
| Life | 33.51 | 83.33 | 27.64 | .13 (.3) |
| Primary Attachment | | | | |
| Mother | 55% | 80% | 74% | |
| Father | 9% | 2% | < 2% | .14 (.3) |
| Both | 29% | 9% | 12% | |
| Other | 7% | 9% | 15% | |
| | | | | |

Lowered Drug Use Reduces Risky Behaviors Among Gay/Bisexual Males

A study published in *Experimental and Clinical Psychopharmacology* (Vol. 15, No. 3, 2007, pgs 301-307) found that gays/bisexuals who reduce their use of methamphetamines also experienced a reduction in their risky sexual behaviors and their overall depression.

Researchers at the University of California, Los Angeles, surveyed 162 self-identified gay or bisexual males involved in an outpatient treatment program. They hypothesized that "participants displaying the most rapid decreases in drug use during the treatment would simultaneously show correspondingly higher rates of improvement in their depression symptoms and fewer report high-risk sexual behaviors."

The researchers found that "Greater reductions in methamphetamine use presaged greater reductions in other maladaptive behaviors in a linear fashion. This finding supports the idea that although depression and high rates of sexual risk behaviors are correlated with methamphetamine use, individuals are likely to experience the greatest relief simply by focusing on sustaining methamphetamine abstinence."

CDC Funds Pilot Program To Fight Syphilis Among Gays

Public health officials in Pennsylvania are concerned about the spike in syphilis cases in the state. The most recently reported cases are from 2005. The 199 cases that year hit a 20-year high and more than double the 78 cases reported in 2000.

According to health officials, most cases involved men having sex with men from the Pittsburgh and Philadelphia areas. Stephen Kowalewski, a senior public health adviser, however, says that these men do not necessarily consider themselves gay or bisexual. He told local health directors in Harrisburg that the term used to describe this kind of sex is "down low."

Kowalewski says the upward spike of syphilis cases reflects a reduced fear of contracting HIV. On the West Coast, outbreaks of syphilis among men were linked to increased use of crack cocaine and trading sex for drugs.

Kowalewski has invited six counties to participate in a pilot program to find non-traditional means of finding and testing those at risk. The U.S. Centers for Disease Control and Prevention has provided a \$200,000 grant to fund the pilot program. According to Kowalewski, "It seems the traditional messages are not completely effective with this population."

Untreated, syphilis can cause headaches, sore throat, fever, rashes, eventual brain damage and death. (Source: *The Morning Call*, Allentown, Pennsylvania, September 24, 2007)

Kaposi's Sarcoma Reappears In San Francisco

A report in the San Francisco Chronicle (October 13, 2007) notes that several Kaposi's Sarcoma (KS) cases have emerged in the city among long-term HIV positive individuals.

Fifteen patients are being treated for KS. "This could either be the canary in the coal mine, or it could just be a collection of rare events that will continue to occur when people are given what appears to be effective treatment," said Dr. Jeffrey Miller, a San Francisco General Hospital epidemiologist and KS expert.

This disease was once widespread and was known as "gay cancer." Beginning in 1995, anti-viral drugs resulted in the disappearance of the disease. Columbia University researchers found that KS was caused by a herpes virus, HHV-8. This disease migrated to the lungs, lymph nodes and throat. Death was frequently the result.

According to epidemiologist Dr. Marcus Conant, "I believe some other virus, or infection, is stimulating HHV-8 to replicate."

Study Finds Correlation Between Religiosity And Reduced Promiscuity

A new survey, "Religiosity, Denominational Affiliation and Sexual Behaviors among People with HIV in the United States," (Journal of Sex Research, Vol. 44, Issue 1, 2007, pgs. 49+) studies the impact of religious belief on sexual behaviors.

The authors note: "There is reason to believe that religiosity may promote safer sex practices. ... Studies examining the relationship between religiosity and sexual behaviors more generally (i.e., outside the HIV-risk context), have found that individuals who attend religious services more often are less likely to be sexually active, and if active, have fewer sexual partners and less frequent sexual intercourse ... These results suggest that religiosity may deter individuals from engaging in behaviors that could transmit HIV infection."

The primary aim of this current study was to "test whether religiosity and denominational affiliation among people with HIV, taking into consideration other characteristics of the infected population, such as sexual orientation and gender."

The sample for the study was taken from the HIV Cost and Services Utilization Study (1999). Religiosity questions were adapted from the Midlife Development Inventory developed by the MacArthur Foundation Research Network on Successful Midlife Development (1996). Data was collected in 1998.

Respondents to the study were given a choice of 46 denomina-

tional affiliations. Each participant was asked about his or her sexual activities with the five most recent partners. The sexual orientation of each person was self-reported.

The researchers found that "Religiosity was associated with fewer sexual partners and a lower likelihood of engaging in unprotected sex and in high-risk sex. ...

"A lower likelihood of unprotected sex was reported by heterosexual men compared with gay-bisexual men, and higher likelihoods of both unprotected sex and high-risk sex were reported by African Americans compared with Whites. Latinos were also

more likely to report high-risk sex than were Whites."

In addition, "Our data suggests that religiosity is more important than denominational affiliation as a predictor of sexual behaviors."

A further comment noted: "...this study found support for the importance of religiosity in reducing risk behaviors associated with the transmission of HIV and for exploring ways of incorporating value-oriented motivators (such as religiosity) for practicing safer sex into HIV prevention programs."

NARTH Conference Gets Mixed And Biased Press Coverage

By Mike Hatfield

Fort Worth Star-Telegram reporter Aman Batheja's coverage of the NARTH Conference was nearly non-existent. Instead of actually covering the conference and interviewing NARTH professionals, Batheja chose instead to focus on the small number of gay protesters outside of the DFW Airport Marriott.

His report, "Debate over homosexuality sparks scandal and protests," rehashed unsubstantiated claims by gay activists that reorientation therapy is "unscientific" and harmful to individuals who have unwanted same-sex attractions. If the reporter had actually attended the conference, he would have known that these are claims are unfounded.

His negligent reporting was challenged by Gary Davis, (Major, U.S. Army Retired). In a letter to the editor to the *Star-Telegram*, Davis noted:

Subject: "Gay Activists Protest Irving NARTH Conference" in your Sunday, 28 OCT Issue

Dear Editor:

The hypocrisy is mind-boggling, yet predictable. I am referring to your article about the protests at the Annual Conference of the National Association for Research And Therapy of Homosexuality (NARTH) recently held in Irving.

The same people that demand universal acceptance and tolerance without reservation or question will not give that same acceptance and tolerance to former homosexuals or the organization that helps those former homosexuals. The same people that want a "live and let live" attitude between the homosexual community and heterosexual community will not grant the same to happy, former homosexuals.

The same people that label NARTH (comprised mainly of degreed and practicing psychologists and psychiatrists) as promoting "quack sci-

ence" (in helping homosexuals give up the lifestyles) promote "no science" personal opinions and anecdotes as their only "evidence" that homosexuality is an unchangeable, and possibly inherited condition. There is no conclusive scientific evidence proving outright that homosexuality is unchangeable and possibly has inherited cause.

The same people that bristle with anger that anybody would dare intimate that homosexuality might be linked to mental health issues routinely label anybody not totally agreeing with them with a slur that suggests that the person not in total agreement is possibly "not right in the mind." That routinely used slur would be "homophobic" – with the suffix "phobic" being defined as "an unnatural fear of."

The reason for all of this hypocrisy and aggressive talk by the gay community is simple – the existence of former homosexuals (and they are real) torpedoed the very foundation of their Tooth Fairy version of why they exist and why they cannot change themselves even if they wanted to change. It also torpedoed their notion that once one enters their doors and joins their clubhouse, that one can never voluntarily leave nor can one ever renounce membership.

Sincerely,

G. A. Davis

In a second article on the NARTH Conference, University of Texas reporter Emily Toman reported in a far less biased manner. In contrast to Batheja, whose interview focused on the protestors, she actually interviewed NARTH Board member Arthur Goldberg and President-Elect A. Dean Byrd.

Dr. Byrd told her that a 2002 study showed that most people felt unharmed by reorientation therapy. He noted: "No therapist wants to provide treatment to harm someone." Mr. Goldberg told her: "If you're unhappy being gay, we can help. If not, then that's fine, too. We are a pro-choice organization."

NARTH Conference Papers

The papers presented at the NARTH Conference in Dallas should be available in the online bookstore in early 2008.

Issues Of Diagnosis And Treatment

By James Phelan, Ph.D.

Homosexuality was officially defined as a mental disorder by the American Psychiatric Association from 1952 to 1973, but has not been defined as a disorder since that time.

There are no biological markers found for homosexuality. In the same way, "... no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder" (Levine, 2001, p. 277). These are all "mental illnesses" because society has judged them to be.

Following controversy and protests from gay activists at American Psychiatric Association annual conferences from 1970 to 1973, the seventh printing of the *Diagnostic and Statistical Manual II* (DSM-II), in 1974, no longer listed homosexuality as a category of disorder. After talks led by Dr. Rober Spitzer, who had been involved in the DSM-II development committee, a vote by the APA trustees in 1973, and confirmed by the wider APA membership in 1974, had replaced the diagnosis with a milder category of "sexual orientation disturbance."

A Values Issue

If mental illness were really an illness in the same sense that physical illnesses are illnesses, the idea of deleting homosexuality or anything else from the categories of illness by having a vote would be as absurd as a group of physicians voting to delete cancer or measles from the concept of disease. But mental illness isn't an illness like any other illness.

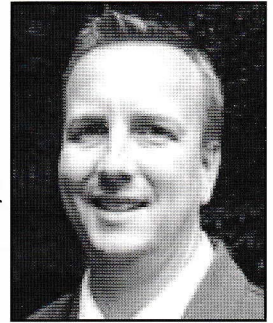
Unlike physical disease where there are physical facts, or blood tests to confirm, mental "illness" is entirely a question of values. After homosexuals protested and successfully demanded at least a small measure of social acceptance, homosexuality was no longer called a mental illness.

One Diagnostic Category Remains

But, considering the fact that there were individuals who were homosexually oriented, yet unsatisfied this way, the American Psychiatric Association replaced the diagnosis with the category of "sexual orientation disturbance." This was later replaced with the diagnosis of ego-dystonic homosexuality in the DSM-III in 1980, but this was removed in 1987 with the release of the DSM-III-R. A category of "sexual disorder not otherwise specified" continues in the DSM-IV, which includes "persistent and marked distress about one's sexual orientation."

Therefore, there is still a place at the clinical table for those who seek resolution, and in some cases, for those who seek to change their sexual orientation. This is largely the case because ex-gays

have collectively stood up to be counted, as once did their openly gay counterparts in the 70's. On May 22, 1994, in Philadelphia, for the first time in history, the American Psychiatric Association was protested against, not by pro-gay activists, but by a group of ex-gays claiming that they had changed and that change was possible for others (Davis, 1994).



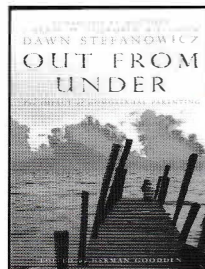
James Phelan, Ph.D.

This was repeated at their 2000 convention in Chicago (Gorner, 2000), and again at the 2006 American Psychological Association Convention in New Orleans (Foust, 2006).

The APAs cannot deny that there are those who are dissatisfied with homosexuality and believe it does not represent their true identity. It would simply go against their own code of ethics to deny such treatment. Finally, claiming that homosexuality, per se, is not a mental disorder (per DSM), is not a reason to deny treatment.

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Out From Under: The Impact Of Homosexual Parenting -- by Dawn Stefanowicz

Dawn Stefanowicz tells the story of her childhood growing up in a gay household and its devastating impact upon her life. Available now at www.dawnstefanowicz.com.