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Spitzer Study Just Published: Evidence Found for Effectiveness of Reorientation Therapy

By Roy Waller and Linda A. Nicolosi

The results of a study conducted by Dr. Robert L. Spitzer have just been published in the *Archives of Sexual Behavior*, Vol. 32, No. 5, October 2003, pp. 403-417.

Spitzer's findings challenge the widely-held assumption that a homosexual orientation is "who one is" — an intrinsic part of a person's identity that can never be changed.

The study has attracted particularly attention because its author, a prominent psychiatrist, is viewed as a historic champion of gay activism. Spitzer played a pivotal role in removing homosexuality from the psychiatric manual of mental disorders.

Testing the hypothesis that a predominantly homosexual orientation will, in some individuals, respond to therapy were some 200 respondents of both genders (143 males, 57 females) who reported changes from homosexual to heterosexual orientation lasting 5 years or more. The study's structured telephone interviews assessed a number of aspects same-sex attraction, with the year prior to the interview used as the comparative base.

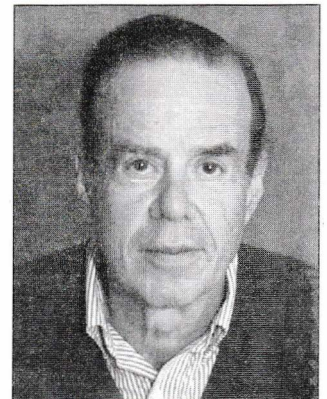
In order to be accepted into the 16-month study, the 247 original responders had to meet two criteria. First, they had to have had a predominantly homosexual attraction for many years, including the year before starting therapy (at least 60 on a scale of sexual attraction, with 0 as exclusively heterosexual and 100 exclusively homosexual). Second, after therapy they had to have experienced a change of no less than 10 points, lasting at least 5 years, toward the heterosexual end of the scale of sexual attraction.

Although examples of "complete" change in orientation were not common, the majority of participants did report change from a predominantly or exclusively homosexual orientation before therapy, to a predominantly or exclusively heterosexual orientation in the previous year as a result of reparative therapy.

These results would seem to contradict the position statements of the major mental health organizations in the United States, which claim there is no scientific basis for believing psychotherapy effective in addressing same-sex attraction. Yet Spitzer reports evidence of change in both sexes, although female participants reported significantly more change than did male participants.

The statistical and demographic details of the respondents include the following:

- The study did not seek a random or necessarily representative sample of therapy clients; the subjects chosen were volunteers.
- Average ages: men, 42, women, 44.
- Marital status at time of interview: 76% men were married as were 47% of the female respon-



Dr. Robert L. Spitzer

continued

dents. 21% of the males and 18% of the females were married before beginning therapy.

- 84% resided in the United States, the remaining 16% lived in Europe.
- 97% were of a Christian background, 3% were Jewish, with 93% of all participants stating that religion was either "extremely" or "very" important in their lives.
- 19% of the participants were mental health professionals or directors of ex-gay ministries.
- 41% reported that they had, at some time prior to the therapy, been "openly gay." Over a third of the participants (males 37%, females 35%) reported that at one time, they had had seriously contemplated suicide due to dissatisfaction with their unwanted attractions.

Employing a 45-minute telephone interview of 114 closed end questions, each requiring either a yes/no answer or calling for a scaled rating of between 1 and 10, Spitzer's study focused on the following areas: sexual attraction, sexual self-identification, severity of discomfort with homosexual feelings, frequency of gay sexual activity, frequency of desiring a same-sex romantic relationship, frequency of daydreaming of or desiring homosexual activity, percentage of masturbation episodes featuring homosexual fantasies, percentage of such episodes with heterosexual fantasizing, and frequency of exposure to homosexually-oriented pornographic materials.

In addition, participants were asked to respond to a series of possible reasons for desiring change from homosexual orientation to heterosexuality, as well as being asked to assess their marital relationships.

Some of the findings of the Spitzer study, particularly regarding motivations for change, included:

- The majority of respondents (85% male, 70% female) did not find a homosexual lifestyle to be emotionally satisfying. 79% of both genders said homosexuality conflicted with their religious beliefs, with 67% of men and 35% of women stating that gay life was an obstacle to their desires either to marry or remain married.
- Although all of the participants had been sexually attracted to members of the same sex, a certain percentage (males 13%, females 4%) had never actually experienced consensual homosexual sex. More of the male respondents (34%) than females (2%) had engaged in homosexual sex with more than 50 differ-

ent partners during their lifetime.

Dr. Spitzer said the data collected showed that, following therapy, many of the participants experienced a marked increase in both the frequency and satisfaction of heterosexual activity, while those in marital relationships noted more emotional fulfillment between their spouses and themselves.

As for completely reorienting from homosexual to heterosexual, most respondents indicated that they still occasionally struggled with unwanted attractions—in fact, only 11% of the men and 37% of the women reported complete change. Nevertheless this study, Spitzer concludes, "clearly goes beyond anecdotal information and provides evidence that reparative therapy is sometimes successful."

Spitzer acknowledges the difficulty of assessing how many gay men and women in the general population would actually desire reparative therapy if they knew of its availability; many people, he notes, are evidently content with a gay identity and have no desire to change.

Is reorientation therapy harmful? For the participants in our study, Spitzer notes, there was no evidence of harm. "To the contrary," he says, "they reported that it was helpful in a variety of ways beyond changing sexual orientation itself." And because his study found considerable benefit and no harm, Spitzer said, the American Psychiatric Association should stop applying a double standard in its discouragement of reorientation therapy, while it actively encourages gay-affirmative therapy to confirm and solidify a gay identity.

Furthermore, Spitzer wrote in his conclusion, "mental health professionals should stop moving in the direction of banning therapy that has, as a goal, a change in sexual orientation. Many patients, provided with informed consent about the possibility that they will be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions."

Is reorientation therapy chosen only by clients who are driven by guilt—what is popularly known as "homophobia"? To the contrary, Spitzer concludes. Rather, he asserts, "the ability to make such a choice should be considered fundamental to client autonomy and self-determination." ■

THE NARTH BULLETIN

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"Victory on the Bow of a Ship"

NARTH: On Track for the Future

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

In 1973, I was providing treatment to men who struggled with unwanted homosexual attractions. The substantial majority of these men were not suffering from "internalized homophobia." In fact, I don't recall even hearing the term. Most were self-referred, and were not particularly religious. Certainly, they were not religiously motivated to seek therapy.

These men were genuinely unhappy. The typical complaint was "these homosexual feelings are not who I really am." About 60% were single men in their middle to late 30's and who had been in the "lifestyle" for more than 20 years. The other 40% were married men who had families and were plagued by unwanted fantasies about sex with men. They asked for help in decreasing their homosexual attractions and in developing their heterosexual potential.

My work with homosexual men was as successful as any other patient population who I treated. These men were able to resolve significant issues in their lives, and homosexual attractions were either eliminated or significantly diminished. Because I was a very young psychologist during this time, I frequently sought supervision. Even my mentors were surprised at the positive outcomes.

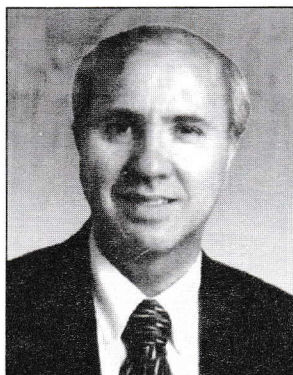
Back in 1973, upon hearing the decision to remove homosexuality from the diagnostic manual, I recalled experiencing strong ambivalent feelings. I agreed with Dr. Robert Spitzer that self-identified gays and lesbians deserved respect--whether they decided to affirm a gay identity, or to pursue therapy to develop their heterosexuality. But I feared that the '73 decision would have a chilling effect on research, and indeed it has.

Although I was acquainted with a number of psychologists and psychiatrists who continued to treat men and women who were unhappy with their homosexual attractions, the activism that ushered in the '73 decision grew increasingly forceful. As a result, many of my colleagues stopped discussing their work with such cases when they were in public settings.

Then in 1992, I learned about the formation of a group of professionals--scientists and clinicians--who wanted to organize a group to consider the research and clinical practice of treating men and women with unwanted homosexuality. I attended the first NARTH meeting in New York City, and was quite surprised. I was surprised at both the

diversity of this small group of about twenty people, and how each had been successful in treating this patient population for many years.

I was equally surprised at the activism that seemed to be emanating from the professional organizations, all of which aimed at forbidding the treatment of homosexuality even when the patient specifically requested such therapy. What had happened to patient self-determination, the cornerstone of all of the mental health professions? How could the national organizations state that homosexuality was not a disorder, and at the same time, suggest that homosexual men and women were not competent to make decisions about whether or not they wanted to pursue treatment? How could the the profession simply refuse to help clients bring their sexual desires and behaviors into harmony with their values?



A. Dean Byrd

In many ways, I have always been a typical psychologist. I always left the activism to those who had such leanings...but what I heard about what was happening in our profession from this small NARTH group, supported by extensive documentation, did not seem right. In fact, I became uncharacteristically incensed.

My reaction was not so unlike that of others who were later to follow. In common with a recent group of professionals --which includes the current APA president Robert Sternberg, former APA President Robert Perloff, and other distinguished psychologists--I, and other NARTH members began to battle the establishment. (Note that the book in which Sternberg and Perloff tell their stories is worthy of reading--it's called "Psychologists Defying the Crowd" and is published by APA).

With our membership now approaching 1500 and rapidly growing, NARTH members share the sentiment of Dr. Perloff that APA has become "too politically correct, too bureaucratic, too obeisant to special interests."

Regarding APA's attempt to ban re-orientation therapies, Dr. Perloff was recently instrumental in bringing some sense to APA. His opinion prevailed when he stated, about the proposed banning of conversion therapy, "It's considered unethical...That's all wrong. First, the data are not fully in yet. Second, if the client wants to change. listen to the client. Third, you're barring research."

Specifically, in regard to NARTH, Perloff provided the fol-

lowing statement, "I believe that APA is flat out wrong, undemocratic, and shamefully unprofessional in denying NARTH the opportunity to express its views and programs in the *Monitor* and otherwise under APA's purview."

I agree with Dr. Perloff, and I hope that APA is listening.

There is an increasing number of psychologists who are unhappy with responses such as that which Dr. Nicolosi and I received from former APA president Norine Johnson. Before she left office, we requested a brief meeting with her, and she refused--providing no reason, and instead referred our request to Clinton Anderson, Officer of Gay, Lesbian and Bisexual Concerns. I personally requested ten minutes of her time during a visit she made to Salt Lake City. She refused. Under what circumstances would an elected president of an organization refused to meet with a constituent?

Our 2003 Conference: A Highlight of the Year

As I leave the Governing Board of NARTH, I am thrilled at the progress that the organization has made during the four years of my tenure. The current attendance at the NARTH Conference in Salt Lake City had more than 100 psychiatrists and psychologists, many from major institutions throughout this country. The academic presentations were incredible. The presenters had published their work in peer-reviewed journals.

NARTH provided 15 hours of continuing education (CE) credits for the mental health professionals attending this conference and NARTH's program received endorsement from the Utah Psychological Association.

Our conference highlighted the just-published study by Dr. Robert Spitzer. This is the same Spitzer who was instrumental in removing homosexuality from the DSM in 1973. His study was published in the prestigious *Archives of Sexual Behavior*.

"Like most psychiatrists," says Dr. Spitzer, "I thought that homosexual behavior could be resisted--but that no one could really change their sexual orientation. I now believe that's untrue--same people can and do change."

And Dr. Spitzer correctly noted that the "...desire for

change cannot always be reduced to succumbing to society's pressure. Sometimes, such a choice can be a rational, self-directed goal."

NARTH as a Professional Resource

In the introductory editorial in the same issue in which the Spitzer article appeared, editor Dr. Kenneth Zucker offered the following comments: "For readers interested in learning about the intellectual and ideological positions of NARTH, a subscription to the *NARTH Bulletin* is worth the few dollars it costs."

I will remain on the Scientific Advisory Board of NARTH and will continue to work vigorously to protect the rights of individuals who are unhappy with their homosexual attractions so that they might seek treatment, and also to protect the rights of professionals to provide such treatment. Now APA needs to follow the lead of the Utah Psychological Association (UPA), one of their affiliates, and provide recognition to NARTH.

Real diversity includes different worldviews, and APA cannot be considered to favor true diversity without respecting diverse worldviews. NARTH's message is one of true diversity. Men and women have a right to claim a gay or lesbian identity or to pursue a heterosexual adaptation. NARTH is about individual choice.

The front page of the *London Times* featured the recently published Spitzer study and offered the following quote from an interview with me:

"But Dean Byrd, a clinical professor at the University of Utah School of Medicine, said Professor Spitzer's courage had broken a barrier of silence to start a long overdue debate. 'A commitment to the basic civil rights of gays and lesbians does not require a belief in the false notion that homosexuality is [invariably] fixed in all people'."

Based on the plethora of extensive peer-reviewed studies, I do not see how any rational mental-health professional could disagree. Perhaps it is time that NARTH members adopted the courage of the current president of the American Psychological Association to become one of the "Psychologists Defying the Crowd." Now is the time, I believe, for NARTH to battle the establishment and win. ■

**Our 2003 conference
featured an impressive roster
of speakers whose work
had been published in
peer-reviewed journals,
and the conference granted
our attendees 15 hours
of officially sanctioned
continuing education credit.**

Homosexuality and Genes: *Déjà vu All Over Again?*

by Warren Throckmorton, PhD
Grove City College

"I can hear the doors of gyms and fitness centers slamming shut right now. Why bother to change something like body weight, if it's so clearly due to genetics?"

It's like déjà vu all over again. Another study claiming to support the idea that homosexuality is directly caused by genes comes to public attention. And then there are the journalists eager to trumpet the headline. Alas, as in the past, the reports and public statements of the authors misrepresent and hype the study beyond recognition.

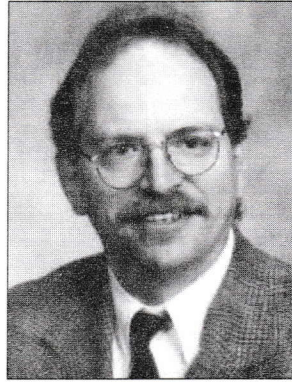
For instance, there is the "blinking" study reported recently in the *Behavioral Neuroscience* journal. Lead author Qazi Rahman has become a leading opponent of the idea that environment may play a crucial role in the formation of same-sex attraction. Columnist Nicholas Kristof thought so much of this study that he quoted it in a recent *New York Times* article as being important evidence of a gay gene.

Although Rahman's theories are more hormonal than genetic, the researcher does negate the role of environment in sexuality. Why? One reason is that when startled, 15 lesbians on average blinked in a similar manner to 15 straight men. There were no differences between straight and gay men.

Wait... no difference between gay and straight men? From reading Kristof's recent piece and the press accounts of the study, you would not know that. Because a small group of lesbians blinked like a small group of straight men, the leap is made to assume being a lesbian is obligatory? The inference is confounded by the fact that it is well known that smoking can impact startle response, and Rahman's study did not take smoking status into account in choosing study participants.

Hence, the headlines for the Rahman study could easily have read: "Sexual orientation not genetic for gay men; might be for lesbians." I must have blinked; I didn't read that anywhere.

In his *Times* article, Kristof then quotes another Rahman article from the journal, *Personality and Individual Differences*, that speculates that 50-60% of the differences in sexual orientation are due to genetic influences. Kristof and others in the media uncritically accept these numbers even though there is a considerable debate in scientific circles about the validity of the 50-60% figure, and the twin research on which it is based. Despite a couple of fairly sophisticated attempts, efforts by independent researchers to confirm these numbers have failed.



Warren Throckmorton, Ph.D.

So what you *wouldn't* know if you only read the news services is that the data are highly questionable, and there are findings in these studies that better support environmental hypotheses concerning sexual orientation.

Even if we did assume that differences in sexual orientation were 50-60% genetic, what would that mean? Well, first of all that leaves a pretty substantial portion of sexual preference open to environmental influence.

So the analogies to left-handedness and eye color fall absolutely flat.

The Influence of Genes on Other Human Traits

Second, to gain perspective, let's look at other personality traits and the estimated percent of individual differences attributable to genetic factors, according to existing research found on the American Psychological Association's website. Genetic factors appear to influence—

- * Attitudes toward reading books - 55%
- * Feelings about abortion on demand - 54%
- * Feelings about roller coaster rides - 50%
- * Attitudes towards the death penalty for murder - 50%
- * Humility - 58%
- * Likelihood to engage in casual sex - 49%
- * Attitudes toward equality - 55%

With these genetic influences, think of the new advocacy groups that might spring up. Roller-coaster enthusiasts might lobby for free or reduced admission to theme parks, since many riders would be hindered from being "who they are" by restrictive pricing policies. If we thought about these traits the way the media and some researchers want us to think about homosexuality, the campaign for safe sex is futile—since nearly half the reason why certain people drop their pants on a whim is supposedly due to genetics. And as we are getting accustomed to hearing... "can't change that," right?

At risk of belaboring the point, the faulty interpretation of all of these studies is that genetic influence is the same as destiny. Arising from studies of identical twins raised together, these studies frequently fail to take into account the confounding factor of shared environment. Despite the flaws in interpretation and design, the inference desired by

many in the gay-activist camp is that the only scientifically acceptable approach to homoerotic feelings is to accept and identify with them.

Unless one is prepared to say that about attitudes toward equality, the death penalty, abortion and literacy...then why say it about sexual feelings?

Here's one more human trait that is highly heritable: weight and body type. This trait is estimated to be 60-80% related to genetic influence. If homosexuality is out of control at 50-60%, then what of one's physique?

I can hear the doors of gyms, fitness centers and infomercial studios slamming shut now. Why bother to try to change something so clearly due to genetics? Oh, to have inherited the six-pack "ab" gene!

There may be one trait that is determined. I guess we could call it journalistic determinism, because it appears that many journalists are determined to find that gay gene. I really shouldn't be so hard on them; they probably can't help it.

(Reprinted by permission of Grove City College)

Spitzer Study Stirs Further Debate Over Reorientation Therapy

*Some gay activists claim that the Spitzer study will cause harm.
Censorship efforts were made by some, prior to publication, within the academic community.*

By Roy Waller

The *London Times* joined the now-international controversy that followed in the wake of publication of Dr. Robert Spitzer's study.

That study, published in the October 2003 issue of the *Archives of Sexual Behavior*, surveyed 200 people who said they had made a significant change in sexual orientation. The study's findings supported the contention that homosexuality is not necessarily "who a person is," but is instead a psychological condition that can be modified.

The data collected by Spitzer, who is a psychiatrist on the staff at Columbia University, showed that of the sample studied, 78% of men and 95% of the men reported changes in their sexual self-identification, ranging from a result of "predominantly heterosexual" to "exclusively heterosexual."

Dr. Spitzer—who was instrumental in the removal of homosexuality from the official list of mental disorders in 1973—admitted that he knew his study would be greeted with strong reactions from both camps in the homosexuality debate. Gay activists, he said, would see his findings as threatening, while those who see homosexuality as outside of the sexual norm would be delighted. According to the piece appearing in the October 3, 2003 edition of the *London Times*, his predication proved accurate.

Among those adding their voices to the debate in the

London Times were Lawrence Hartmann, Professor of Psychiatry at Harvard University who, along with British gay activist Peter Tatchell, spoke strongly against reparative therapy. "The paper was...likely to cause harm," stated Hartmann, while Tatchell claimed that those people he knew in the gay community who had tried reparative therapy reported that it "failed to convert them to heterosexuality."

Dr. Spitzer himself has said that while complete change (the absence of any remaining attractions) appears to be rare, it is necessary to ensure the right of any individual to have such therapy at their disposal as an alternative to continuing in a homosexual lifestyle.

Addressing the controversy from the standpoint of academic freedom was psychologist Kenneth Zucker, editor of *Archives of Sexual Behavior*. In the *Times* article, Zucker said that he was disappointed that those colleagues who disagreed with reparative therapy had attempted to censor publication of Spitzer's opposing point of view. Such academic journals, he stressed, are in fact the proper places for open discussion of controversial issues, not censorship.

NARTH member A. Dean Byrd of the University of Utah School of Medicine also emphasized the need for open debate as well as equal rights for all concerned. "A commitment to the basic civil rights of gays and lesbians," Byrd noted, "does not require a belief in the false notion that homosexuality is fixed in all people." ■

Important Date: November 12-14, 2004

Mark your calendars for the next NARTH conference, to be held in Washington, D.C.

The Chamberlain Magic Show: A Psychological Review of the New Book, *Shattered Love*

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

Shattered Love is not about homosexuality or being gay. Neither is it about psychological abuse. Of course, these elements are all part of the Richard Chamberlain story. Rather, this memoir is about a lonely, shy little boy and his failed journey to full manhood. It is about his legitimate needs for masculine intimacy and his distorted attempts to meet those needs.

This book provided a rich source of clinical data about Chamberlain, whose deeply moving struggle for affection, approval and attention seems to be part of an endless journey. The memoir shows us a child who did not fit in a family and was emotionally mismatched to a psychologically abusive father --- a father whose "lethal sneer" made his temperamentally sensitive son feel as if he was being "slashed with a machete."

All of this is clearly recalled by Chamberlain—but with a startling lack of insight. Throughout, he makes no connection between his early gender-identity struggles and his later homosexual attractions.

A Classic Story

Chamberlain's story is not unique. Rather, it is one that is shared by many homosexual men. We see the classic characteristics of the young boy who later self-identifies as homosexual: a temperamental sensitivity, preoccupation with being different, and a compensatory drive towards perfectionism.

Together, these traits set the stage for "The Chamberlain Magic Show," which is a description employed by Chamberlain himself to describe the facade behind which he long hid. This façade—the false self which was required and nurtured by an abusive father—causes confusion in the young boy as he strives to develop a sense of gender and identity.

In this book, we see the classic triadic relationship so common in the histories of homosexual men: a father who is an unappealing identification model to the boy, the poor relationship between mother and father, the frustration and unhappiness of the mother, and the consequent over-identification of the young son with her.

Chaotic Family Relationships, Gender Disturbance

Although there is insufficient information to make an explicit GID (Gender Identity Disorder) diagnosis for Chamberlain in his childhood years, there remains clear evidence of a gender disturbance. Consider the following memory of a shame experience (common in the developmental histories of homosexual men) that he recites:

"...I found a worn pair of toe shoes and a tattered tutu... Imagine the glacial disapproval I received when I ran home, donned tutu and toe shoes, and delightedly danced Swan Lake all over the house. Dad, completely nonplussed, brandished his most lethal sneer. Mom seemed stricken and delivered a freezing version of that 'look that kills.' And Bill [Chamberlain's older brother] just turned away in disgust.

"Their learned beliefs told them that a boy jumping around in a tutu was un-American, unholy, and probably illegal! The message was clear: I was a disgrace to the clan, and was summarily cast out, at least for a time" (p. 152).

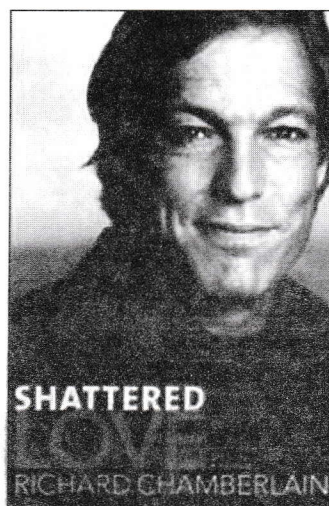
Chamberlain's sense of being different and his preoccupation with the feminine, both of which were forced underground by an oppressive father, re-emerged when he was an adult and he briefly took on the role of "Daphne." The enmeshed connection to his mother seemed to bypass him:

"When finally done up, I thought I looked fairly glamorous in a slightly off-kilter sort of way, and a tad like my mother albeit it a head taller in those heels."

Dressed in this costume, he went with his partner to a restaurant. Chamberlain noted, "I guess he'd never been out on a date with a transvestite" p. 234).

Chaotic family and peer relationships are pervasive as Chamberlain constructs a facade to cover his emerging but fragile sense of self. This false self emerges and re-emerges throughout the memoir.

While Chamberlain presents his story as if it were unique, clinicians who have worked with homosexual men see those same dilemmas and conflicts over and over again in



"I determined
to be as unlike
my father
as possible."

— Richard Chamberlain

continued

the childhood histories of homosexual men. Such confusion, left untreated, often leads to homosexual attractions. In fact, as many as 75% of gender-disturbed children go on to label themselves as homosexual or bisexual as adults. Chamberlain fits the pattern perfectly.

Consider his relationship to his father, who he describes as a "periodic alcoholic" (p. 9) whose "...periods of drunkenness were to his children inexplicable, insane and dangerous." (p. 10) He explains:

"Normally, driving alone with Dad was extremely uncomfortable—I could never think of anything to say to this mythic, dark man, and I always felt silently disapproved of."

"Dad was never physically violent; he never hit us or pushed us around. His violence was psychological. When he was drunk, he'd stagger recklessly around the house or slump in his big living room chair, emitting angry vibes that seemed to me like a radiance of pure evil. It was like living with the devil. And he could quell anything remotely like fun and frolic with his famously lethal sneer. That sneer was like being slashed with a machete" (p. 12).

Although Chamberlain acknowledges his father's impact on his childhood and adulthood, he appears to see no connections at all between that paternal maltreatment and his gender-identity confusion and subsequent homosexual orientation. Still, his acknowledgments include the following:

"I can see now that one of the most powerful factors in my emotional block in these situations was my unresolved relationship with my father. Though I was no longer living at home, I was still destructively attached to this man (or rather my inner stories about him). My hatred and fear of Dad were virulent, even though I rarely saw him" (p. 37).

"I projected these feelings onto every producer or director and casting agent I met. I unfairly turned these unsuspecting guys into my father, subconsciously fearing condescending judgments and suppressive sneers, certain that I could never measure up to their expectations (p. 37)."

"The person I've hated most often and intensively is my father...But mostly I experienced Dad as self-aggrandizing, hypocritical, and covertly, but powerfully, suppressive to all of us, including my mother. I felt subdued and powerless around him...Dad somehow managed to keep us all scared. Even after he sobered up and became a revered speaker in AA (claiming to have abandoned his ego and to have taken up residence at the right hand of God), I experience him being sober but otherwise little changed" (p. 199).

"However, just as I was preparing for an all-out war, Dad, a longtime smoker, was enfeebled by emphysema...There

would be no satisfaction in punching a dying man. So it seemed as if I'd be stuck with my angry victimhood forever" (p. 200).

Chamberlain summarized his father's influence as follows:

"Dad's behavior had serious consequences. What father wants to be hated and feared by his children? ...His death in his mid-eighties was a welcome relief from his long illness. I didn't miss him at all, nor as far as I know did Bill" (p. 202).

Chamberlain's rejection of his father and his father's masculinity was a clear memory. He says, "I determined to be as unlike my father as possible" (p. 202). But little did Chamberlain realize that at the same time he rejected his father's influence, he was also rejecting his own male gender identity.

Chamberlain suffered from an existential loneliness—the terrible emptiness often felt by the boy who is detached from an essential part of his own self. He remembered —

"...my older brother Bill, was the handsome vigorous heir apparent. I had always been the oddball; I never fit into the family hierarchy. I was around, but redundant. The eldest son was fulfilling most of his parents' dreams—if not scholastically, then in sports and socially with gorgeous girlfriends. He shone with good health and good looks and a penchant for reckless, good fun. His shy little brother didn't hold a lot of promise" (p. 59).

God as the (Genderless) Father Figure

As he continued to search for a sense of spiritual identity, Chamberlain pursued a long series of spiritual gurus and therapeutic mentors, and for a period of time, LSD. He seems forever looking for that lost parental figure, and refers to some of the men he meets as surrogate fathers. Chamberlain speaks of those "shadowy reasons beyond my understanding" which tormented him for years. He sought out various spiritual gurus trying to find God, the lost father figure. The astute clinician should clearly have seen the connection between this "unfinished business" and his gender disturbance and subsequent homosexuality.

Instead, Chamberlain projects his early emotional deficits onto his divine creator. "At times," he says, "I felt that God's assembly line carelessly forgot to include parts of my heart and soul" (p. 13). And in a view that is common in other gay memoirs, Chamberlain denies the masculinity of God. He refers to God as "it" (p. 169) (some other gay writers have referred to God as "she").

Chamberlain's relationship to his mother occupied significantly less of his memoir than recollections about his father. He seems to over-identify with her, sharing her victimhood as someone harmed by his father. "Mom silently

suffered a dearth of self-confidence," he says, "exacerbated over the years by her husband's covert suppression, and she had almost no aptitude for self knowledge" (p. 8).

It was clear that it was the women in his early life to whom he felt the closest. "I had a warm relationship with my mother and superb grandmother" (p. 21), he says.

Yet Chamberlain's mother was not able to protect him from his father's psychological assaults, and Chamberlain was not able to protect her from the same assaults. She was relegated to the status of one of the children. She was driven "into a kind of self-protective somnambulism, creating within her a volcano of anger that did not surface until he was dying" (p. 202). Comforting her from this abuse, Chamberlain became a sort of husband to her, empathizing with her pain and distress. Mother and son shared the victim identity against a hostile father.

Upon seeing a picture of the family, Chamberlain's psychologist later responded, "In that family, you never had a chance."

Chamberlain describes his public school experience as follows:

"I refused to learn... I refused to play team sports...It took me ages to learn to read...[I would] feel supremely stupid and alienated from the system and the rest of the kids, most of whom were doing very well whizzing through flash cards and batting those baseballs" (p. 15).

Preoccupation With Being Different; Perfectionism and the False Self

The Chamberlain Magic Show — this "pretending to be perfect"— was, he says, a demanded family trait which caused fear, feelings of unworthiness, and a sense of not belonging. He was frightened of himself, of his gender, and of his masculinity.

According to Chamberlain:

"...contrary to my pretended perfection, most of my life has been ruled in one way or another by fear" (p. 13).

"...fear of inner poverty, unworthiness, inadequacy, and especially fear of not being fully alive, of not fitting in at all" (p. 13).

"My most frightening nemesis was none other than me" (p. 13).

This preoccupation with perfection led him to bow out of a foot race (incurring the wrath of his father) rather than not be first in the competition. "I had no interest in running a race that I could not win" (p. 20). His conclusion was that he was "...a near-perfect nobody" (p. 27).

Richard Chamberlain Today

Now in his late sixties, Chamberlain claims that he has "finally made friends with life" (p. 243). However, the reader is left to wonder if beneath this peace he says he has found, there still remains in the background an unexamined shadow.

Chamberlain describes his once-severed but now restored relationship with his partner Martin as "...personal love relationship that would last twenty-six years and counting" (p. 100). Significantly, Martin's childhood was not so different from Chamberlain's own childhood. His family of origin was a chaotic one, characterized, like Chamberlain's, by a detached relationship to his father. In fact, the detachment was so severe that Martin (who is much younger than Chamberlain and could have been Chamberlain's own son) had left home during his tumultuous early years.

Shattered Love

We sense that there is still a fragile self that is now hiding in open daylight. In fact, Chamberlain seems to have come full circle and, in many ways, has arrived back where he began.

Thus we see him, at age 69, now sadly gazing at a childhood photo which, ironically, provides a possible solution to the dilemmas he faced as a child:

"I came across the resulting sunny photo of myself as a rather lost little blond boy in short pants looking for clover leafs in the grass. As I gazed at this distant image, I immediately felt I could love this kid with all my heart. How I would love to take him in my arms and spend time with him, getting to know who he was, whatever his problems and quirks" (p. 154).

Indeed the existence of such a nurturing father would have made a world of difference. Lacking that masculine identification figure, Chamberlain sexualized the world of masculinity. Sadly, he never reconciled with his father. He thought about it, and was determined to confront his father, but it was too late: his father's illness and death prevented that from happening. Eventually, Chamberlain decided that there is nothing he actually needs to forgive his father for—his father's abusive personality was just a fact of life. Chamberlain finally concludes that "detachment and happiness and love are the best of friends" (p. 222).

Chamberlain is not a victim of just a dysfunctional family. He is also the victim of a society which denies that unmet childhood emotional needs lead to same-gender attractions in adulthood. Thus, his startling lack of insight is, in part, due to a socio-political climate that rapidly endorses all things "gay" with a total absence of critical inquiry. But Chamberlain was not, as he believes, treated badly by the world because of his innate homosexuality. The truth is that his homosexuality evolved from his bad treatment. ■

Gay Marriage and Human Sexual Nature

by Christopher H. Rosik, Ph.D.

"Women's complimentary sexual nature...is uniquely suited for the task of constraining men's natural proclivity for sexual diversity"

Proponents of homosexual marriage have to be heartened by recent judicial and church decisions that may be harbingers of the complete governmental sanctioning of such matrimony. Before this becomes a reality, I want to make a few observations that I hope will be considered in the discussions of this important social issue.

As a starting point, a highly respected national survey in the mid 1990's reported 42.8 lifetime sexual partners among gay/bisexual men (Laumann, Gagnon, Michael, & Michaels, 1994). This compared to 16.5 partners for heterosexual men. Women of either orientation reported far fewer sexual partners than their male counterparts.

Proponents often argue that allowing homosexual marriage will help stabilize these relationships and thus should be affirmed by anyone who speaks in terms of wanting to promote fidelity and commitment. However, if differences in the rates of sexual partners were simply due to social discrimination against gays and their inability to legally marry, then one would expect to find similar lifetime numbers of sexual partners among gay men and lesbians, as well as among heterosexual men and women. Clearly, this is not the case, and other factors must be influencing these statistics.

While some gay men do sustain sexually monogamous partnerships—and plenty of heterosexual men have difficulty maintaining monogamous relationships—the general trend moves in the opposite direction and begs for an explanation.

A recent study published in the July, 2003, issue of the *Journal of Personality and Social Psychology* may provide an answer. Psychologist David Schmitt and colleagues surveyed 16,288 people across 10 culturally distinct regions of the world and found support for a universal theme: men tend to seek sexual variety, while women tend to seek long-term sexual relationships (Schmitt, 2003).

Consider the number of subjects who reported wanting more than one sexual partner *in the next month*. The study found that 25.4% of heterosexual men and 29.1% of homosexual men endorsed this desire. By contrast, only 4.4% of heterosexual women and 5.5% of lesbians wanted multiple sexual partners in the next month. Notice how these statistics divide along gender lines rather than sexual orientation. This suggests that the real social challenge is how to civilize male sexuality as a whole, rather than homosexual practice per se.

The study also examined differences in desire for more than one sexual partner based on relationship status. The desire for additional partners among men grew progressively as the level of commitment decreased: starting at 12.8% of married men, moving up to 18.2% for cohabiting men, then 19% for exclusively dating men, and a full 28.6% of men without an exclusive attachment expressed an interest in having more sexual partners in the next month.

Yet the desire for multiple partners in the next month among women remained essentially flat, from 3.5% of married women to 6.2% of women who were unattached. Note the quite striking gender differences, in addition to the above-cited trend for men to desire additional sexual liaisons as the strength of their relational commitment decreases.

Whether understood in evolutionary or religious terms, these findings suggest that the women's complimentary sexual nature, when aided by a strict marriage bond, is uniquely suited for the task of constraining men's natural proclivity for sexual diversity.

Undoubtedly, heterosexuals have done more than their fair share to undermine this bond and have a lot of soul searching to do. However, despite the socially destructive rates of marital dissolution, the social ideal of traditional marriage has never been seriously questioned. Homosexual marriage challenges the foundation of this union as a life long, sexually exclusive and heterosexual ideal, replacing it with the broader and more flexible vision of marriage as grounded in consent between adults.

The question at hand is whether the sanctioning of homosexual marriage will, by itself, extensively alter the pursuit of sexual variety among gay men in the absence of the constraining influence of female sexuality. Some data suggest this might not be the case. One study reported that 79% of closed-coupled gay men acknowledged at least one incident of nonmonogamy in the previous year (Blumstein & Schwartz, 1990). This compared to prevalence rates of 19% among lesbians, 10% among married heterosexuals, and 23% among cohabiting heterosexuals.

Alternatively, then, one may ask, will the legal recognition of gay marriage might instead serve to further loosen the constraining influence of marriage for heterosexual men? If this latter thesis proves to be true, then those who stand to lose the most with the acceptance of homosexual marriage may be heterosexual women and their children.

Indeed, one study that analyzed census data found the unraveling of the marital pair-bond template was associated with a host of serious social dysfunctions, including increased rates of infant mortality, out-of-wedlock births, and violent crime (Immerman & Mackey, 1999).

An additional factor that may impact the manifestation of male sexual nature is another apparently universal gender difference: men are far more likely to be risk-takers than women (Stark, 2002). It also appears plausible that the complimentary nature of men and women may characteristically enable monogamous, heterosexual marriage to promote a constraining influence on the risk-taking impulses of some men. This may also help explain the relatively higher prevalence of risky sexual behavior such as barebacking (deliberate unprotected anal intercourse) and sex in public settings found among gay men in comparison to heterosexual men (Eisenberg, 2001; Flowers, Hart & Marriott, 1999; Halkitis, Parsons & Wilton, 2003; Yep, Lovaas & Pagonis, 2002).

These are difficult things to say publicly, because many of us have gay or lesbian children, relatives, friends or colleagues who are wonderful people and we would wish them no harm. We instead want them to achieve satisfying relationships, and our feelings may be pulled to endorse homosexual marriage as a means to that end.

Yet an action that appears compassionate for an individual does not always translate into compassionate results for a society. Given the sexual nature of men irrespective of orientation, the approval of homosexual marriage could well operate in a different manner culture-wide than it may appear to function with any single gay or lesbian couple.

By suggesting such a complete overhaul of the social ideal, well-meaning advocates of homosexual marriage may in fact be further weakening the most important institution in

any society to effectively civilize male sexual nature.

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Defining Compulsive Behavior

by Christopher Rosik, Ph.D.

A brief report in the October 2003 *Monitor on Psychology*, published by the American Psychological Association, detailed a study on compulsive sexual behavior among gay and bisexual men conducted by Jeffrey Parsons, Ph.D., of Hunter College of the City University of New York.

The report matter-of-factly makes the following observations about Parsons' study:

"His research compared gay and bisexual men who reported sexual-behavior problems with a control group on noncompulsive gay and bisexual men. Compulsive men averaged 39 sex partners in three months, whereas noncompulsive men had seven. "

This equates to an average of 156 sexual partners in a year for December 2003

the compulsive group, and 28 per year for the noncompulsive men.

This finding begs the question: Is this how compulsive sexual behavior is now defined for gay and bisexual men? While 28 sexual partners in a year may not be considered compulsive by the community standards of gay and bisexual men themselves, there would seem to be little doubt that this level of nonmonogamy is likely to be detrimental to the physical well-being of these men, as well as to the health of the society in which they live.

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Of Mice and Gay Men

By Warren Throckmorton, Ph.D.

Recently, Reuters and other news services reported a research study demonstrating that the brains of male mice are different than the brains of female mice. Amazingly, the news service turned this study into support for the theory that homosexuality is genetically determined.

For a long time, most scientists in the field have believed in the existence of such gender differences; however, the novelty of this study is that the differences appear to occur much earlier than previously thought. The source of the differences may indeed be due to the action of relatively few genes that precede the role of hormones in differentiating males and females. Thus, one influence on the differences in the ways men and women think may relate to this early genetically based mechanism.

Such research is interesting and does serve a purpose, but our story would be quite short if that was all there was to it. After all, we've known male and female brains were different, we are just learning a bit more about the factors leading to the differences. The real story I want to tell is about how the press reported this research.

Here is one frequent headline allegedly about this study: "Sexual identity hard-wired by genetics." Well, this isn't exactly right because the study was reporting about the brains of mice and dealt with differences based on gender, not identity. Identity is a subjective sense of oneself. Do you suppose male mice give much thought to their masculinity? I wonder if female mice look in the mirror and ask, "Does my fur make my haunches look fat?"

The mischief worsened with the first line of the Reuter's report: "Sexual identity is wired into the genes, which discounts the concept that homosexuality and transgender sexuality are a choice, California researchers reported yesterday." *What?* Is there a magician in the house? Someone slipped that homosexual issue into this story with a Houdini-like sleight of pen. So because the brains of male and female mice are different and these differences may be influenced by genes, homosexuality is genetic too? Someone help me unwind... following that logic has me tied into knots!

Let me be clear. The leap of logic is really a leap of faith. I read the study – several times, and I did not find the word

"homosexuality" anywhere. The authors did say this: "we speculate that the genes reported in this study may be fundamental factors that trigger differences between male and female brain development..."

Speculate? Basically, the researchers and subsequently the press are guessing several things: Guess *one*, if male and female mice brains are different associated with genetic differences then human brains may be likewise different. Guess *two*, if such gender differences exist in humans, then maybe the reasons men and women think differently is not

because of socialization and hormones, but because of the hard-wired gender of the brain. Guess *three*, if this is true of men and women, then maybe it could be true of homosexuals. Still with me?

If you are not, then you should pat yourself on the back; you didn't fall into the abyss between guesses two and three. The leap implied in guess one is not an uncommon inference made in studies of animals, but is by no means a certainty. Guess two has a substantial amount of research evidence against it, but an Olympic long jumper could make the leap. However, the leap involved in guess three is like the Grand Canyon. No, maybe bigger.

Never mind that the study did not study human or mouse homosexuals; never mind that the article reporting the study did not contain the word homosexual; the press and apparently even the scientists involved made this leap for the public *with no evidence*.

I would think many homosexuals would be somewhat offended by the inference here. Are not homosexuals men and women? The behavioral and attitudinal differences between gay males and lesbians are well documented. When it comes to sexual proclivities, gay males are more like straight men than they are like lesbians. On the other hand, lesbians, like their straight sisters, are less promiscuous and more relationship-focused than gay males.

While we are theorizing, permit me one: I think the differences between men and women are indeed more hard-wired, but subjective sexual identity and orientation are more influenced by socialization and culture. So gay and straight men are from Mars and gay and straight women are from Venus – just from different chatrooms.

So where is a reporter when I need one? ■

"Do you suppose
male mice give
much thought to
their masculinity?"

■
"I wonder if female
mice look in the
mirror and ask,
"Does my fur make my
haunches look fat?"

Unsung Heroes by Adam Jessel

*Jewish men struggling with homosexual attractions must battle on two fronts
—their own desires, and a culture that devalues their struggle.*

Reprinted with permission from Jewish Action, the magazine of the Orthodox Union. The article is best viewed in its original PDF format, available at <http://www.ou.org/publications/ja/5763/5763spring/JUSTBETW.PDF> sp.

In recent years, attitudes towards homosexuality have changed dramatically. Not only is being gay increasingly considered avant-garde, but anyone who suggests there is anything wrong with homosexual activity is likely to be condemned as a bigot. The media has been flooded with gay material. On television, for example, there are currently two-dozen gay characters, all portrayed in a positive light. The reason for this, says well-known film critic Michael Medved, is that in Hollywood one is required to be gay approving or else be labeled homophobic, and the burden of proof that one is not homophobic rests with each individual, forcing producers to promote gay characters that are almost uniformly—and unrealistically—positive.

On college campuses across North America, Jewish student organizations routinely include gay contingents, and speakers at Holocaust-awareness events denounce anti-Semitism, racism and homophobia in the same breath. In these so-called enlightened environments, any suggestion that homosexual activity is problematic is either dismissed as unworthy of serious consideration or pounced upon as further evidence of heterosexist oppression. Therefore, while major corporations in the United States provide grants to gay affirming campus programs in the interest of "tolerance, diversity and inclusion," these same companies refuse to fund programs that provide information about the options available to those who don't want to be gay. Gay activists have strived to normalize homosexuality and promote gay culture. Their success is evident in the many legislative efforts underway to grant homosexual union the same legal status as heterosexual marriage. That gay activists have made inroads in

the Jewish world is evident in the Reform movement's ordination of open homosexuals and sanction of same-sex unions. While the Conservative movement is still debating whether to ordain open homosexuals, some of its rabbis

officiate at same-sex commitment ceremonies and the former rector of one of its rabbinic seminaries has openly endorsed gay "marriages." Seemingly, these movements embrace the contemporary view that homosexual inclinations are innate, irreversible and morally neutral. Effectively promoted by gay activists, this view leaves no room for the people with whom I work—in individual and group-therapy sessions—who do not consider homosexual activity to be a viable alternative.

These "strugglers" must battle on two fronts; not only must they fight against their own attractions, they must struggle against a zeitgeist that disparages their efforts as being futile at best, misguided and harmful at worst.

Dissembling Before God

Within the Jewish world, the gay affirmative view has gained considerable credence from *Trembling Before G-d*, a

documentary by gay activist Sandi DuBowski, about Jews from Orthodox backgrounds who have homosexual attractions. The subject of a major international promotional campaign, the film has aroused considerable controversy not only because of its subject matter but also because many of the rabbis interviewed feel they were misrepresented by DuBowski's selective editing.¹

To its credit, the film poignantly captures the torment of those torn between their religious beliefs and their same-sex attractions (SSA). One cannot help but feel compassion for DuBowski's interviewees' who desperately miss the lifestyle, community and close family ties of the Orthodox world. Unfortunately, DuBowski's film goes further. Implicit in the film is the message that a homosexual lifestyle is desirable, and that the interviewees' only strug-

Mark

The struggle to overcome homosexuality has been long and difficult. In my desperation, I tried many things that didn't work, including [converting to] Christianity, and marriage. Only during the past couple of years have things really started to come together.

Looking back, what proved most helpful was a twelve-step program, a good therapist, intensive, specially-tailored therapy weekends and the [support of] other strugglers I met through JONAH [Jews Offering New Alternatives to Homosexuality]. Gradually, I developed a significant attraction to women. Now, at age thirty-nine, I'm remarried—happily so—and feel an overwhelming sense of gratitude for my wife, for my kids and for all the ways in which I've grown.

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gle is having their choices accepted and validated by the community.

The problem with *Trembling* is not so much what it shows as what it leaves out. Where are the stories of those who don't act on their homosexual attractions, those who feel that sexual desire is not a license to violate a Divine imperative? Aren't their struggles powerful and inspiring as well? Seemingly the liberal mantra of "diversity and inclusion" does not apply to those who strive to adhere to the *halachah*.

"Orthodox" Rabbi?

To make sure you get the message, whenever the film debuts in a new city, it is often accompanied by a panel discussion that includes both DuBowski and a man who bills himself as the "first openly gay Orthodox rabbi." This "rabbi" made headlines when he publicly announced his homosexual orientation. He did this, he says, "in order to help the great number of people who are in distress while dealing with their sexuality." Besides, "being in the closet was getting in the way of finding a partner."² While flaunting his ordination from a known Orthodox institution, he condones a range of non-Orthodox causes as well as intermarriage. Indeed, assimilationists draw inspiration for their agenda from this Orthodox "rabbi" who proposed creating a "new category between Jew and Gentile that will welcome a non-Jewish spouse without insisting on conversion."³

Justifying his indulgence in homosexual activity, he maintains that *halachah* is subject to change. "I have chosen to accept a certain risk and violate the *halachah* as it is presently articulated in the hope of a subsequent, more accepting halachic expression," he once stated.

The Traditional Response

Similar to the "rabbi," a lot of "Orthodox" support groups for Jews with SSA are not exactly Orthodox. Promoting the view that "you are gay just as you are Jewish," they encourage members to achieve fulfillment by developing both identities. What's more, many of these groups distort sources to advocate "homosexual activity within the framework of *halachah*." A number of my clients have found that these groups—which include a variety of social networks and online resources—serve as entries into

the wider gay culture, which is even more gay-identified and gay-affirmative.⁴

When one denies the validity of a particular prohibition, or its applicability to him, by what measure can he call himself Torah-observant—especially if he proudly and publicly proclaims that he engages in forbidden activities? True, growth in Torah is a lifelong process, and people will invariably be at different levels, but one must strive to observe *all* the facets of the Torah. While we may not hear about them as much, there are people with homosexual attractions who put in considerable and constant effort to resist the lure of gay culture and behavior. Do they not deserve our compassion, support and respect?

The Myth of the "Gay Identity"

It's natural for one to want to identify with a group. (This is especially true for those who, for a variety of reasons, may have felt different than, or rejected by, peers and significant others during early childhood.) For someone with SSA, adopting a gay identity helps fill this deep and legitimate need. However, the Torah does not define a person by his sexual orientation. As Rabbi Barry Freundel of Keshet Israel Congregation in Washington, DC, points out, nowhere does the Torah speak of homosexuals, only homosexual behavior.⁵ There is no word in traditional Hebrew for a homosexual. Thus, in the Torah view, a person may be defined as many things (i.e., a Jew, a Kohen, a minor, a mamzer, etcetera) but there is no separate category for homosexual.

Rabbi Joel Beasley elaborates on this in *Jewish Spectator*:

*As far as the Jewish religion goes, there are no homosexuals in the world, nor have there ever been. There are no heterosexuals either... From the Jewish perspective, identifying existentially as a homosexual or a heterosexual is irrelevant.... The words may describe predilections or behavior, but they hardly capture the essence of the person.*⁶

When the so-called Orthodox rabbi traveled to Israel to be at last year's gay parade, he pronounced the blessing, "Who has made me according to His will." Our answer to him and his ilk is that He also created you to *do* according to His will. The Torah addresses all of a human being's

Yisrael

I became observant as a teenager. At the same time, I was becoming increasingly aware that my strong attraction to men was not a passing phase. Still, for me there was no question about the halachah.... When I became observant, I accepted 613 mitzvot, not 612.

Hashem gave me this challenge.

Why he did so, I don't know, and in a sense it's irrelevant. Hashem gave some people the desire to steal, but He also said don't do it. He gave some people a desire for bloodshed, but expects them to elevate it. Hashem gave me this challenge. So I ask myself, "What am I supposed to do with it?" The hardest part is the isolation, the loneliness that I feel...having this dark secret and not being able to tell anyone because of the awful fear of rejection. That's what prevents me, and others like myself, from seeking advice from rabbis and mentors. I'd like to get married, and am working toward that. I realize that this is not always possible...but having no family, no children...would leave an empty void.

desires, even those that are most difficult to control, for the purpose of making one into a true *eved Hashem* (servant of God).

A Hostile Climate

In 1973, as a result of changing mores and an extremely effective gay lobby, the American Psychiatric Association (APA) removed homosexuality from the Diagnostic and Statistical Manual (DSM), its diagnostic list of mental disorders. Unfortunately, this resulted in funds for research on treatment drying up. More recently, there has been an intense effort to discredit and even eliminate therapies to assist clients in reducing their homosexual attractions. The climate in the mental health community has become so hostile to such treatment that even mentioning it can lead to therapists being ostracized or blacklisted.

A case in point: A therapist I know asked members of an online discussion group of mental health professionals for ideas to help a client reduce his SSA. The reaction against him was so virulent that the moderator had to step in and end the discussion (although the offending therapist did get a number of private replies with suggestions and ideas). And yet this was a message board that claimed to be devoted to therapy techniques that "honor the client's wishes."⁷

In today's climate, if Bill tells me that he is attracted to his neighbor Fred's young child and he wants to reduce these attractions, I, as a therapist, can try to help him. If Bill has an unwanted attraction to Fred's wife, this too is something I am permitted to help him with. But if Bill has an unwanted attraction to Fred himself, then it's regarded as unethical for me to help.

What's more, the gay-affirmative view permeates graduate schools. Thus, most mental health professionals who graduated in the past fifteen years or so have never been exposed to the documented successes of those who have sought to change their sexual orientation; many such professionals therefore tend to dismiss the notion of change, responding in an almost reflexive manner. In *Trembling Before G-d*, the therapies to reduce SSA mentioned range from the ridiculous to the draconian—snapping oneself with a rubber band, eating figs, electric shock treatments and libido-controlling drugs. All the conventional tools of

psychotherapy are ignored. Moreover, nothing worked. There are no success stories, an omission the filmmaker justifies by claiming they were too hard to find.

I run a group for men who want to reduce their SSA, one of three such groups in Jerusalem. It consists of people from diverse backgrounds—some single, some married—ranging in age from twenty to seventy. One of the most powerful experiences for participants is witnessing the successes of other group members. While suc-

cess may be defined in different ways, inspiring stories of resistance, growth and change are not hard to find. Why did DuBowski fail to see any success stories? Might it have diminished the sense of an inevitable gay destiny? Might it have punctured the mystique of homosexuality, making his film less compelling?

Suicide and the Homosexual

Often those who are not accepting of homosexual behavior are accused of endangering the lives of people with SSA. The widespread belief is that by not accepting homosexuality, society contributes to feelings of depression, self-hatred and guilt in the homosexual, which in extreme cases can lead to suicide.

While there is a certain irony that in the age of AIDS discouraging homosexuality is considered to be endangering lives, this is a concern that needs to be addressed. Studies do, in fact, indicate that there is higher risk of suicidality, major depression, anxiety disorder, substance abuse and other mental illnesses in the gay population.⁸ However, this in no way proves the "homophobia theory" mentioned above since the rate of these mental illnesses is higher for gay people even in societies considered gay-friendly.⁹ Yet even if we were to accept that homophobia can cause death, does that mean that we as a community should sanction an outright Torah prohibition? People may be driven to depression, violence or suicide as a result of being unable to fulfill a forbidden sexual desire, but does that mean we must condone the act and abandon values and conscience?

*...nowhere does the Torah
speak of homosexuals,
only homosexual*

Yosef

I'm seventy years old and have been married a long time. I just celebrated the marriage of my grandchild. I kept

Shabbat when it was difficult. I moved to Israel when it was difficult.

So despite the difficulty, I wasn't about to give in to this challenge either.

I come to the support group because I want to get a greater understanding of this lifelong struggle. I've also discovered that I can play a role in counseling others. I think it's much harder for young people now.

The temptations are more open, more accessible.

Making the Problem into the Person

An effective therapist will help her clients see themselves as being distinct from their particular problems. Thus, a client who initially says, "I'm depressed," "I'm a wife abuser" or "I'm a worrier," will come to regard himself not as a wife

Shlomo

I am a single male who works for the local Jewish community. My many commitments keep me busy, and I do not have much opportunity to socialize during the week. I therefore look forward to going to friends' homes for the

Shabbat meals. Yet, Shabbat is also a day when I feel most alone. On some level, I sense that Shabbat is best experienced with one's spouse and children. It's not that I prefer to remain single. It's just that I have never been physically attracted to women, only to men. I always wanted, however, to bring children into the world, and my strong sense of Jewish identity contributed to this desire. I grew up in a secular Jewish home, but my parents felt a love and responsibility for the Jewish people and encouraged me to learn about Jewish history and culture. When I discovered in my teens that I was gay, I went through a period of depression and withdrew from Jewish activities. As an adult I reconnected with the Jewish community through a religious study group.

I also tried, unsuccessfully, to change my sexual orientation through therapy. I was disappointed that I would not be able to have a family.

My disappointment grew when a gay friend succeeded in changing his orientation and getting married. At some point I decided to live a celibate life. Being celibate has not been easy, but it has helped me develop deeper relationships with men—both straight and gay—on the soul level; these relationships are most meaningful on Shabbat. There is something about Shabbat that helps a person become more aware of the spiritual energy of those around him. Given my life situation, Shabbat isn't always easy for me. Yet I realize that I cannot live without it. And I find comfort in the words of Isaiah: "Let not the stranger who has joined himself to Hashem speak, saying, 'Hashem will utterly separate me from His people,' and let not the barren one say, 'Behold I am a shriveled tree.' For thus said Hashem to the barren ones who observe My Sabbaths and choose what I desire, and grasp My Covenant tightly: In My house and within My walls I will give them a place of honor and renown, which is better than sons and daughters; eternal renown will I give them, which will never be terminated" (Isaiah 56: 3-5).

abuser or a worrier but rather as a person with a problem. By regarding himself as such, he can become more self-confident, assume greater responsibility for his behavior and come up with more effective techniques for change.

But in recent years, GAT (Gay Affirmative Therapy)—which focuses on helping clients become more affirming of their homosexual feelings and identity—has become the dominant model within the psychological community.¹⁰ In the American Psychological Association's *Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients*,¹¹ there are a multitude of articles on how to help clients become more openly gay, deal with homophobic parents, etcetera, but articles on helping one overcome homosexuality are conspicuously absent and would probably never be considered for inclusion. The notion that someone with SSA would want to change is considered the inevitable result of societal pressure and never that of personal choice.

Even men who are married are advised that the only path to true self-fulfillment is through homosexuality. Typical is the book *Just Tell the Truth*, in which Dr. Terry Norman¹² asserts that all married men with same-sex desires *must* leave their wives and families and go through a prescribed series of steps (gay sexual exploration, an intimate relationship with another man, affiliation with the gay community and spiritual integration) in order to achieve "orientational authenticity" and maturity.

Keeping halachah was never said to be easy, only right.

The APA maintains that therapy that aims to reduce SSA bears "great" psychological risks since a therapist who is prejudiced against homosexuality "may reinforce self-hatred already experienced by the patient." Along with its counterpart, the American Psychological Association, the APA has proposed declaring it unethical for psychiatrists to participate in such therapy irrespective of what the client wants. This proposal has been criticized by, among others, Dr. Robert Perloff, a past APA president,¹³ who argues that psychologists have an obligation to "listen to the client," and that the proposed policy would stifle further research.¹⁴

Recent studies have demonstrated that many individuals have benefited greatly from therapy to reduce their SSA. In a paper presented at last year's APA convention, Dr. Robert Spitzer, professor of psychiatry and chief of biometrics research at Columbia University, presented a study of 200 men and women who had experienced a significant shift from homosexual to heterosexual attraction and sustained that shift for more than five years.¹⁵ At the time of the study, three-quarters of the men and half of the women were married. Dr. Spitzer's conclusion: "Contrary to conventional wisdom, some highly motivated individuals, using a variety of change efforts, can make substantial

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change in multiple indicators of sexual orientation." Lest Spitzer be suspected of being a homophobe, it was he who spearheaded the 1973 removal of homosexuality from the DSM.

Research such as this is important to strugglers because whether people manage to control or even eliminate their unwanted SSA depends on many factors, including the extent to which they regard change as possible. Dutch psychiatrist Gerard van den Aardweg puts it bluntly, "Since relatively few homosexuals seriously try to change and few therapists encourage them to do so, the notion that homosexuality is irreversible is a self-fulfilling prophecy. If nobody tries, nobody will succeed.... Working on one's self, let alone fighting one's undesirable, self-centered habits and attachments is not a popular issue in our permissive and overindulgent age.... The specious exhortation 'accept yourself' becomes tantamount to surrender to immaturity on the one hand and repression of one's 'better me' on the other.... The alternative—to work on yourself—is more difficult, but it is the only way to inner happiness and peace of mind."¹⁶

Several studies have been carried out to try to determine whether there might indeed be a genetic component to homosexuality. The media, not known for its thorough understanding of genetics, has, at times, misrepresented the findings of these studies. Although biology does play a role, as it does in all behavior, no gay gene has been discovered. It is revealing, however, that some gay advocates still peddle the gay-gene myth, just as they persist in promoting Alfred Kinsey's far-fetched and long discredited statistic that "ten percent of men are homosexual." Of course even if a biological predisposition to homosexuality is discovered, it would not preclude efforts to change, any more than the presence of an organic component would dissuade one from seeking to overcome depression, alcoholism or attention-deficit disorder.

Interestingly, some influential gay personalities have disagreed with the dogged insistence on defining homosexuality as innate or immutable. These include author Camille Paglia¹⁷ and biologist Dr. Anne Fausto-Sterling of Brown University. Referring to the biological argument for the development of homosexuality, Dr. Fausto-Sterling states: "It provides a legal argument that is, at the moment, act-ally having some sway in court. For me, it's in a very shaky place. It's bad science."¹⁸ Furthermore, some gay advocates, including noted researcher Simon LeVay and psychologist Douglas Haldeman have acknowledged that there is no valid reason to deny reorientation therapy to those who want it.¹⁹ Their stance seems to be influencing the mental health establishment. Last year several articles on the subject appeared in American Psychological Association publications. One article argued in favor of providing reorientation therapy,²⁰ while another—a study of former gays—found that not

only is changing sexual orientation quite realistic for many people, but also that a majority of those who participated in reorientation therapy felt that their experiences were positive and helpful.²¹

Therapists (and knowledgeable *rabbanim*) do not necessarily aim for a cure but rather for control. There are urges, even overwhelming ones, that are never cured; people learn to cope with them. Keeping *halachah* was never said to be easy, only right.

Because of the obstacles they face, I consider my clients to be heroic. I emerge from our weekly group meetings inspired. The participants at these meetings are struggling against powerful sexual urges, and while it is true that most men have to struggle against sexual inclinations, for these men it is more difficult. Their desires cannot readily be channeled into something permissible. Nevertheless, all of the men in our group are making progress not just in dealing with SSA but also in developing self-esteem, becoming more assertive and improving communication. These individuals are among the finest people I know. I believe that they are very lofty souls, and I suspect that is why God has given them this challenge.

One of my former clients recently got married. He had been abstinent for about five years and for the past two years has worked hard to develop an attraction to women. Had he gone to a therapist who bought into the myth that homosexuality is irreversible, he probably would never have reached this stage. Being a halachic Jew, he would have seen no choice but to remain celibate. Given that I have met men with SSA who have been in good marriages for decades, it would have been misguided to deny my client the option to marry.

At the same time, we should be wary of building false hopes, and we must be sympathetic to those who feel that change is too difficult. In the words of Rabbi Sam Rosenberg, a New Jersey-based family therapist who has worked with dozens of individuals to help diminish homosexual attractions, "While there's no question that Judaism prohibits homosexual acts, we must be mindful that it can be a very painful struggle, one that you can't judge if you've never been there."

The Wave of the Future

Increasingly, the trend among strugglers is to rely on support from those facing similar challenges as well as from other concerned individuals. For example, Richard Wyler, founder of www.peoplecanchange.com, organizes week-end retreats in which groups of strugglers engage in intensive therapy and self-discovery. Opines Wyler, "You psychologists have largely turned your backs on us; we've come to realize that if we're going to get help, it's got to come from each other."

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In the Jewish world, the most active organization assisting strugglers is JONAH. Staffed entirely by volunteers, the non-profit organization provides support, information and referrals. Through its hotline and web site,²² JONAH fields hundreds of inquiries per week from around the world, and members share their experiences through online discussions and group meetings.²³

Providing members with a sense of community, JONAH introduced one of my clients in London (with whom I work on the phone) to three other strugglers in the United Kingdom, and they now meet regularly to encourage each other. This sort of informal therapy and support—grass-roots initiatives by former and current strugglers—can not only enable people to overcome their SSA but can ultimately become a force in helping to defy the societal enthusiasm towards homosexuality.

Controlling behavior, especially when difficult, is precisely what the Torah asks of its adherents. For a Jew, the struggle to overcome one's drives imbues one's life with meaning.²⁴

Notes

1. Several have engaged lawyers to try to get themselves removed from the film, so far without success.
2. Steven Greenberg, "The Roots of Secular Humanistic Judaism," September 2000, <<http://shma.com/sept00/greenberg.htm>>.
3. Steven Greenberg, "Between Intermarriage and Conversion: Finding a Middle Way," 4 October 2002, <<http://www.cla.org/ss43.html>>.
4. Over time, these so-called Orthodox groups tend to move increasingly further from tradition: the Jewish-lesbian organization, Orthodykes, now marches in gay parades wearing T-shirts that say, "Kiss me, I'm Jewish."
5. "Homosexuality and Judaism," *Journal of Halacha and Contemporary Society*, vol. XI (1986).
6. "Why Neither Homosexuality nor Heterosexuality Exist in Judaism," (winter 1998): 26-29.
7. One major therapy center, known for promoting therapeutic approaches that view people as the "experts in their own lives," recently issued a statement condemning therapy that "constructs homosexual desire as in any way less acceptable than heterosexual desire," adding that "we celebrate lesbian, gay, bisexual and transgender choices and lifestyles."
8. See, e.g., the October 1999 issue of *Archives of General Psychiatry*, which devoted five articles to the subject.
9. For a discussion of possible causes of the high incidence of mental illnesses among homosexuals, see N.E. Whitehead's article, "Homosexuality and Mental Health

Problems," available at <<http://www.narth.com/docs/whitehead.html>>.

10. By urging clients to find only external sources for their discontent (i.e., society), GAT makes a mockery of self-exploration—a major purpose of therapy—and self-determination. Furthermore, the labeling of clients as intrinsically homosexual becomes a self-fulfilling prophecy that stymies growth.
11. R. M. Perez, K. DeBord, K. Bieschke eds., 2000.
12. Kansas City, MO, 1998.
13. Not that the APA's opinion should be a determining factor in the debate. After all, it was another former APA president, George Albee, who called on psychologists to help get rid of organized religion. "It doesn't matter which religion, they are all patriarchal...Every major religion puts women down."
14. "Same Office, Different Aspirations," *APA Monitor on Psychology* (December 2001): 20.
15. "Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Subjects Reporting a Change from Homosexual to Heterosexual Orientation," Biometrics Research Department, New York State Psychiatric Institute. A preliminary report of the results of this study was presented at the annual meeting of the American Psychiatric Association, 9 May 2001 in New Orleans, LA.
16. *Homosexuality and Hope: A Psychologist Talks About Treatment and Change* (Ann Arbor, MI, 1986), 105-6.
17. *Vamps and Tramps: New Essays* (New York, 1994), 70-72.
18. Claudia Dreifus, "Exploring What Makes Us Male or Female," *The New York Times*, 2 January 2001, Science section.
19. Reported in David Nimmons, "Sex and the Brain," *Discover Archives* (March, 1994): 64-71. Haldeman, "Gay Rights: The Implication of Sexual Orientation Conversion Therapy." Paper presented at the 108th Meeting of the American Psychological Association (Washington, DC, 7 August 2000).
20. Mark A. Yarhouse and Warren Throckmorton, "Ethical Issues in Attempts to Ban Reorientation Therapies," *Psychotherapy: Theory/Research/Practice/Training*, vol. 39, no. 1, 66-75.
21. Warren Throckmorton, "Initial Empirical and Clinical Findings Concerning the Change Process for Ex-Gays," *Professional Psychology: Research and Practice*, vol. 33, no. 3 (2002).
22. JONAH hotline is 201-433-3444 or visit www.jonah-web.org.
23. Although it stresses the traditional Jewish view of *teshuvah*, JONAH is not an Orthodox organization. Orthodox Jews interested in joining are advised to consult Rabbi Rosenberg at 908-351-5409 on how best to benefit from this important resource.
24. *Even Sheleimah* 1:2. JA ■

Examining the Evidence for the "Innate and Immutable" Theory

Lecture Presented at Graceland University, Spring 2003, Lamoni, Iowa

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

In a world of the academy, homosexuality is an issue on which there is little genuine intellectual exchange these days. I appreciate Graceland University's attempt to have a civil dialogue on the topic. You need to know that I am not much of an activist. I am a clinical professor of medicine in a fairly good medical school. I research and write a bit. However, for more than 30 years I have been providing therapy to a unique population—men who are distressed by their unwanted homosexual attractions. Although many of these men have religious backgrounds, a substantial minority, perhaps as many as 40% do not. There have been more than 300 of them, a conservative estimate of the number of men who I have treated since the early 1970s.

For the single men who struggle, their complaint has been, "Gay relationships are not working for me. Would you help me explore my options?" For the men who are married, I hear the following: "I love my family—my wife and children. I have these homosexual attractions, and I am only able to have a sexual relationship with my wife when I fantasize about having sex with a man. I have thought about becoming involved with a gay partner, but I want to honor my commitment to my marriage and my family. I really don't want the attractions. These homosexual feelings never really felt like a part of me or who I really am. Can you help me diminish the homosexual attractions and increase my sexual attractions for my wife?"

Many in the national mental health organizations would have me refused to provide care to such individuals based on their request. They would have me say something like the following: "A homosexual orientation is fixed and unmodifiable. I can only help you become more comfortable with your homosexual attractions."

Is homosexuality innate and immutable? Or can a person with homosexual sexual orientation make significant changes in the direction of becoming heterosexual? Are the official statements issued by the major national mental health associations—which declare that there is no published evidence demonstrating that homosexuals can significantly alter their sexual orientation—in fact accurate?

There is a considerable body of ideologically inspired "scholarship" most of which leans toward the notion that homosexuality is so strongly compelled by biological factors that it is indelibly ingrained in a person's core identity, and is therefore not amenable to change. Many of these articles, though well-written, do not reflect the scientific literature. In fact, the social advocacy of the articles seem

to suggest a greater reliance on politics than on science.

The Origins of the "Born that Way" Theory

There are basically three studies that led activists to trumpet the notion that homosexuality is biologically determined. These studies were conducted by LeVay, Hamer, and Bailey and Pillard. Perhaps a brief review of the studies conducted by each researcher might be helpful (LeVay, 1991; Hamer, 1993; Bailey and Pillard, 1991).

At the time of his research, LeVay was a biological scientist at the Salk Institute in San Diego. He conducted research on the brains of two groups of men: homosexual men and men who LeVay presumed were heterosexual. With a fairly small sample size (19 homosexual men and 16 presumed heterosexual men), LeVay examined the brains of these men post-mortem, focusing on a particular cluster of cells in the hypothalamus known as the INAH-3. He reported that he had found "subtle but significant differences" between the brains of homosexual men and heterosexual men. LeVay's research had a number of important limitations.

He had very little information about the sexual histories of the subjects. Some had died of AIDS. Although there were differences between experimental and control groups, some presumed heterosexual men had small brain nuclei in the critical area, and some homosexual men had nuclei large enough to be within the normal heterosexual range.

What LeVay Actually Claimed

Listen to LeVay's criticism of his own research:

"But it is important to stress several limitations of the study. First the observations were made on adults who had already been sexually active for a number of years. To make a real compelling case, one would have to show that these neuroanatomical differences existed early in life preferably at birth. Without such data, there is always at least the theoretical possibility that the structural differences are actually the result of differences in sexual behavior, perhaps the "use it or lose it" principle. Furthermore, even if the differences in the hypothalamus rise before birth, they might still come about from a variety of causes, including genetic differences, differences in stress exposure, and many others. It is possible that the development of INAH-3 (and perhaps other brain regions) represent a 'final common path' in the determination of sexual orientation, a path to which innumerable prior factors may contribute." (LeVay, 1996, pp. 143-145).

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Again, quoting LeVay:

"Another limitation arises because most of the gay men whose brains I studied died of complications of AIDS. Although I am confident that the small size of INAH-3 in these men was not an effect of the disease, there is always the possibility that gay men who died of AIDS are not representative of the entire population of gay men. For example, they might have a stronger preference for receptive anal intercourse, the major risk factor for acquiring HIV infection. Thus, if one wished, one could make an argument that structural differences in INAH-3 relate more to actual behavioral patterns of copulation than to sexual orientation as such. It will not be possible to settle this issue definitively until some method becomes available to measure the size of INAH-3 in living people who can be interviewed in detail about their sexuality." (LeVay, 1996, pp. 143-145).

In summary, LeVay offered the following: "It's important to stress what I didn't find. I did not prove that homosexuality was genetic, or find a genetic cause for being gay. I didn't show that gay men are born that way, the most common mistake people make in interpreting my work. Nor did I locate a gay center in the brain. INAH-3 is less likely to be the sole gay nucleus of the brain than part of a chain of nuclei engaged in men and women's sexual behavior...Since I looked at adult brains we don't know if the differences I found were there at birth, or if they appeared later." (Nimmons, 1994, pp. 64-71).

Commenting on the brain and sexual behavior, Mark Breedlove, a researcher at the University of California at Berkeley, demonstrated that sexual behavior can actually change brain structure. Referring to his research, Breedlove states, "These findings give us proof for what we theoretically know to be the case—that sexual experience can alter the structure of the brain, just as genes can alter it. It is possible that differences in sexual behavior cause (rather than are caused) by differences in the brain." (Breedlove, 1997, p. 801).

Later, in his book *Queer Science*, LeVay offers additional clarification regarding biology and homosexuality:

"Although there are significant differences between the attitudes of lesbians and gay men, it is clear that both groups are far more inclined to consider their sexual orientation a biological given than is the general population... Should we take these assertions seriously? Not entirely, of course. No one even remembers being born, let alone being born gay or straight. When a gay man, for example, says he was born gay he generally means that he felt different from other boys at the earliest age he can remember. Sometimes the difference involved sexual feelings, but more commonly it involved some kind of gender-nonconformist or sex atypical traits—disliking rough-and-tumble

play for example, that were not explicitly sexual. These differences, which have been verified in a number of ways suggest that sexual orientation is influenced by factors operating very early in life, but these factors could still consist of environmental factors such as parental treatment in the early postnatal period" (LeVay, 1996, p. 6).

Finally, LeVay made an interesting observation about the emphasis on the biology of homosexuality. He noted, "... people who think that gays and lesbians are born that way are more likely to support gay rights." (LeVay, 1996, p. 282).

The Twin Study

The next study was conducted by Bailey and Pillard where the researchers focused on identical twins, non-identical twins, and regular siblings. Basically, they studied 56 sets of identical twins and 54 sets of non-identical twins. They found a 52% concordance rate for the identical twins which means that for every homosexual twin the chances were about 50% that his twin would also be homosexual. For non-identical twins, the rate was about 22%, showing that only about 1 in 5 twins had a homosexual brother. For nontwin brothers, it was 9.2%.

Interesting enough, Bailey and Pillard found the rate in adopted brothers to be 11.2%. The most fascinating question, however, is that if there is something in the genetic code that makes a person homosexual, why did not all of the identical twins become homosexual, since they have the exact same genetic endowment? Neil Whitehead provided some comparative data on other twin studies. The concordance rate for identical twins on measures of extroversion is 50%, religiosity is 50%, divorce is 52%, racial prejudice and bigotry is 58%. The only conclusion that can be reached from the Bailey and Pillard study is that environmental influences play a strong role in the development of homosexuality (Whitehead and Whitehead, 1999).

The Hamer Research

The third study and perhaps the most sensationalized of the three studies since it emerged at the time of gays in the military issues during the Clinton era was conducted by Dean Hamer of the National Cancer Institute. Hamer attempted to link male homosexuality to a stretch of DNA located at the tip of the X chromosome. In Hamer's study, he examined 40 pairs of non-identical gay brothers and asserted that 33 pairs—a number significantly higher than the 20 pairs that chance would dictate—had inherited the same X-linked genetic markers from their mothers.

Criticism of Hamer's research came from a surprising source: George Risch, the scientist at Yale University School of Medicine who invented the method used by Hamer. Risch commented, "Hamer *et al* suggest that their

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results are consistent with X-linkage because maternal uncles have a higher rate of homosexual orientation than paternal uncles, and cousins related through a maternal aunt have a higher rate than other types of cousins. However, neither of these results are statistically significant." (Risch, 1993).

Commenting on his own research, Hamer noted, "We knew that genes were only part of the answer. We assumed the environment also played a role in sexual orientation, as it does in most, if not all behaviors....(Hamer and Copeland, 1994, p. 82). Homosexuality is not purely genetic...environmental factors play a role. There is not a single master gene that makes people gay...I don't think we will ever be able to predict who will be gay." (Mitchell, 1995).

Citing the failure of his research, Hamer further wrote, "The pedigree failed to produce what we originally hoped to find: simple Medelian inheritance. In fact, we never found a single family in which homosexuality was distributed in the obvious pattern that Mendel observed in his pea plants" (Hamer and Copeland, 1994, p. 104).

What is more interesting is that when Hamer's study was duplicated by Rice *et al* with research that was more robust, the genetic markers were found to be nonsignificant. Rice concluded:

"It is unclear why our results are so discrepant from Hamer's original study. Because our study was larger than that of Hamer *et al*'s, we certainly had adequate power to detect a genetic effect as large as reported by in that study. Nonetheless, our data do not support the presence of a gene of large effect influencing sexual orientation at position XQ 28" (Rice, Anderson, Risch, and Ebers, 1999, pp. 665-667).

What Does It All Mean?

In summarizing the biological studies on homosexuality, Byrne and Parsons offered the following conclusion:

"Recent studies postulate biologic factors as the primary basis for sexual orientation. However, there is no evidence at present to substantiate a biologic theory, just as there is no evidence to support any singular psychosocial explanation. While all behavior must have an ultimate biologic substrate, the appeal of current biologic explanations for sexual orientation may derive more from a dissatisfaction with the current status of psychosocial explanations than from a substantiating body of experimental data. Critical review shows the evidence favoring a biologic theory to be lacking. In an alternative model, temperamental and personality traits interact with the familial and social milieus and the individual's sexuality emerges. Because such traits may be heritable or developmentally influenced by hormones, the model predicts an apparent non-zero heritabil-

ity for homosexuality without requiring that either genes or hormones directly influence sexual orientation *per se*." (1993, p. 229).

So what does all of this mean about biology and the genesis of homosexuality? Critical reviews of the studies attempting to link biology and homosexuality and subsequent acknowledgments by the researchers themselves yield only one conclusion: that biology alone is not sufficient to explain the development of homosexuality. The developmental biologist from Brown University, Dr. Anne Fausto-Sterling, offers some interesting insight. Referring to the "born that way" argument she states:

"It provides a legal argument that is, at the moment, actually having some sway in court. For me, it's a very shaky place. It's bad science and bad politics. It seems to me that the way we consider homosexuality in our culture is an ethical and a moral question." When asked about how much of her thinking about change in sexuality comes from her own life, Fausto-Sterling responded, "My interest in gender issues precede my own life changes. When I first got involved in feminism, I was married. The gender issues did to me what they did to lots of women in the 1970s: they infuriated me. My poor husband, who was a very decent guy, tried as hard as he could to be sympathetic. But he was shut out of what I was doing. The women's movement opened up the feminine in a way that was new to me, and so my involvement made possible my becoming a lesbian. My ex and I are still friends. It is true I call myself a lesbian now because that is the life I am living, and I think it is something you should own up to. At the moment, I am in a happy relationship and I don't ever imagine changing. Still, I don't think loving a man is unimaginable." (Dreifus, 2001).

The Predisposing Factor of Gender Nonconformity

So if biology is insufficient to explain the development of homosexual attractions, what environmental factors emerge from the literature? Gender nonconformity in childhood may be the single most common observable factor associated with homosexuality. (Rekers, 1995; Hamer, 1994). Hamer (1994) concludes, "Most sissies will grow up to be homosexuals, and most gay men were sissies as children...Despite the provocative and politically incorrect nature of that statement, it fits the evidence. In fact, it may be the most consistent, well-documented, and significant finding in the entire field of sexual orientation research and perhaps in all of human psychology." (P. 166).

In Hamer's own study, he asked the following questions:

"...did you consider yourself less masculine than other boys your age, or were you ever regarded as a sissy as a child?" The answer was yes for 68% of the gay men, compared with 5% of the straight men. Another question was, "Did you enjoy sports such as baseball and football as a

child? Of the heterosexual men, 78% said, 'very much' compared with 8% of the homosexual subjects. The gay subjects recalled substantially more gender atypical behaviors than the straight subjects." (P. 167).

LeVay noted that "...gays and lesbians were more nonconformist than heterosexuals in the following gender-differentiated traits:

1. Participation in rough and tumble play (RTP), competitive athletics, or aggression.
2. Toy and activity preference.
3. Imagined roles and careers (significant difference for men only).
4. Cross-dressing.
5. Preference for same or opposite sex playmates.
6. Social reputation as a sissy or tomboy, and gender identity (1996, P. 98).

Friedman and Downey (2002) concluded that homosexual women are much more likely than heterosexual women to report having been extreme tomboys as children. Saghir and Robins (1973) reported that 70% of homosexual women but only 16% of heterosexual women recalled being "boy-like" in childhood. Bell, Weinberg and Hammersmith (1981) found that 71% of homosexual women versus 28% of heterosexual women enjoyed typical boys' activities (e.g., team sports) in childhood "very much." For men, the data are comparable: homosexual men are much more likely to report gender-atypical behavior during childhood than are heterosexual men.

Thus Saghir and Robins (1973) found that 67% of homosexual men but only 3% of heterosexual men recalled being "girl-like" as children. Homosexual men often had no male buddies, avoided boys's games, played predominantly with girls and were teased and called "sissies" by other boys.

Bell, Weinberg, and Hammersmith (1981) reported that 70% of heterosexual men but only 11% of homosexual men had enjoyed sex stereotyped boys activities such as baseball and football in childhood. Conversely, 46% of the homosexual men but only 11% of the heterosexual men reported enjoying stereotypic girls' activities.

As reported by LeVay (1996, pp. 99-100), "Richard Green, who trained with John Money, searched for factors that might predispose to gender nonconformity in children. In his 1974 book *Sexual Identity Conflict in Children and Adults*, Green explored these factors by means of extensive interviews with gender non-conformist boys and their parents. Although he was cautious in attributing causality, Green names several factors that he believed were associated with femininity in boys: the failure of parents to discourage feminine behaviors, their active discouragement of boyish behaviors, maternal overprotection, and so on. He

explained to parents that they might have unwittingly caused or promoted their son's femininity, and that they stood the best chance of correcting the problem if they started to actively discourage it and encourage masculinity instead. In particular, the fathers should take a more active role in the boy's life. You've got to get these mothers out of the way," Green told the parents of one seven-year-old. 'Feminine kids don't need their mothers around.'"

Regarding treatment, Zucker and Bradley (1995) concluded: "It has been our experience that a sizeable number of children and their families achieve a great deal of change. In these cases, the gender identity disorder resolves fully, and nothing in the children's behavior or fantasy suggests that gender identity issues remain problematic. In a smaller number of cases, there is a minimal or no evidence of change in the children's cross-gender identification and other behavioral difficulties. All things considered, however, we take the position of helping children to become more secure in their gender identity. Research and clinical work pertaining to gender identity disorder is only a little more than 30 years old, and only a small number of professionals have worked in the area. Much remains to be done." (P. 282).

The DSM or the diagnostic manual of the American Psychiatric Association indicates that 75% of children whose nonconforming behavior rises to the level of a Gender Identity Disorder will report a homosexual or bisexual orientation (boys only) as adults. The diagnosis can be sustained by criteria such as preference for cross dressing, persistent preference for cross-sex roles, intense desire to participate in the stereotypical games and pastimes of the other sex and strong preference for playmates of the other sex. (P. 536).

Should GID Children be Treated?

There is some discussion in the mental health professional community whether or not parents should seek therapy for GID kids. Green (1987) concluded: "Should parents have the prerogative of choosing therapy for their gender-atypical son? Suppose the boys who play with dolls rather than trucks, who role play as mother rather than father, and who play with girls tend disproportionately to evolve as homosexual men. Suppose the parents notice or suspect this. The rights of parents to oversee the development of their children is a long established principle. Who is to dictate that parents may not try to raise their children in a manner that maximizes the possibility of a heterosexual outcome? If that prerogative is denied, should parents also be denied the right to raise their children as atheists? Or priests?" (P. 260).

Let me share with you some of the research responses of GID kids. First, girls. Here is the question. In what ways do you think you were different from girls your age?

continued

The answers were as follows:

"I played outdoors more. I was much more of a tomboy."

"I disturbed the Brownie meetings by bringing along some of my boyfriends."

"I didn't like girl things such as, sewing parties or paper dolls."

"To me girl activities were nonsense."

"I still like to wear pants."

"Girls my age were so feminine and pretty and I was horsy. I wanted to be feminine but hated frills."

"I didn't express myself the way other girls would. For example, I never showed my feelings. I wasn't emotional."

For the boys, here's the question: In what ways do you think you were different from other boys your age?

The answers were, for example:

"I wanted no involvement in sports where you have to prove your strength."

"I hated physical education and sports."

"I remember writing a good composition and having guys put it down. They said it was like a girl's, so I suppressed my writing and creative talents."

"I wasn't as aggressive as other boys, not as active as they were, not rambunctious and boisterous."

"I just didn't feel I was like other boys. I was very fond of pretty things like ribbons and flowers and music."

"I was more emotional. I was too goody-goody to be one of the boys."

Another area where there has been substantial research is the area of sexual abuse. Shrier and Johnson (1988) found that:

- homosexually assaulted males identified themselves as subsequently homosexual seven times as often as the non-assaulted group.
- In half of the molestations, physical force was used.
- The mean age at which the molestation was reported was 18.2 with a range of 15 to 24.
- The age at the time of molestation was from 4 to 16 with a mean age of 10.

- Of this extension group, "...one half of the victims currently identified themselves as homosexual and often linked their homosexuality to their sexual victimization experiences."

Friedman and Downey (1994) found that gay males are more likely than heterosexual males to become sexually active at a younger age (12.7 vs. 15.7). This statistic certainly relates to a premature introduction to sexuality which has implications frequently is associated with sexual abuse.

Tomeo *et al* (2001) conducted research with 942 nonclinical adults (97% of the men were participating in a gay pride celebration). Gay men and lesbian women reported a significantly higher rate of childhood molestation than did heterosexual men and women. Forty-six percent of the homosexual men in contrast to 7% of the heterosexual men reported homosexual molestation.

Twenty-two percent of the lesbian women in contrast to 1% of heterosexual women reported homosexual molestation. So did the molestation cause or contribute to the respondents' own homosexuality some years later in adulthood? The question is particularly intriguing because 68% of the male study subjects and 38% of the females did not identify as homosexual until after the molestation.

Let me provide you with a personal glimpse through the eyes of the Olympic diver, Greg Louganis. At sixteen he was propositioned by an Olympic judge: "The whole thing was surreal...but did divers actually sleep with a judge to get a higher score?" (Louganis, p. 61). The experience of having sex with an older man was confusing to him. Greg describes that relationship: "He put his arms around me and kissed me. I really like being held, and I was thrilled that this guy found me attractive."

Then he says, "I thought that over time I'd feel less ashamed about what I was doing, but it only got worse. The age difference bothered me more, and he couldn't exactly be a part of my life. I felt stupid telling him what I was doing at school and I couldn't introduce him to any of my classmates. I hated the separation and secrecy, but I kept going back for the affection, the holding, the cuddling—more than the sex. I was starved for affection, and he was happy to give it to me."

Louganis adds, "It upset me that he was so much older, not because I felt molested or anything. I had been more than a willing partner, but the difference in our ages made the experience even more shameful." (P. 79). "I looked forward to my furtive meetings with the older man from the beach, but he wasn't someone I could really talk to." (P. 89). "At some point he told me he was concerned about seeing me because I was under eighteen. Apparently, he'd been jailed in the past for picking up minors." (P. 79).

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Peer Abuse

Another area where there has been considerable research is peer abuse. As boys, many homosexual men report name-calling, feeling rejected, being excluded. This peer abuse adds to the feeling of being different. Basically, Bem's theory hypothesizes that you are likely to feel an attraction for those who were different, exotic, opposite—whether or not they were of the same sex.

The theory basically proposes that biological variables, such as genes, prenatal hormones, and brain neuroanatomy, do not code for sexual orientation *per se* but for childhood temperaments that influence a child's preferences for sex-typical or sex-atypical activities and peers. These preferences lead children to feel different from opposite or same-sex peers and thus to perceive them as dissimilar, unfamiliar, and erotic. This, in turn, produces heightened nonspecific autonomic arousal that subsequently gets eroticized in that same class of dissimilar peers: "exotic becomes erotic" (Bem, 1996). In essence, you sexualize that with which you are not familiar. Psychiatrist Richard Fitzgibbons has done significant work in this area (1997).

Family Factors

The final area where there is some research is family relationships. Please understand that I am not talking about culpability. There appears to be a disconnect between fathers and sons and an overconnect with mothers and sons. The old psychoanalytic literature still seems to hold in many cases. There is the perception of the father as being distant, uninvolved and unapproving. Fathers seem to have a difficult time connecting with a gender atypical boy. And mothers will often try to compensate (Rekers, 1995; Satinover, 1996).

Bell, Weinstein & Hammersmith (1981) and Rekers (1988) concluded that the relationship of the child to the father may be more critically predictive of outcome than any aspects of relationships with the mother.

In Bell, Weinstein & Hammersmith's research they found that 72% of homosexual males recalled feeling "very little" or "not at all" like their fathers." (1981).

Summarizing the Contributing Factors

So what does all of this mean? Regarding homosexuality, there are simply no variables that are by themselves, totally predictive. What we know is that homosexuality is likely polygenic and multifactorial which means that the answer to the nature/nurture controversy is "yes." It is probable that the genesis of homosexuality lies in temperament in combination with environmental factors such as sexual abuse and peer abuse along with familial factors.

Leaving aside the etiologic discussion, is homosexuality

immutable? Is it fixed, or is it amenable to change? The 1973 decision to delete homosexuality almost entirely from the diagnostic manual had a devastating effect on research. For reasons not clear, there has been a substantial increase in research on homosexuality within the last two years. The research seems focused on the fluidity of homosexual attractions in some gay men and lesbians. I should note that the APA decision was not made based on new scientific evidence. In fact, gay-activist researcher LeVay admitted that "gay activism was clearly the force that propelled the APA to declassify homosexuality" (LeVay, 1996, p. 224).

What About Change?

What does the data conclude about homosexuality and change? In reviewing the research, Satinover (1996) reported 52% success rate in the treatment of unwanted homosexual attraction. Masters and Johnson (1984), the famed sex researchers, reported a 65% success rate after a five-year follow-up. Other professionals report success rates ranging from 30% to 70% (James, 1978).

Our own peer-reviewed research provided some interesting data (Nicolosi and Byrd, 2000). We conducted a survey of 882 dissatisfied homosexual people whom we queried about their beliefs regarding conversion therapy and the possibility of change in sexual orientation. There were 70 closed-ended questions on the survey and 5 open-ended ones. Of the 882 participants, 726 of them reported that they had received conversion therapy from a professional therapist or a pastoral counselor. Of the participants 779 or 89% viewed themselves as more homosexual than heterosexual, almost exclusively homosexual or exclusively homosexual in their orientation before receiving conversion therapy or making self-help efforts to change. After receiving therapy or engaging in self-help, 305 (35.1%) continued to view themselves in this manner.

As a group, the participants reported large and statistically significant reductions in the frequency of their homosexual thoughts and fantasies that they attributed to conversion therapy or self-help. They also reported large improvements in their psychological, interpersonal and spiritual well-being. These responses, for several reasons, cannot be generalized beyond the present sample, but the attitudes and ideas are useful in developing testable hypotheses for further research.

Last year we completed a meta-analysis (Byrd and Nicolosi, 2002) where we examined and synthesized studies of treatment of individuals identified as homosexual using meta-analytic technique. A large number of studies (146) evaluating treatment efficacy were identified, most published prior to 1975 and 14 of which met the inclusion criteria and provided statistics that could be used in a meta-analysis. These 14 outcome studies were published between 1969 and 1982 and used primarily behavioral interventions. Analysis indicated that treatment for homo-

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sexuality was significantly more effective than alternative treatments or control groups for homosexuality ($ES = .72$), and significant differences were found across pre- to post analysis ($ES = .89$).

In other words, the average patient receiving treatment was better off than 79% of those in the alternative treatments or as compared to pretreatment scores on the several outcome measures. This meta-analysis of 14 studies provides empirical support for a group of 146 studies which have narratively suggested that treatment for homosexuality is effective. Throckmorton (2002) studied the empirical and clinical findings concerning the change process for ex-gays. His analysis suggests that some kind of change appears to occur for many who identify themselves as ex-gay.

A study by Lisa Diamond (2000) concluded that sexual identity is far from fixed in women who aren't exclusively heterosexual. Her research suggests that there is much more fluidity in non-heterosexual women than was thought.

Sexual plasticity in homosexual men is not a new or novel idea. More than 30 years ago, Kurt Freund (1963, 1971), using penile plethysmography, found that some homosexual men could voluntarily alter their penile responses to respond to heterosexual stimuli without ever receiving reorientation therapy. While it would be erroneous to generalize from such a clinical sample to suggest that homosexual orientation is malleable in all people, still, historical and current research would suggest that it is equally erroneous to conclude that change in sexual orientation is not possible for some men.

There are a number of qualitative studies documenting that individuals experienced significant transitions in many aspects of sexual orientation without the benefit of formal or even informal therapy (e.g. Blumstein & Schwartz, 1976, 1977; Charbonneau & Lauder, 1991; Diamond, 2000, Kinnish and Strassberg, 2002; Kitzinger & Wilkerson, 1995). If change in many aspects of sexual orientation is possible without therapy, sometimes without even intention, then certainly such change is possible for some of those who will invest years of concentrated effort toward bringing about such change.

The Spitzer Study

Perhaps the most significant study done to date is the one conducted by Robert L. Spitzer of Columbia University School of Medicine (Spitzer, 2003). In fact, the following remarks come from a commentary which I was invited to submit to the *Archives of Sexual Behavior* in conjunction with the publication of the Spitzer study. Spitzer is a self-identified secular humanist atheist Jew who was the psychiatrist who led the movement to remove homosexuality from the list of psychiatric disorders in 1973.

Spitzer studied 200 men and women who participated in reorientation therapy. As you might imagine, his research has ignited a heated discussion about the possibility of diminishing a homosexual orientation and developing heterosexual attractions. Indeed, Spitzer provides evidence that some gay men and lesbians are not only able to change self-identity, but are able to modify core features of sexual orientation, including fantasies. His research makes an important contribution to a plethora of other studies and case reports on change.

Spitzer's sample size was larger than most in prior studies. He carefully considered the affective components of the homosexual experience and was considerably more detailed in his assessment than were other studies. His use of a structured interview demonstrates clearly how the subjects were evaluated. He limited his pool of participants to those who reported at least 5 years of sustained change from a homosexual to a heterosexual orientation. Virtually any bias in the interview coding was eliminated by the near perfect interrater scores.

A unique feature of his research is that the entire set of data used in the study is available to other researchers. Spitzer concluded that 66 % of the men and 44% of the women had arrived at what he called good heterosexual functioning. In addition, 89% of the men and 95% of the women said that they were bothered slightly, or not at all, by unwanted homosexual feelings. The study indicates that some gay men and lesbians following therapy, report that they have made major changes from a predominantly homosexual orientation to a predominantly heterosexual orientation. The changes following therapy were not limited to sexual behavior and sexual orientation self-identity. The changes encompassed sexual attraction arousal, fantasy, yearning, and being bothered by homosexual feelings. The changes encompassed the core aspects of sexual orientation.

Even subjects who only made a limited change nevertheless regarded the therapy as extremely beneficial. Subjects reported benefit from nonsexual changes, such as decreased depression, a greater sense of masculinity in males, and femininity in females, and developing intimate nonsexual relations with the same sex. The findings of this study have implications for clinical practice.

First, it questions the current conventional view that desire for therapy to change sexual orientation is always succumbing to societal pressure and irrational internalized homophobia. For some individuals, changing sexual orientation can be a rational, self-directed goal. Second, it suggests that the mental health professions should stop moving in the direction of banning sexual reorientation therapy.

Many patients, provided with informed consent about the possibility that they will be disappointed if the therapy does not succeed, can make a rational choice to work

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toward developing their heterosexual potential and minimizing their unwanted homosexual attractions. In fact, the ability to make such a choice should be considered fundamental to client autonomy and self-determination. "Like most psychiatrists," says Dr. Spitzer, "I thought that homosexual behavior could be resisted, but sexual orientation could not be changed. I now believe that's untrue—some people can and do change."

In the sample he studied, Spitzer concluded that "many made substantial changes in sexual arousal and fantasy—not merely behavior. Even subjects who made less substantial change believed it to be extremely beneficial (NARTH, 2001). Most revealing was Spitzer's response when he was asked by a journalist, "What would you do if your adolescent boy tells you he is homosexual?" Dr. Spitzer's responded, "The honest answer would be, I guess, I would hope that he would be interested in changing and that he would get some help" (Vonholdt, 1999). I should note that Dr. Spitzer has been and continues to be a supporter of gay rights.

Not All Gay Activists Object to Reorientation Therapy

So, where does all of this lead us? I would like to quote from four gay and lesbian activists on change therapy.

Camille Paglia (1994) offered the following observations:

"Homosexuality is not normal. On the contrary it is a challenge to the norm...Nature exists whether academics like it or not. And in nature, procreation is the single relentless rule. That is the norm. Our sexual bodies were designed for reproduction...No one is born gay. The idea is ridiculous...homosexuality is an adaptation, not an inborn trait.

"Is the gay identity so fragile that it cannot bear the thought that some people may not wish to be gay? Sexuality is highly fluid, and reversals are theoretically possible. However, habit is refractory, once the sensory pathways have been blazed and deepened by repetition—a phenomenon obvious with obesity, smoking, alcoholism, or drug addiction...helping gays to learn how to function heterosexually, if they wish is a perfectly worthy aim.

"We should be honest enough to consider whether homosexuality may not indeed be a pausing at the prepubescent stage where children band together by gender—current gay cant insists that homosexuality is not a choice; that no one would choose to be gay in a homophobic society. But there is an element of choice in all behavior, sexual or otherwise. It takes an effort to deal with the opposite sex; it is safer with your own kind. The issue is one of challenge versus comfort."

From gay activist Douglas Haldeman (2000, p. 3):

"A corollary issue for many is a sense of religious or spiritual identity that is sometimes as deeply felt as is sexual orientation. For some it is easier, and less emotionally disruptive, to contemplate changing sexual orientation, than to disengage from a religious way of life that is seen as completely central to the individual's sense of self and purpose...

"However we may view this choice or the psychological underpinnings thereof, do we have the right to deny such an individual treatment that may help him adapt in the way he has decided is right for him? I would say that we do not."

From gay activist LeVay (2000, p. 12):

"First, science itself cannot render judgments about human worth or about what constitutes normality or disease. These are value judgments that individuals must make for themselves, while possibly taking scientific findings into account.

"Second, I believe that we should as far as possible, respect people's personal autonomy, even it that includes what I would call misguided desires such as the desire to change one's sexual orientation."

From gay activist Dean Hamer (1994, p. 214): "...biology is amoral; it offers no help in distinguishing between right and wrong. Only people, guided by their values and beliefs can decide what is moral and what is not."

Conclusion

I would be supportive of many of the points above. Homosexuality is an issue of ethics and morality. Individuals who experience unwanted homosexual attractions have a right to treatment aimed at diminishing those attractions. Whether or not others agree with that choice is not as important as respecting their right to make the choice. In fact, tolerance and diversity demand that they do so.

The confounding of politics, psychology and therapeutics has occurred, I believe, because of anti-homosexual bias in some cases, and gay activism in others. In both instances, there has been a confusing co-mingling of facts and theories by anti- or pro-homosexual political groups—both of which claim to have science on their side.

Contrary to the prevailing climate, the data on homosexuality is far from complete. Ethicality would suggest that the suppression of data and discouragement of further scientific research should not be tolerated. With appropriate guidelines in place (Institutional Review Boards), it is not only ethical but well within the purview of science to encourage the study of issues such as the change from homosexuality.

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The well-intentioned caretakers of our national organizations slide down a slippery slope when advocating what amounts a virtual censorship of scientific investigation of politically unpopular views. Science progresses by asking interesting questions, not by avoiding questions whose answers might not be helpful in achieving a political agenda. Being supportive of gay rights does not require a commitment to the false notion that sexual orientation is invariably fixed in all people.

Regarding the question of whether homosexuality is innate and immutable, the Columbia University scientists, Friedman and Downey, responded, "Neither assertion is

true." Further they note that "the assertion that homosexuality is genetic is so reductionistic that it must be dismissed as a general principle of psychology" (P. 39).

As a final note, I personally repudiate any uncivility, religious or otherwise, toward gay men or lesbians. Many of these individuals are acting from different moral perspectives, from very different moral premises. At the same time, suppression of any research data must not be tolerated. Under no circumstances should science be pre-empted by activism. No one benefits when that this debate is politicized, distorted or suppressed. ■

Increased Drug Use Adds Additional Dangers To Gay Lifestyle

By Roy Waller

The recreational use of drugs, especially the highly addictive crystal methamphetamine (also known as "speed"), has reached astronomical proportions in the San Francisco gay community, according to an article in the *San Francisco Chronicle*.

In its feature on the growing problem, the *Chronicle* (5-4-03) cited local health officials who specialize in issues concerning the Bay Area, including Dr. Jeffrey Klausner, director of sexually transmitted disease prevention and control for the San Francisco Department of Public Health. He states that, "We have all sorts of levels of evidence [and] it's all pointing in the same direction: the crystal meth epidemic is playing an important role in increasing sexual risk behaviors, and that is leading to new HIV and STD infections."

According to Dr. Klausner, the use of the widely available and inexpensive drug (\$30 for several days' worth), popular in the gay community for its ability to enhance and prolong sexual activity and temporarily suppress feelings of loneliness and depression, is not only contributing to a major increase in new cases of HIV infection but also an alarming jump in the number of new cases of gonorrhea and syphilis.

Says Klausner, "We have a dual epidemic - a speed epidemic and an HIV epidemic that are both increasing." Even blunter is the statement by Dr. Nora Volkow, the new director of the National Institute on Drug Abuse: "People are using the drug to feel better but they are literally selling their soul to the devil."

Although some might find Dr. Volkow's remarks alarmist or even parochial, experts who have studied the effects of methamphetamine upon the human system have shown

that the use of some two to four grams of the drug per week can result in significant brain damage. Consistent heavy use of the drug has been proven to be equivalent to forty years of normal aging, particularly as it affects memory and motor functioning.

Further, although the drug appears to provide the user a temporary sense of euphoria, its actual effect is to compromise the brain's ability to manufacture dopamine, the naturally produced neurotransmitter responsible for our reception of pleasurable sensations. The inevitable effect of this dual destructive action is that common to all drug addiction: the user's need for larger and more frequent doses.

The effects of crystal methamphetamine use at weekend parties and gay clubs reaches into every area of the user's life, according to Tom Ammiano, the openly gay president of the San Francisco County Board of Supervisors. "Guys start with weekend use and it accelerates," he notes, adding that he is hearing cases of men who cannot properly function on their jobs because of the lingering effects of their weekend drug use.

He also points out that, although the nationwide gay community is attempting to combat the epidemic through education and treatment, there remains a large amount of deliberate ignorance. "There's a tremendous amount of denial around speed use," Ammiano told the *Chronicle*. "It's pernicious. We're also hearing stories of people failing in rehab after eight, nine tries. It's very brutal."

The San Francisco Chronicle article may be read at <http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/04/MN281636.DTL&type=health>. ■

Book Review:

Sexual Orientation and Psychoanalysis: Sexual Science and Clinical Practice

(Richard C. Friedman and Jennifer I. Downey: New York: Columbia University Press, 2002).

Reviewed by: A. Dean Byrd, Ph.D., MBA, MPH

In this text, Columbia University scientists/psychoanalysts Richard Friedman and Jennifer Downey attempt to build bridges between science and psychoanalysis as they address issues related to homosexuality.

The book is divided into two parts. The first addresses the scientific and theoretical aspects of homosexuality, and the second focuses on clinical aspects of homosexuality, primarily from a psychoanalytic perspective.

Science and Psychoanalysis

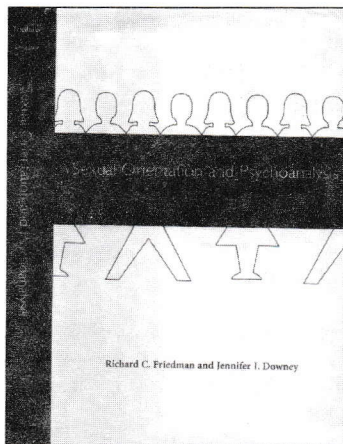
Although for the most part, the authors address the scientific issues accurately, they engage in a revisionist treatment of psychoanalysis. They characterize themselves as "modern psychoanalysts," yet the authors take license to select parts of psychoanalytic thought and theory, and to discard others (p. 290).

Ironically, the science and the authors' revisionist psychoanalysis prove incompatible. For example, they conclude that homosexuality is neither biologically determined nor unchangeable:

"At clinical conferences one often hears...that homosexual orientation is fixed and unmodifiable. Neither assertion is true...The assertion that homosexuality is genetic is so reductionistic that it must be dismissed out of hand as a general principle of psychology." (P. 39)

Yet, the authors ignore the plethora of case studies (i.e., the primary method of research in psychoanalysis) and more than 100 years of psychoanalytic thought on sexual orientation and change. The authors attempt to discredit reparative therapy—which they are unable to do without discrediting psychoanalysis, because reparative therapy is rooted in the psychoanalytic tradition.

Friedman and Downey admit that the political climate makes the discussion of homosexuality difficult, and that healthy, scholarly discussion is plagued by "heated, ideological and political debate." (P. 41). Then, they proceed to engage in the same kind of narrow politicism about which they complain.



Homosexuality and Science

Though the authors give preferential treatment to Hamer's "gay gene" study, they do acknowledge research that contradicts his results. They reluctantly conclude,

"Hamer (1999) and Rice (1999) have debated the significance of their studies, but as of the time of writing of this volume, the conclusion that male homosexuality is even sometimes determined as a result of X-linked transmission cannot be accepted as valid." (p. 55)

They essentially discount Simon LeVay's "gay brain" research in an apologetic way by focusing on providing a sympathetic view of its flaws:

"LeVay's research was difficult to carry out and, as is common with exploratory projects, had a number of important limitations in design. For example, hardly any biographical information was known about the subjects including information about their sexual histories. The study included no (known) homosexual women, and some of the subjects had AIDS. Moreover, although statistically significant differences between experimental and control groups were present, some presumed heterosexual men had small brain nuclei in the critical area, and some presumed homosexual men had nuclei large enough to be within the heterosexual range." (p. 67)

Without clearly stating the obvious, Friedman and Downey suggest that the LeVay study was fatally flawed, should have never been published, and certainly should not have been billed as a biological determination of homosexuality!

Further interpreting the science, they conclude the following:

- "It seems that theory building about the origins of any type of sexual orientation requires a multi-factorial model—with biological, psychological and social factors exerting influences at different times and in different degrees." (P.58)

continued

- "Sexual orientation is usually not determined by biological factors alone. Biological influences are significant, however, and the way in which they act in concert with psychological and social influences to shape sexual orientation are crucial for psychologists and psychiatrists to be aware of." (P. 59)
- "What causes homosexuality? It is apparent that biological, psychological, and social factors interacting in complex and various ways, shape human sexual orientation." (P. 61)

Homosexuality and the Animal World

Regarding homosexuality in the animal kingdom, they succinctly summarize the research, which finds no preferential, same-sex erotic pair bonding in other mammals:

"Although sexual activity between same-sexed individuals occurs throughout the animal kingdom, there is no nonhuman mammalian species in which predominate or exclusive homosexuality occurs in the way it does in humans. For example, among the primates, only humans may form meaningful, lengthy, sexual affectionate relationships between members of the same sex and not seek sexual activity with members of the opposite sex. Moreover, sexual behavior in humans is greatly influenced by gender identity, a psychological construct that influences behavior in a way for which there is no animal model" (P. 62).

Dean Hamer, activist researcher and author of the "gay gene" study, provides an interesting descriptive difference. He notes,

"Pigs don't date, ducks don't frequent stripper bars, and horses don't get married." (*Science of Desire*, P. 213.)

Functionalism Causes Structuralism

Providing support for the "functionalism causes structuralism" model, Friedman and Downey cite PET Scan research:

"The PET scan is a brain imaging technique that studies the functional activity of the brain via use of radioactive isotopes. When the subjects became sexually aroused as a result of exposure to erotic films, certain areas of the brain became activated. These included cortical visual association areas, other areas involved in integrating sensory input with emotional states, and yet another area of the cortex ("left anterior cingulate cortex") involved in the higher regulation of the autonomic and endocrine nervous systems.

"The investigators suggested that different areas of the

cerebral cortex were involved in integrating psychological processes including labeling visual stimuli as sexual, assimilating these stimuli with other emotions so that they were experienced as meaningful for motivation, and integrating these with physiological responses involved in sexual response." (Stoleru et al, 1999:17) (P. 63)

The PET Scan research is quite supportive of the peer-reviewed study conducted by Dr. Mark Breedlove. Commenting on the role of the brain in sexual behavior, Breedlove, a researcher at the University of California at Berkeley, demonstrated that sexual behavior can actually change brain structure. Referring to his research, Breedlove states,

"These findings give us proof for what we have theoretically know to be the case—that sexual experience can alter the structure of the brain, just as genes can alter it. It is possible that differences in sexual behavior cause (rather than are caused) by differences in the brain." (Breedlove, 1997, p. 801).

Such research provides evidence for what many clinicians and theoreticians have long known to be true: functional change causes structural change in the brain.

Assessing Sexual Orientation

Friedman and Downey note "there is no biological test that discriminates between people on the basis of their sexual orientation," (P. 83). At the same time, they declare that

"...a particular man's sexual orientation may indeed change if he happened to be one of the minority who appears to retain the capacity for sexual plasticity rather than rigid crystallization of sexual fantasies." (P. 18).

Thus the authors conclude, in essence, that there is no way to conclusively determine a person's sexual orientation...yet there is a group of men who they list as "minority" who seem to be able to change their sexual orientation? If these men cannot even be *identified* as homosexual, how can they be classified as a minority of homosexuals?

The Ethics of Conducting Research on Homosexuality

Friedman and Downey provide an exceptional argument in favor of the study of homosexuality.

"We believe that it is ethical to investigate genetic influences on homosexuality (or other controversial areas such as intelligence, for example) with appropriate ethical scientific guidelines in place...Even the most well-intentioned social policy makers slide down a slippery slope when advocating censorship of scientific investigation."(49).

"The more information that can be acquired about the origin of homosexual orientation, the more will be learned about bisexuality and heterosexuality." (P. 50)

Unwitting Support For Reparative Therapy

Although Friedman and Downey's refusal to legitimize reparative therapy comes as no surprise, they unwittingly provide tremendous support for the premise that social and emotional variables affect gender identity—which, in turn, determines sexual orientation (the same assumption underlying reparative therapy). Consider the following conclusions which provide support for reparative therapy.

- "Fantasies may (temporarily) REPAIR (emphasis added) the more profound damage that occurs to self as a result of severe trauma. Fantasies may also soothe, enhance security, and bolster self-esteem or REPAIR (emphasis added) a sense of having been abandoned or rejected." (P. 6)
- "Sexual fantasies," they conclude, "occur most frequently in people with high rates of sexual activity and little sexual satisfaction." (P. 11)
- They quote from Robert Stoller, "The hostility of eroticism is an attempt, repeated over and over, to undo childhood traumas and frustrations that threaten the development of one's masculinity or femininity." (P. 36)
- On gender nonconformity (which reparative therapists view as a precursor of homosexuality) where prevention of homosexuality is focused, they note from the research, "Not only did they [Bailey, Dunne and Martin] find that childhood gender nonconformity was far greater among homosexual than heterosexual subjects, they also observed that the degree of gender nonconformity was related to the degree of adult homosexual orientation. They note that the positive relationship between gender nonconformity and homosexual orientation is one of the most robust associations in the behavioral sciences." (P. 53)
- "Of the many behaviors that are a part of a gender non-conformity pattern of boys on the gay developmental track, one of the most common is aversion during late childhood to rough-and-tumble play. Data from this observation are substantial and come from diverse sources, including studies of patients and non-patients alike." (P. 82)
- "The most important aspect of Bem's theory is that the awareness of being different from same-sex peers...produces heightened physiological arousal...[that] is subsequently transformed into erotic attraction." (P. 85)

- "Core gender identity is the sense of being male or female. Gender identity is a psychological construct, yet influenced by constitutional biological factors, cognitive development, and psychosocial learning." (P. 97)
- "With regard to the development of gay youth, their temperamental aversion to RTP [rough and tumble play] is often part of a more general tendency toward cross-gender sex stereotypic interests. Fathers often react to this by withdrawing from them or attempting to change their temperaments, with unfortunate consequences for the father-son relationship." (P. 107)
- The authors note the occurrence of peer abuse and focus on peers' intolerance of cross-gender behavior in boys (P. 118).
- "...the father-son relationship is likely to be problematic among gay youth....problems are extremely common, particularly rejection—either overt or subtle—by the father." P. 219
- "...poor fit between son and father.. A son may require greater emotional contact than a father can supply for practical and/or emotional reasons...youngsters who hunger for closeness to fathers who are well-intentioned and caring but work hard and long and are temperamentally not in touch with their feelings or expressive. Even though such a father may feel positively about his son, he still may be unable to meet his son's specific needs for parenting. The situation may be compounded when the son projects angry feelings onto his father and then experiences his father's withdrawing as motivated by hostility." (P. 220)
- As far as the relationships between prehomosexual boys and their mothers, the authors note, boys are "...likely to have more interests in common with their mothers" (P. 220)
- "...a triangular situation evolves, with the mother and son becoming allies and excluding the father." (P. 221)

Hooker, Spitzer, Schidlo and Schroeder: Convenience Samples Differentially Treated

Without being critical of the Hooker research, Friedman and Downey describe the non-representative, convenience samples used in her studies of homosexual men: "Through word of mouth, Hooker recruited highly functional, socially well-integrated homosexual men." (P. 235.)

In spite of the non-representative nature of the samples, the authors uncritically accept Hooker's research as being scientifically valid.

Yet they are very critical of Spitzer's similar use of "con-

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venience samples." And they completely ignore the use of convenience samples by Schidlo and Schroeder. For example, Schidlo and Schroeder's solicitation of those who were "harmed by reparative therapy" was a blatant example of bias. (P. 270-271).

Consider the following advertisement for participants in the Schidlo study:

"Help Us Document the Damage of Homophobic Therapies: In association with the National Lesbian and Gay Health Association, we are conducting research on the outcome of treatments that claim to 'cure' homosexuality.

"Our purpose is to document the damage that we believe occurs when a lesbian, gay or bisexual client receives psychological help from a provider who promises to change a person's sexual orientation. We are looking for individuals who have experienced such a program and who are willing to talk about it confidentially by telephone, email or by filling out a written survey."

It is interesting that Schidlo and Schroeder changed the title of their study from "Homophobic Therapies: Documenting the Damage" to "Changing Sexual Orientation: Does Counseling Work?" because some of their study participants actually reported that there were benefits—and, in some instances, change in sexual orientation.

Homophobia and Heterosexism

The clinical half of the authors' text unfortunately focuses almost exclusively on homophobia and heterosexism, terms that have activist connotations more so than clinical value. Though they admit that both terms have limitations from a psychoanalytic perspective, they justify their use because they have come to be accepted in the mental health literature ("Everybody does it.")

They criticize homophobic parents, blaming them for internalized homophobia of their children:

"Because children who ultimately become homosexual adults are raised in heterosexual and homophobic settings, their socialization leads to internalization of negative attitudes and beliefs about homosexuality." (P.177)

Gay-Affirmative Therapy

According to Friedman and Downey,

"the basic premise of a gay-affirmative perspective is that the deleterious effects of biased socialization may be lessened and even largely eliminated with correc-

tive therapeutic experiences that facilitate and support self-actualization and a sense of pride in being gay" (P. 184.)

The authors provide an endorsement of Gay Affirmative Therapy (GAT) without acknowledging that there is no research regarding the efficacy of GAT. (For example, in *Psychotherapy*, 2001, 38, 4, Winter, P. 482, authors A. G. Lam and S. Sue conclude: "While there has been recent literature discussing the potential benefit of gay affirmative therapy, we could locate no empirical research on the effectiveness of this therapy in treating LGB individuals."

Clarifications and Contradictions

To their credit, Friedman and Downey offer accurate data on the prevalence of homosexuality in the population:

"2.4 per cent of the population ...exclusively attracted to men with an additional 0.7 per cent mostly so" (P. 18). "...1.5% of the female population consider themselves to be homosexual" (P. 55)

They cite the recent population-based studies that report increased psychopathology among gay men and lesbians—but their narrow politicism only allows for consideration of homophobia as the cause. In the *Archives of General Psychiatry* (1999, Vol. 56 883-884), J. Michael Bailey offered an extensive criticism of these population-based studies. In his commentary on the research on homosexuality and mental illness, Bailey concluded,

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

These 1999 studies were corroborated by a large well-conducted study from The Netherlands (*Archives of General Psychiatry*, 2001) which does not provide support to the "homophobia" hypothesis as the source of the higher level of mental-health problems, because Dutch society is recognized as one of the most gay-affirming and gay-tolerant societies in the world, and yet the risk for mental illness among those who engage in homosexuality in Holland remains high, and significantly higher than among heterosexuals in that country.

Bailey—unlike Friedman and Downey—offers alternative hypotheses for the data associating mental illness with homosexuality. He suggests that homosexuality may be a "developmental error," "representing a deviation from normal development and is associated with other such deviations that may lead to mental illness." Bailey also suggests another hypothesis ignored by Friedman and

Downey—that “increased psychopathology among homosexual people is a consequence of lifestyle differences associated with sexual orientation...such behavioral risk factors associated with male homosexuality such as receptive anal sex and promiscuity.”

Cavalier Rejection of Reparative Therapy

Friedman and Downey’s cavalier rejection of reparative therapy, and of Dr. Joseph Nicolosi in particular, resembles more of a political attack than a careful analysis. They accuse Dr. Nicolosi of being psychoanalytically uninformed and failing to maintain therapeutic neutrality. Ironically, Friedman and Downey themselves are not neutral at all about reparative therapy!

Even activist Andrew Sullivan provides a more balanced assessment of the reparative model. Referring to reparative therapy, Sullivan concludes,

“As an elaborate and total theory, it certainly cannot be dismissed as an improvised rationalization of bigotry, because its nuances are too refined and its observations too acute.” (*Love Undetectable*, P. 120)

Although Friedman and Downey allude to the relationship

between politics and reparative therapy, they fail to acknowledge the narrow politicism that governs their own views about it.

Science and Morality

The value of Friedman and Downey’s book lies in the authors’ assessment—for the most part accurate—of what science has to say about homosexuality. But their preoccupation with condemning homophobia and heterosexism colors their views in the second part of the book.

The authors fail to recognize two important points—first, that science is actually quite supportive of the treatment of homosexuality; and second, that their condemnation of “heterosexism” (which is the belief that heterosexuality is the norm, with homosexually an abnormal variant) is not a scientifically neutral conclusion.

As gay-activist researcher Simon LeVay points out (2000, p. 12):

“[S]cience itself cannot render judgments about human worth or about what constitutes normality or disease. These are value judgments that individuals must make for themselves, while possibly taking scientific findings into account.” ■

Diverse Coalition Forms To Support People Seeking ‘Non-Gay’ Alternatives To Unwanted Homosexuality

by Roy Waller

A diverse group of eleven non-profit organizations that serve people conflicted over unwanted homosexual attractions has formed a non-profit coalition called PATH (Positive Alternatives to Homosexuality) and established a joint web site at www.pathinfo.org.

The new coalition includes secular, therapeutic and research organizations in the U.S. and Germany as well as African-American, Catholic, Jewish, Latter-Day Saint and Protestant ministries.

PATH was formed to promote greater public understanding and acceptance of men, women and youth who experience same-sex attractions but prefer to pursue “non-gay” alternatives that are congruent with their values, beliefs and life goals. The coalition will also support greater access to information and resources for those who seek change.

PATH’s 11 initial member organizations have collectively worked with thousands of men, women and youth who have either transitioned out of a homosexual lifestyle and identity, or resolved their same-sex attractions without ever fully embracing homosexuality.

“It’s an utterly false stereotype to assume that anyone with homosexual feelings just wants to be accepted and affirmed as gay,” said Arthur Goldberg, president of PATH (and co-founder of JONAH, an educational, support and referral organization for Jews). “Many do not. They don’t object to others choosing to live a homosexual life, but it’s not what they want for their own lives. Those who voluntarily choose an alternative path deserve equal respect and support.”

Richard Cohen, a member of the PATH organizing committee who is a therapist and himself a former homosexual, said, “I know from my own personal experience, and the experience of literally hundreds of men and women I have worked with, that change is real. Many of them have developed heterosexual desires, married and had children of their own. Many have saved their existing marriages and families. Some have embraced a ‘sexually sober’ lifestyle as a single man or woman. Whatever their personal circumstances and goals, they have learned from personal experience that change is possible.”

In a statement of beliefs, PATH’s Website indicates that its members support: personal choice on how to deal with

continued

same-sex attractions; the individual's right to be informed about alternatives to living a homosexual life; and the individual's right to decide whether to seek counseling or therapy, what kind of counseling to seek, and to determine the desired direction of their own therapy program.

It also states that those who choose to pursue alternatives to homosexuality, "deserve tolerance and acceptance. Their choices should not subject them to discrimination, ridicule, marginalization, or make them the target of hate speech or accusations of homophobia. Demands for tolerance by one group can never justify intolerance or ridicule of another."

The 11 groups forming the coalition are:

- Courage, a worldwide Catholic ministry based in New York City;
- Evergreen International, a Utah-based educational and resource organization serving members of the Church of Jesus Christ of Latter-day Saints;
- Exodus International, a Florida-based umbrella coalition of 175 Protestant Christian ministries in 17 countries;
- The German Institute for Youth and Society, a think tank and research organization that focuses on social developments affecting the family;
- The International Healing Foundation, an educational and therapeutic organization based in Maryland;
- JONAH, or Jews Offering New Alternatives to Homosexuality, an international educational and informational organization based in New Jersey;
- NARTH;
- OneByOne, a Presbyterian ministry based in New York;
- PFOX, or Parents and Friends of Ex-Gays and Gays, a support and informational organization based in Virginia;
- People Can Change, a support, informational and training organization based in Virginia; and
- Powerful Change Ministry Group, a fellowship of Christian African-American-led ministries, based in Atlanta. ■

Attention, Canadian Members of NARTH

Work is underway to explore the need, value, role, and future directions of a "community of interest" for Canadians involved with NARTH.

Currently, this work involves NARTH Members, but is being expanded to include Canadians in the Associate Member and Friends of NARTH category.

If you would like more information on this initiative, please send an e-mail to narthenorth@cogeco.ca.

Reorientation Therapy is Prohibited in Brazil, Says NARTH Supporter

To the Editor:

I thought I would drop you a note and let you know how important NARTH is your website and your materials. I write at the request of Rozangela Justino in Rio de Janeiro, Brazil, who has been spearheading a human-rights movement with many petitions from churches.

Because you gave us permission, the folks in Brazil have translated some of your materials, especially reports about Dr. Spitzer's study and also NARTH's flier, "Questions and Answers about Homosexuality."

There is a congressman here in Brazil who is putting forth a proposal that would legalize the right for people struggling with homosexuality to get help. As you know, right now there is a Psychology Board resolution forbidding psychologists to help people who want to change their sexual orientation, even when this is their presenting request.

Your materials have been instrumental in our being able to present scientific, non-religious proof to the world that change is possible. I wanted to write and encourage you about it.

For those who are people of faith, I would invite you to pray that this law will pass, and that this congressman will be protected and upheld as he boldly leads a campaign in a virulently hostile atmosphere of militants sworn to legalize and encourage everything homosexual. Please pray for his protection and that of his family.

Once again, many thanks.

—Esly Carvalho, MA, LPC TEP, President Exodus Latin America Board

Right, Left or Free to Choose

by Warren Throckmorton, Ph.D.

Recently, I have received feedback from over 300 people concerning the recent columns I have written concerning homosexuality and biological causes ("Homosexuality and Genes: Déjà vu All Over Again" and "Of Mice and Gay Men").

The vast majority of people have been quite supportive of the columns exposing the apparent agenda of the popular media to find an exclusively genetic basis for homosexuality. A few have written to say they are looking at the research in a new light. However some have assailed me for daring to question the notion that aspects of identifying as gay probably involve environmental factors.

For staying close to the research, I have been "credited" with causing the deaths of "gay children," accused of inciting hatred and called a couple of things I won't repeat.

Obviously, this issue is sensitive for many people. I certainly have no intention of hurting anyone and feel that bringing up the truth is in the best interest of us all. With these thoughts in mind, I want to address a recurring theme in the negative comments I've had over the last two weeks concerning the issue of causation and homosexuality.

The question: Aren't the people who question the genetic theory of homosexuality all really homophobic, Christian right wing, conservatives?

No, not true. Most scholars who take the social constructionist view of sexuality question the genetic determinism implied by the born gay view. And many of those scholars are gay. For quotes and background information from this point of view, consult the website www.queerbychoice.com <<http://www.queerbychoice.com>>. This gay-affirming site takes great exception with the view that biology exclusively shapes destiny.

One of the more prominent gay activist figures in Great Britain is Peter Tatchell. He scorns the born gay view on his website, www.peter-tatchell.com <<http://www.peter-tatchell.com>>. He notes that many gays may have developed feelings early enough in life that they seem innate, but he is quite skeptical that same-sex attractions arise from genetic factors. He acknowledges (as do I) that sexual feelings are not always consciously chosen, but one's sexual identity is.

Last, many of the scientists conducting the research linking homosexuality with biological factors discount the idea that sexual orientation is completely hard-wired and thus immutable. Simon LeVay, who authored the study concerning brain structure differences between gay and straight men had this to say about immutability:

"There are probably very few people who have not felt, at some time or another, some sexual attraction to both men and women. A person's sexual orientation is not necessarily a fixed, life-long attribute. Sexual orientation can change: for example a woman may be predominantly attracted to men for many years, and perhaps have a happy marriage and children during that time, and then become increasingly aware of same-sex attraction in her thirties, forties, or later. This does not mean that she was concealing or repressing her homosexuality during that early period. To argue that she was really homosexual all the time would be to change the definition of sexual orientation into something murky and inaccessible." — Simon LeVay and Elisabeth Nonas, *City of Friends: A Portrait of the Gay and Lesbian Community in America*, 1995, p. 5.

That is a pretty remarkable statement coming from one of the most prominent researchers of biological factors in homosexuality. However, what makes his statement consistent with his science is one little factor that many people miss. The existence of biological factors in causation of human traits, even genetically mediated ones, doesn't mean the trait is unchangeable or inevitable.

I think the reason so many people of all ideological stripes react strongly to the media distortion of sexuality research is the resulting implication that people can't or shouldn't choose their sexual identity in life. There are numerous former homosexuals who experience life now as straight. And on the other side of the spectrum, LeVay's description above is also accurate about former heterosexuals who now live as gays and lesbians.

While this could never be the last word on this contentious subject, I hope it is clear that the division over this issue is not best viewed as right-wing versus left-wing or even nature versus nurture. Rather, the issue is about whether people have choices to deliberate and determine their own sexuality. ■

"The real issue is whether people have choices about sexual identity."

NARTH Members Say Gender-Identity Disorder of Childhood Diagnosis Should Remain in the Psychiatric Manual

*The following letter was submitted to the American Psychological Association's publication, The Monitor.
An edited version was just published in the November 2003 issue (p.3) of that magazine.*

To the Editor of the *Monitor*:

We were appalled at the recent article in the A.P.A. *Monitor* which suggested that parents simply "accept and affirm their gender-variant children." The writer completely disregards the work of clinicians such as Zucker and Bradley, who have demonstrated that a sizeable number of children and families achieve significant change, and that cross-gender identification is treatable.

To suggest that parents can't or don't influence the gender development and sexual orientation of their children has no basis in science. This is another instance where APA has favored activism over scientific professionalism.

What's even more alarming, such articles actively discourage parents from seeking treatment for their gender-atypical children. Perhaps APA might take some counsel from psychiatrist Richard Green, who says:

"Should parents have the prerogative of choosing therapy for their gender-atypical son? ... The rights of parents to oversee the development of their children is a long established principle. Who is to dictate that parents may not try to raise their children in a manner that maximizes the possibility of a heterosexual outcome? If that prerogative is

denied, should parents also be denied the right to raise their children as atheists? Or as priests?"

Perhaps APA will give equal time to a recent book entitled *A Parents' Guide to Preventing Homosexuality* by Joseph and Linda Nicolosi.

With this latest article, APA appears to be taking yet another step toward eliminating GID from the DSM. But real diversity requires the inclusion of different worldviews in this important debate. When fair and open debate is prevented, government agencies should refuse to provide research grants to organizations such as APA which present their activism disguised as science. And perhaps it's also time that professionals and parents who disagree with APA's narrow politicism raise their voices in protest.

Sincerely,

A. Dean Byrd, Ph.D., M.B.A., M.P.H.
Richard Fitzgibbons, M.D.
Russell Hilliard, Ph.D.
Ray Johnson, Ph.D.
Russell Waldrop, Ph.D., L.P.C.
Paul Popper, Ph.D.

Transgenderism

*A whimsical
view of
the
controversy*

Your sister becomes your brother.
Your mother marries your Aunt Pat.
Your penis becomes your vagina,
Who knows where your testicles are at?

Psychological deconstruction
Trumps biological reality.
Nature confuses nurture...
You can be what you want to be!

Whether it's naturalistic evolution
Or God's created design,
Who or what made you is unimportant,
Because gender is all in your mind!

Yes, you can become your sister's brother
Or maybe his mother, too...
Because with gender-identity disorder
Surgery makes a designer of *you*.