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Study of Male Triplets Lends Support to Neurohormonal Theory of Sexual Orientation, Say Psychologists

Study is based upon one monozygotic set; homosexual triplet scores more towards the female direction than do his heterosexual cotriplets.

By Shlomo David and Linda Ames Nicolosi

Dr. Scott Hershberger and associate researcher Dr. Nancy L. Segal, have recently published a study in *Archives of Sexual Behavior* (Vol. 33, No. 5, October 2004; pp. 497-514), wherein they suggest a possible prenatal, neurohormonal basis influence upon sexual orientation for a homosexual orientation in some men.

Hershberger believes it is possible that "prenatal exposure to an opposite-sex hormonal environment may lead the nervous system to develop in a manner consistent with the opposite sex."

Their conclusions in the case of the triplets studied, though, are highly tentative, given that little is understood as to how monozygotic triplets would have been exposed to differing hormonal levels – and as to whether, in fact, this occurred in this particular case.

The study was limited to a single monozygotic set. Aside from the caution that must be exercised in extrapolating from a single test sample, the fact that the twins are monozygotic might lend additional reason for further study, as monozygotic twins are considered less likely than dyzygotic twins to have been exposed to differing levels of hormonal influence. In fact, this has been one of the strongest signs of evidence for neurohormonal theory. Previous studies noted greater concordance in sexual orientation amongst monozygotic twins as compared to dyzygotic ones. One explanation given is the smaller probability of unequal hormonal exposure in the monozygotic pair as compared to the dyzygotic one. Hershberger's study, of course, assumes unequal exposure amongst monozygotics as well.

Therefore, in addition to suggesting that "prenatal hormonal environment may have enduring effects on selected behavior traits" (which, in and of itself, would be considered a groundbreaking finding), their study also presumes the possibility that monozygotic twins/triplets do not necessarily share the same prenatal hormonal environment. Some might consider this highly speculative.

Accordingly, Hershberger leads off his discussion with the disclaimer that, "It is impossible to determine the precise blend of causal factors eventuating in discordant sexual preferences among this MZ male triplet set." He had previously noted that, "The bases of sexual orientation have been explained with reference to multiple explanations, variously emphasizing

archives of
sexual behavior

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genetic, biological, and experiential effects.”

Prior Research

One of the most useful aspects of this study is the authors' comprehensive summary of the research on biological factors that may influence sexual orientation. Most of this research has been conducted during the past twenty years.

The results of this body of research, Hershberger and Segal conclude, suggest that genes, brain anatomy, and prenatal sex hormones influence (but do not necessarily determine) sexual orientation in men.

Hershberger and Segal explain the neurohormonal theory of sexual orientation. This theory focuses on how the brain was formed in the womb — particularly, during the formation of an area of the brain called the hypothalamus. Masculinization of the brain occurs through relatively high levels of androgens, whereas feminization occurs in the relative absence of androgens. Some studies suggest that homosexually-oriented men are more likely to show evidence of brain development that is low-masculinized (in effect, relatively female-like).

Previously published evidence for this prenatal hormonal theory of sexual orientation is cited by the authors:

- In animal studies in which there was a manipulation of the prenatal hormonal environment, male rats whose brains were feminized in this matter exhibit “lack of aggressiveness, and avoid rough-and-tumble play.” Conversely, female rats whose brains have been masculinized “exhibit mounting behavior, increased levels of aggression, and avoidance of maternal rearing behavior.”
- In women, there is a congenital disorder known as adrenal hyperplasia (CAH), an inherited physical disorder which causes an excess production of androgens. Females with CAH exhibit unusually high levels of masculine-type behavior, including masculine toy preferences, lesbianism, and masculine gender identity.
- In genetic studies, genes are thought to trigger differences in sexual orientation by inducing differences in prenatal androgen levels, or sensitivity to androgen. To

date, Hershberger and Segal say, a dozen large studies converge on the conclusion that sexual orientation “is significantly influenced by genetic factors in men, but less so in women.”

The authors cite evidence of cognitive differences between homosexual and heterosexual men: If a hormonal explanation of sexual orientation is correct, they theorize, then the cognitive attributes of homosexual men should be somewhat feminized.

One notable difference in cognitive ability between homosexual and heterosexual men is found on measures of spatial ability. Differences were also found in measures of spatial perception, and in verbal vs. mathematical abilities (men are generally better in mathematical reasoning but inferior to women in verbal fluency and rapid visual scanning and matching). Indeed, on one such test, homosexual men “had higher verbal IQ’s than did heterosexual males and females”; another test found higher vocabulary scores for homosexual than heterosexual men; and another test found “greater verbal fluency” for homosexual versus heterosexual men. Other tests, they say, showed similar results.

Other biologically-based differences found between homosexual and heterosexual men include body measurements (homosexual men tend to be lighter, to be somewhat more likely to be left-handed, and to have more dermal ridges on the left hand), and differences in voice and speech characteristics.

Hershberger notes that researchers have used two broad approaches to study the biological origins of homosexuality: neurohormonal and genetic.

The neurohormonal theory suggests that males and females may develop brains that are masculinized or feminized as the result of high levels of androgens.

Hershberger believes it is possible that, “Prenatal exposure to an opposite-sex hormonal environment may lead the nervous system to develop in a manner consistent with the opposite sex.”

To test his theory, Hershberger studied a set of triplets, three 21-year-old brothers, two of

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THE NARTH BULLETIN

Editor: Frank York

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“Victory on the Bow of a Ship”

whom presented themselves as heterosexual and one as homosexual. He administered a series of cognitive, behavioral, and personality tests designed to determine how feminized each of them might be. They were tested on their speech and voice patterns and given the Boyhood Gender Conformity Scale, to measure their conformity to typical youth behavior.

On measures of cognitive ability, they performed similarly. However, "consistent differences were found between the two heterosexual triplets and the one homosexual cotriplet." He adds that, "differences having the same pattern were found" for several measures of homosexuality. And, "responses from the homosexual triplet were in a more feminine direction than responses from his heterosexual cotriplets on measures of masculinity-femininity."

Hershberger believes that those findings are striking and his study shows significant sexual orientation, cognitive, personality and gender conformity differences in the triplets he studied.

One of the reasons why he considered this set to be ideal subjects was that he believes that their discordance in sexual orientation was not unlikely to be attributable to experiential (non-biological) factors. Hershberger noted that gender non-conformity had started early with the man who now believes he is homosexual. "The fact that this behavior appeared quite early in [the man who identifies as homosexual] suggests either a prenatal hormonal differences among the triplets, and/or a genetic predisposition environmentally triggered in only one cotriplet as possible explanations."

According to Hershberger, the triplet who at the time of the study considered himself homosexual had long thought he might be bisexual, because of his fantasies about women. He had had sex with 14 different male partners over the years but had not engaged in sex with anyone for the past year before the tests were done.

Another brother studied in this research indicated a strong desire to have multiple male sex partners but had never done so. He had engaged in sex with nine females but only one during the previous year.

Hershberger theorizes that the sexual orientation differences between the triplets might be explained by the timing of zygotic splitting. "Developmental-instability theory suggests that homosexuality might be due to general developmental disruption, which produces a shift from the developmental trajectory of sexual orientation from the typical heterosexual influence." He believes the status of the placenta may also affect the development of sexual orientation differences.

Hershberger believes that non-genetic or hormonal conditions may also play a role in the development of

homosexuality—including the way parents treat their children differently who are perceived by them to be gender-atypical (or pre-homosexual). A substantial body of studies supports the view that parents respond to, rather than create, behavioral differences among twins and siblings, he says. This includes the "rejecting father" theory—the father who rejects his homosexual child but remains emotionally available for his heterosexual sons. However, as noted earlier, he believes that the predominant factor in determining the predisposition to homosexuality on the part of the one triplet as opposed to other two was neurohormonal.

Commenting on this study, Dr. Louis Berman, author of *The Puzzle: Exploring the Evolutionary Puzzle of Male Homosexuality* wrote, "It is a well-established fact that one member of twins who are monozygotic, by various criteria may none the less show some gross physical difference from his twin sibling (e.g., a congenital deformity). This difference is presumably due to a prenatal mutation of some sort. In the case of the homosexual triplet, he may have had some prenatal mutation (making his brain more resistant to full masculinization, perhaps) that predisposed him to homosexuality. What is remarkable about this study is that with a group of just three persons, it was possible to show some characteristic physical differences between gays and straights."

Hershberger's Work Attracts Particular Interest Within The NARTH Community

Dr. Hershberger's research has attracted particular attention given his stated belief that sexual orientation is primarily the result of biological factors, coupled with his opinion that reparative theory has, indeed, been shown to be effective in assisting certain individuals to change their sexual orientation. Commenting on the recently published Spitzer study, which found evidence that some people can substantially change sexual orientation, Dr. Hershberger said:

The orderly, law-like pattern of changes....observed in Spitzer's study is strong evidence that reparative therapy can assist individuals in changing their homosexual orientation to a heterosexual orientation. Now it is up to those skeptical of reparative therapy to provide comparably strong evidence to support their position. In my opinion, they have yet to do so."

Yet this should be tempered by the knowledge that in 1996, he participated in a symposium for gay men and lesbians at the American Psychological Association conference.

Hershberger urged his 1996 audience: "The weight of the biological evidence suggests to me that not only is it a good idea to argue that sexual orientation is biological, it's the best track in order to convince others—the legislatures, the

judiciaries, and the public—that homosexuals should be treated just like anybody else.”

Dr. Hershberger urged that more studies on sexual orientation be published as a lobbying tactic and advocacy tool for gays. He told the audience that courts will be hard-pressed to uphold discrimination against a group if the group is identified by biological rather than behavioral traits.

As Hershberger explained :

“Public opinion polls, plus empirical research, always tell us that there is a positive correlation between people’s beliefs in the immutability of a trait and their acceptance of that trait. So, the more a person believes homosexuality or sexual orientation is biological, the more positively he or she will feel about it.”

We therefore read this study with particular interest. Dr. Hershberger’s comments were published in the *APA Monitor* and posted in an online forum in 1998.

The Hershberger-Segal study cited here was limited to a single monozygotic set. Aside from the caution that must

be exercised in extrapolating from a single test sample, the fact that the triplets are monozygotic might lend additional reason for further study, because monozygotic twins are considered less likely than dyzygotic twins to have been exposed to differing levels of hormonal influence.

Previous studies have, in fact, noted greater concordance in sexual orientation amongst monozygotic twins as compared to dyzygotic twins. One explanation given is the smaller probability of unequal hormonal exposure in the monozygotic pair as compared to the dyzygotic one. Hershberger’s study, of course, assumes unequal exposure amongst monozygotics as well.

Therefore, in addition to suggesting that “prenatal hormonal environment may have enduring effects on selected behavior traits” (which, in and of itself, would be considered a groundbreaking finding), their study also presumes the possibility that monozygotic twins/triplets do not necessarily share the same prenatal hormonal environment. Some might consider this assumption highly speculative.

New York: Man With Super-HIV Strain Has Sex With 100 Men

In February, 2005, New York health officials continued to express alarm about a man who was diagnosed recently with a new HIV strain that becomes full-blown AIDS in months, not years.

Dr. David Ho of the Aaron Diamond AIDS Research Center in Manhattan says the man “participated in wild orgies fueled by crystal meth before coming sick.” The man is estimated to have had unprotected sex with at least 100 men. “We don’t know if this is an isolated case or if there are more cases out there.”

The new HIV strain is resistant to 19 out of the 20 antiviral drugs used to combat AIDS. The 46-year-old gay man tested positive for HIV in December. Another test indicated he had antibodies to HIV, indicating he had been infected for more than three months but less than 20, according to Dr. Ho.

Dr. Ho presented many of his findings at the 12th Annual

Retrovirus Conference in Boston recently. According to AIDSMap, Dr. Ho “emphasized that the case is unusual, as it represents a convergence of multi-drug resistant HIV and rapid disease progression in a single patient.”

Ho observed: “...there has been lots of talk of people who have seen this. [But] according to the literature, the acute infection database and the MACS database [the multicenter AIDS cohort study in which gay HIV-positive and negative men have been followed for many years] such a case is extremely unusual. Look at facts, not people’s anecdotes.”

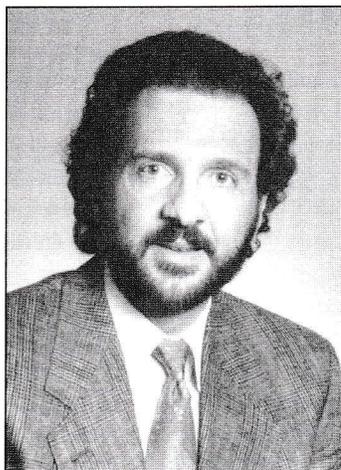
Reference: Markowitz M et al. *A case of apparent recent infection with a multi-drug-resistant and dual-tropic HIV-1 in association with rapid progression to AIDS*. Twelfth Conference on Retroviruses and Opportunistic Infections, Boston, abstract 973B, 2005.

Attachment Loss and Grief Work in Reparative Therapy

By Joseph Nicolosi, Ph.D.

The gender-identity phase of development is marked by a surge of "ambition" to achieve gender competence. When there is a failure in this phase of development, a core identity injury results. Grief work helps the client overcome the injury.

The triadic narcissistic family offers a useful model for understanding male homosexuality and its foundation in a failure of attachment to the same-sex parent. The narcissistic family is not found in the backgrounds of all same-sex attracted (SSA) men; however, we often see evidence of it in our clinical work with men seeking to overcome SSA.



Joseph Nicolosi, Ph.D.

In normal families, children know they are important, and they sense their needs and feelings as important to their parents. But rather than providing an understanding, accurately attuned, and supportive emotional environment for the son's developing masculine self, the narcissistic parents, as a parental team, systematically "fail to see" the boy as a gendered individual person.

"Shaming" Masculinity vs. "Failing to Elicit" It

Recent biological research suggests that some boys have experienced a biological developmental "accident" in which their developing brain was never completely masculinized while they were still in utero. When such children reach the gender-identity phase of about two years old, the "surge of ambition" to achieve masculine competency will be much weaker than that of the typical boy. Such a boy may fail to develop a normal masculine gender identity if the parents do not actively elicit it from him. Such parents did not actively "shame" the son for his strivings but simply failed to be attuned to the boy's special need for active support in calling forth his true, gendered nature.

The Problem of Malattunement. In this family, through distinctly different interactions with each parent, the boy experiences parental malattunement in his efforts to acquire his masculine self-identity. Within the narcissistic family the child must be "for" the parents, i.e. "the parental team." The malattunement he most often experienced was through being ignored/belittled by father, and manipulated into taking on the role of intimate companion to mother.

There may be anger against the self as a defense against his own weakness and inability to break away from the mother to acquire a distinct masculine identity. In addition to that anger against the self, the child may have been made to feel bad about his feeling sad. "You're upsetting every-

body else." "There's no reason to be unhappy and you have nothing to complain about."

Within this narcissistic family structure, the boy's unsuccessful attempts at gender actualization result in an attachment loss. Together, the parents evoked an abandonment-annihilation trauma within the boy for which now, as a man, he must grieve. This is the core trauma which has led to such a man's same-sex attraction in adulthood.

The Boy's Temperament as a Key Factor

Temperament is a key factor in the failure to gender-identity. Another boy who was less temperamentally sensitive — perhaps even this boy's own brother who may have been more outgoing, emotionally resilient, and assertive — would likely push harder and be more persistent in seeking his father's attention, making it less easy for the father to detach from him. By the same token, an assertive and outgoing boy often has more in common with the father and he will be actively sought out by the father. The assertive-resilient boy will also be less likely to form an over-intimacy with the mother and to seek out her sheltering protections as a means of avoiding the masculine challenge.

Thus, it is the emotionally vulnerable boy—sensitive, intuitive, sociable, gentle, easily hurt — who is most likely to incur a gender-identity injury and to give up the masculine challenge. This boy needed special help to leave the comfortable sphere of the mother; and perhaps his father did not actively injure him, but simply failed to do the essential job—essential for *this particular boy*—of actively calling forth his true masculine nature.

Attachment Loss and Shame

Clients express not only a sense of gender deficit, but a deeper, not easily articulated sense of loss and emptiness. Various men have tried to describe it in their own way. It is that despairing place that is the source of homosexual impulse. It is also the source of the client's deepest resistance to treatment.

The developmental sequence is first attachment loss, then gender deficit. If homosexuality is a form of attachment loss, then the question becomes: "Why do some children who experience insecure attachment eventually adapt to the loss, while other children do not, and develop maladaptive defenses against it?" To begin to answer this

question requires, first of all, the understanding that the child's defense is not homosexuality per se, but a gender-identity deficit—which he only later unconsciously seeks to “repair” through homosexual enactment.

Said one client:

“When I went into the gay porn sites, as soon as I got started, I realized how depressed I had been. I realized, too, that I knew I was depressed but was avoiding doing anything about it.”

“The power of gay porn images reflects my own inadequacy. The power of the image is not what *he* is, but what *I* am not. And I can go pursue the distraction of what he is, or confront the painful reality of what I am not.”

The gender-identity phase, like all other phases of the child's development, is marked by a surge of “ambition” to achieve a particular competence. Along with this biologically driven “ambition” comes a narcissistic investment in the outcome. When there is a failure in that phase of development, there is a vulnerability to shame. Thus, this understanding of the homosexual condition sees not just a gender-identity deficit, but also a *core identity injury* which brings us to the use of grief work.

The person with a homosexual problem will exhibit psychological features commonly found in any client who has become stuck in pathological grief. Those include excessive dependency upon others for self-esteem, emotional maladaptation, thoughts of suicide, instability and insecurity, and difficulty in establishing and maintaining long-term intimate relationships. These symptoms are a defense against mourning the loss of authentic attachment to both parents. Thus it is ironic that declaring himself “gay” is a defense against profound, underlying sadness.

Consequently, the therapist will attempt to offer a “corrective experience”: i.e., serving as the good parent by not punishing—but hearing, understanding and even valuing the experience of grief. The therapist must also recognize and interpret the client's primary defense, which is the client's anticipation of being shamed for feeling his loss. This is the essential function of shame—to defend against grief. It is easier to blame himself (and spend the rest of life punishing himself for not feeling loved) than to face the profound reality of loss of the parent's *accurate attunement* and the attachment he should have had with his father. The client must openly share that fear of shame with the therapist, in order to engage the opportunity for healing.

Deep grief work is often met with deeply entrenched resistance precisely because of the intense pain resulting from the loss of attachment. The client literally feels that if he expresses his pain, he will die. This primal feeling is biologically rooted and evidenced in mammalian group behavior; after all, the shunned, rejected member of the

pack rightly senses that he will not be able to survive alone.

It is not the pain, but the fear of the pain which is the greater source of resistance in grief work. The desperate quality of this distress is understandable since, from childhood, separation meant annihilation. Now, as an adult, the client in therapy is still not secure in the belief that he can enter that deep pain and survive. So it is not reliving the trauma but the *fear* of reliving it which is the greatest source of resistance.

Grief work is approached through the client's own presenting complaints and his self-identified conflicts. Those conflicts often involve the client's shame for efforts at masculine assertion. When pursued, these conflicts often lead the client into deeper emotions. Most often, sad and angry feelings will surface when the client allows himself to fully feel the sadness and emptiness associated with his attachment loss.

The next phase of therapy requires a meaningful integration of the loss. Now, as an adult in therapy, the client with SSA can re-create a coherent narrative — namely, the making of meaning now, in the present, of his attachment losses in the past.

Resolution means the client must decide to live in a realistic present, making realistic plans for the future. He chooses to have a healthy perception of reality with the people in his life today — not needing them to be better than they are. No longer is there the inarticulate sense of narcissistic entitlement that others are obliged to compensate him for his past hurts.

This grief work is a humanizing process, in that it demands the abandonment of narcissistic defenses against experiencing deep humility. The work of grief is the back-and-forth tension between two inhibiting affects — shame and fear, versus the other two core affects — sadness and anger.

Resolution necessitates the assimilation of the loss into one's personal schema, one's worldview or personal narrative. That narrative requires a coherent understanding of himself today. As the client faces his illusions and distortions, he spontaneously expresses curiosity about his true identity. “Who am I other than my false self?”

Resolution is the catalyst for personal growth, identity transformation, and the establishment of new ways of relating. It means growing beyond emotional isolation and chronic loneliness, and making a renewed investment in authentic relatedness with people of both genders. Along with this greater capacity for genuine intimacy, comes a diminishment of same-sex attraction's illusory power.

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American Counseling Association Supports Free Choice In Therapy

Larry Freeman, the American Counseling Association Manager of Ethics and Professional Standards, says the ACA supports free choice in therapy—including the freedom of individuals with same-sex attractions to seek help to overcome these unwanted feelings.

Freeman responded to an email from Pastor Darryl Foster, a former homosexual who currently runs a ministry to homosexuals in Atlanta, Georgia.

In his email, Pastor Foster asked Freeman if ACA's Code of Ethics, Section A.2.B. applies to individuals with SSA. The section states: "Respecting Differences: Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor's own cultural/ethical/racial identity impacts her or his values and beliefs about the counseling process."

Freeman responded: "Yes, this code applies to any one who feels or perceives themselves as struggling with an issue that impacts negatively the quality and comfort of their daily life." He notes that if a person's SSA is an issue for him or her, "...the person(s) should have the freedom of choice to seek appropriate treatment for it."

Dr. A. Dean Byrd, a member of NARTH's Scientific

Advisory Committee, is encouraged by the ACA's statement in support of free choice in therapy. "This statement is welcomed by NARTH and by the numerous ex-gay ministries throughout the United States that are involved in helping individuals deal with these unwanted sexual attractions. We hope the various psychological and psychiatric associations will follow ACA's lead on this issue."

Dr. Warren Throckmorton, past president of the American Mental Health Counselors Association and current associate professor of psychology at Grove City College in Pennsylvania concurs. "As a past president of the ACA, I am glad to see this professional body recognize a client's right to self-determination. Further, if a counselor is not equipped to help a person who wants to re-orient their sexuality, then an appropriate referral should be made."

Pastor Foster is also encouraged by the ACA's stand. "As a pastor and one who has experienced satisfying change in my own sexual orientation, I welcome this wise and balanced response which truly values diversity and a client's right to self-determination. It is gratifying to know that struggling men and women seeking changes to sexual feelings won't be relegated to second class status in the mental health field simply because they want to live happier, fulfilling lives."

Gay-Affirming Canadian Psychologists Propose Redefining What Constitutes Child Sexual Abuse

The most recently published issue of *The Journal of Sex Research* (November, 2004) features a study conducted by Kim Bartholomew, Doug Oram, and Jessica L. Stanley.

The study, "Gay and Bisexual Men's Age-Discrepant Childhood and Sexual Experiences," recommends that researchers redefine Child Sexual Abuse (CSA) to a modified definition that includes a consideration of the perceptions of the person who has been sexually abused.

The authors propose a new term, "Child Sexual Experience" (CSE) to more accurately describe the impact that a child sex experience has on the person. They do not believe that consensual, non-coercive sexual encounters between adults and child are necessarily harmful.

The authors sampled 192 gay and bisexual men to find out

if they considered their sexual experiences to be abusive, positive, or neutral. Of the 192 interviewed, 50 (26%) reported a sexual experience before age 17 with someone at least five years or older. Of this 50 men, 24 (49%) perceived "their sexual experiences as negative, coercive, and/or abusive."

The survey was designed, in part, to test whether or not the person who perceived his sexual experience to be negative had more emotional adjustment problems. The study found higher rates of low self-esteem, problems with expressiveness, and problems with nurturance, among those who viewed their sexual experience as negative.

The current definition of Child Sexual Abuse is sexual interaction between a child or adolescent with a person who is at least five years older than the person who is

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being abused.

"The age-based definition of CSA is based on an implicit assumption that CSA invariably leads to harm, an assumption that has limited empirical support," say the authors of the study. "Although on average, people with CSA experiences are slightly less well-adjusted than those without such experiences, CSA accounts for less than 1% of the variance in adjustment. Furthermore, young gay men who described an age-discrepant sexual experience between the ages of 12 and 17 were found to have equally well-developed self-esteem and sexual identity as young gay men without such experiences."

The researchers distinguish between younger males who are molested by older men and who view such encounters as coercive and negative and older teens who engage in consensual sex with older males. The older teens view their encounters in a more positive light and many do not consider themselves as victims of child abuse.

The authors urge researchers to adopt a new definition of adult/child sexual encounters: Child Sexual Experience (CSE). This new definition takes into account the positive, non-coercive experience that many young men feel during sexual encounters with older males.

The authors note that the redefining of Child Sexual Abuse to Child Sexual Experience has important relevance to

young gay males. "Some in the gay community believe that some sexual experiences involving mature adolescents and older partners may be beneficial. ... These sexual experiences may provide these adolescents with the opportunity to explore their sexuality and feel affirmed by the gay community. ... It may be less threatening for young gay males to seek out an older gay male than to risk rejection and possible humiliation from making sexual advances toward a peer."

The authors conclude: "...the standard convention of defining age-based childhood sexual abuse as uniformly negative, harmful, and coercive may not accurately represent gay and bisexual men's sexual experiences. ... gay men with histories of nonnegative, noncoercive childhood sexual experiences with older people are as well adjusted as those without histories of age-discrepant childhood sexual experiences. ... Contrary to popular belief, negative outcomes do not inevitably follow from gay and bisexual men's childhood age-discrepant sexual encounters."

Jessica L. Stanley, Kim Bartholomew, Doug Oram, "Gay and Bisexual Men's Age-Discrepant Childhood Sexual Experiences," *The Journal of Sex Research*, Vol. 41, Number 4, November, 2004: pp. 381-389

Selected Quotes From NARTH Collected Papers, 2004

"As researchers, academicians and mental health professionals engaged in the study and practice of reparative therapy, we are in a challenging position. We face ignorance, strong resistance and rigid bias posed by an intellectual elite and, to an extent, a society that is often unwilling to examine the scientific evidence concerning the origins and treatment of homosexuality. Tragically, some who agree with us have been intimidated into silence.

"In this hostile cultural environment, NARTH members are in a uniquely demanding position because we must be both clinically capable in practice and strategically effective in advocacy. Our mission, per se, is not only to provide counseling, but also to defend the rights of people with unwanted same-sex attractions to obtain treatment, and to protect our professional rights to conduct research, speak and write about our work. Indeed, our professional survival and the future well being of our society may depend upon our efforts." — Edward "Ned" Stringham, Ph.D., "Advocating For Reparative Therapy And Traditional Moral Perspectives Of Homosexuality," NARTH Conference, Washington, DC, November, 2004

"Understanding the developmental nature of homosexuality is not only a better alternative to believing it is a choice, but it is also better in some ways than believing it is solely biological. Believing homosexuality is biologically based is actually quite limiting to homosexuals, and therefore has negative implications. For homosexuals who are not happy in the gay lifestyle, the biological explanation gives no hope for any other option. I have met countless homosexuals who were told by psychotherapists that their condition was unchangeable, despite the fact that they were very miserable and were seeking change. Believing that it is biologically based implies that change is impossible. In a society that highly esteems freedom of choice, it seems ironic that we accept and promote a theory of homosexuality that leaves the homosexual with no other options. Taking away all hope for change seems restrictive at best, detrimental at worst. On the other hand, when we educate we promote the truth that people can seek change if they so desire." — Julie C. Harren, Ph.D., "Educating The Public On The Causes Of Homosexuality," NARTH Conference, Washington, DC, November, 2004

A Psychoanalyst's Perspective: AIDS and The Death Wish

By Gerald Schoenewolf, Ph.D., NARTH Scientific Advisory Committee Member

Ever since AIDS was first discovered, activists have made AIDS a human rights issue. AIDS is viewed by them as yet another way in which gays are victimized. AIDS is a result of the social oppression of gay men, a result of the social stigma attached to homosexuality, which forces gays to go underground and to engage in unsafe sexual practices. It is social discrimination against gays, they claim, that indirectly causes AIDS, since discrimination brings the low self-esteem and depression to gay men that leads to sexual acting out. People should not "blame the victim" or condemn gay men, but rather should be sympathetic to their tragic plight. So goes the gay litany.

But despite gay activist protests, professionals in various fields have pondered the fact that many gays engage in unsafe sex, knowing that it may cause them to become infected with the HIV virus. The phrase, "death wish," has emerged in this connection, as psychologists question whether some gays have an unconscious wish to die. Even some gay groups have wondered about this. However, when they wonder about it, they attribute the death wish to social oppression of gays, whereas psychologists link it to adverse conditioning (traumatic situations) in childhood.

A recent article published in NNPA, a Black news service, reported on a new phenomenon among gay men called "bug chasing." It refers to men who go online in order to invite other men who have AIDS to pass the bug onto them. According to the article, they use phrases such as "breed me," "welcome me to the brotherhood," and "convert me," as though getting AIDS were some rite of passage. The article describes a typical online advertiser, an African-American man, 34, from New Jersey who identifies himself as a "bug chaser." His screen name is "Vertical." He claims to be HIV-negative, but wants to become HIV-positive, preferably by "a down to earth, cool dude with nice thighs."

The article notes the Centers for Disease Control and Prevention (CDC) in Atlanta, has found that HIV-related illness and death has historically affected gay men more than it has any other group. "In 2000, according to the CDC, 13,562 (42 percent) of new AIDS cases were reported among men who sleep with men, compared with 8,531 (25 percent) among IDUs and 6,530 (33 percent) among men and women who acquired HIV heterosexually." In a time

when gay men are being urged to practice safe sex, bug chasers are deliberately taking part in unprotected sex in order to contract the disease.

The article goes on to quote a psychiatrist, Antoine Douaihy, who works with AIDS patients in Pittsburgh. Douaihy says that confusion, depression and mental illness contribute to what he considers self-destructive behavior. "They [bug chasers] are reaching out for some kind of intimacy. They want to feel accepted and a part of something. It's a distorted way of exploring how you can become intimate with someone else." The distortion to which Douaihy is probably referring is the bug chaser's association of intimacy with disease and death; bug chasing would seem to be an ultimate demonstration of a death wish among some gay men.

Freud* laid the foundation for a psychological theory of the "death wish"; indeed, his concept of a death instinct not only in human beings but also in all living matter is one of the cornerstones of his psychodynamic theory. However, Freud's concept is as much about biology as it is about psychology, using biological analogies to explain the death instinct. Writing about the relationship between eros and the death drive, he notes that what eros is aiming at "by every possible means is the coalescence of two germ cells which are differentiated in a particular way. If this union is not effected, the germ cell dies along with the other elements of the multicellular organism" (1920, p. 45). He sees a struggle between these opposing forces in all living matter. On one hand, there is the instinct toward sexual union and life (eros), and on the other hand there is the instinct to return to the nonliving matter from which life erupted (thanatos).

He once stated ironically that, "The aim of life is death." He explains his theory by pointing out that in the beginning there was no life on our planet. When the first living cells emerged, they were probably alive for only a moment and then quickly returned to the inanimate state. The inanimate state is the natural state of being, while life is a kind of aberration. So the moment an inanimate object comes alive, it is conflicted; part of it wants life, but part of it wants to return to its "natural" inanimate state. Speculating on the evolution of the first life to appear on our planet, he writes, "The tension which then arose in what had hitherto been an inanimate substance endeavor-

ored to cancel itself out. In this way the first instinct came into being: the instinct to return to the inanimate state" (p. 37). Still later, he uses sexual intercourse to explain the opposing forces of eros and thanatos: we seek sexual excitement (the life instinct), but when we become too excited we seek release from excitement in the form of the orgasm (the death instinct—i.e., the return to inanimate matter).

Freud went on to link this death instinct with the repetition compulsion and with masochism. To him, the repetition compulsion, as seen in dreams that conjure up a "psychical trauma of childhood," hark back to the wish to return to an inanimate state, or, in other words, to return to the womb. In explaining the connection between the death instinct and aggression he notes, "During the oral stage of the organization of the libido, the act of obtaining erotic mastery over an object coincides with that object's destruction" (p. 39).

This aspect of Freud's theory, linking the death instinct with the repetition compulsion and aggression (in the form of masochism and sadism) may shed light on the psychodynamics of those male homosexuals who would appear to have a death wish. Because of traumatic situations in

their childhood, they develop the compulsion to repeat those traumatic (usually abusive) situations in their adult lives. Often times, such gay men, as children, were sexually or physically abused, and so their sexuality as adults takes on a sadomasochistic attitude. The depression that they feel perhaps contributes to the process, causing them to have unconscious suicidal urges, which they romanticize by viewing the process of getting infected with a deadly disease almost in a Romeo and Juliet manner.

Those activists who want us to see AIDS simply as an aspect of the societal oppression of gay men, and who likewise feel that any analytical study (such as this one) is an attack on gay men, are actually preventing us from understanding and truly doing something about the problem.

*Sigmund Freud, *Beyond the Pleasure Principle*, 1920, (New York, Bantam Books, 1967.)

Dr. Gerald Schoenewolf is a licensed psychoanalyst and head of the Living Center in New York City. He serves as a NARTH advisory member and a member of the American Psychological Association as well as the National Association for the Advancement of Psychoanalysis.

Looking More Deeply at a Study on GLB Substance Use

By Christopher Rosik, Ph.D.

Rarely do contemporary studies of homosexual behavior include variables such as childhood sexual abuse that might give credence to causal attributions of a more developmental or intrapsychic nature. For this reason I was particularly intrigued by a recent study that longitudinally examined the use of cigarettes, alcohol and marijuana use by 156 GLB youths (Rosario, Schrimshaw & Hunter, 2004).

The authors sought to test three hypothesized predictors of substance use by these youth: 1) childhood sexual abuse; 2) the experience of gay-related stress; and 3) aspects of the "coming out" process. Analyses of baseline, 6-month and 12-month usage levels were described as providing no support for the childhood sexual abuse or gay-related stress hypotheses. A significant curvilinear relationship was identified for one proposed aspect of the coming out process, with increasing involvement in gay-related activities associated initially with increasing alcohol and marijuana use and then with declining use as involvement continued to increase.

While this study was touted uncritically in the popular press, a closer methodological and interpretive examina-

tion can yield a different perspective on the findings.

Methodological Limitations

Several methodological limitations must qualify the conclusions of this study, and only two were mentioned by the authors. They acknowledged that the findings may not generalize due to a sample that was relatively small and recruited from gay-focused organizations. The authors provided a less than helpful operationalization of sexual abuse. The sexual abuse variable simply asked if sexual abuse had ever occurred and thus was unable to identify frequency of abusive experiences in childhood. They also provided no descriptive information, such as prevalence rates of childhood abuse for the sample.

Assessment of marijuana and alcohol use was made by asking participants how many drinks or joints they have when they drink or use marijuana. I found this an odd way of measuring these variables. By this calibration, a participant who had three joints on one occasion during the year would score higher than the youth who had two joints every day for the same period. However, the authors

do acknowledge that, "The use and quantity of tobacco, alcohol, and marijuana were widespread and substantial." Frequency of tobacco use for some reason was calculated differently, using a 7-point scale more sensitive to actual frequencies of cigarettes smoked.

It is impossible to tell if the differential manner in which the substance use variables were calculated could have confounded the results, but it is intriguing to note that only cigarette use was found to be unchanged over time. Conceivably, participants' use of marijuana and alcohol could have evolved from rare binges to regular moderate use and yet be considered as supporting a decrease in overall usage levels.

It is also worth noting that the curvilinear relationship between use of alcohol and marijuana and involvement in gay-related activities occurred at the lowest criterion of acceptable significance ($p < .05$).

Interpretive Questions

All researchers bring to their craft a values framework that at least partially determines the relative salience of the various findings discovered. This phenomenon may be present in the authors' focus in the discussion section on the salutatory value of the coming out process for GLB youth substance use. This conclusion was made in spite of only one of the four measures of "coming out" correlating significantly. Briefly mentioned and not discussed at all was a result I found at least as, if not more, theoretically salient: The experience of stressful events related to homosexuality within the past three months was unrelated to substance use in this sample.

The authors' failure to discuss this finding is made all the more surprising by their earlier admission that the experience of gay-related stigmatization is the most widely hypothesized reason for higher rates of substance use among GLB populations. They do not even allude to an earlier analysis of the same database that revealed a similar absence of relationship (Rosario, Schrimshaw, Hunter & Gwadz, 2002). In the 2002 article, the authors do discuss the lack of findings but only offer explanations involving potential mediating variables and assessment restrictions. While these are important considerations, it does appear incomprehensible to the authors that gay-related stress might not play a dominant role in these youth's substance use.

The 2002 article's restricted range of explanatory options for the lack of relationship and the 2004 study's complete lack of attention to the non-significant result may be due to its potential to suggest that the destructive behavior of GLB youth might not be monolithically attributable to societal stigmatization of homosexuality.

Another interpretive divergence I have with the authors' presentation flows from a comparison of the degrees of significance among the study's hierarchical regression findings. The strongest associations ($p < .001$) were between initial and subsequent substance use levels, especially for marijuana. Consider that the most significant result among the coming out factors was a correlation of $r = -.20$ between the involvement in gay-related activities and changes in marijuana use at the 6-month period.

In practical terms, this means that a mere 4% of the variance in GLB youths' marijuana use at this time period was accounted for by their involvement in gay-related activities. Compare this with the earlier regression of baseline marijuana use with marijuana use at 6-months, which correlated at $r = .47$. Thus, 22.1% of the variance in the 6-month use of marijuana was accounted for by the high baseline usage level. Therefore, it appears probably that the most robust finding from this study is that GLB youth who present at baseline with high levels of substance use are likely to continue with high use levels at 6-month and 12-month follow ups.

Conclusion

This study can be commended for a willingness to take seriously possible developmental influences on GLB behavior such as childhood sexual abuse. In doing so, it may also have revealed how the gay-affirmative climate surrounding such research combined with methodological limitations may subtly influence the presentation of findings.

Rather than championing the coming out process as a solution for GLB substance use, a more conservative approach to the data might emphasize the lack of support for the gay-related stress theory and most dimensions of the coming out process, the fairly negligible support for the value of gay-related activities, and the apparently high use of substances by GLB youth throughout the study period. Generally, it appears that these troubled youth, as evidenced by their substance use levels, remained troubled over time in a manner that was unlikely to be impacted noticeably by a variety of dependent variables.

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Social/Political News

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Reparative Therapy Evidence Admitted in California Court

San Francisco Superior Court Judge Richard Kramer has refused to remove statements on reparative therapy from a lawsuit that challenges California law on the definition of marriage as a one-man, one-woman union.

The judge has also refused to allow the city of San Francisco to add any statements to the lawsuit that are designed to refute the statements made by such experts as Dr. Jeffrey Satinover.

The state law currently defines marriage as a **one-man, one-woman** union but this is being challenged by **gay** activists.

City attorney Kathleen Morris told the **San Francisco Chronicle**: "We don't want that hateful stuff to **go into the** record without being responded to." The **Alliance Defense Fund** represents the Proposition 22 Legal **Defense** and Education Fund in defending the state law as **written**.

Gay-Affirmative Public School Teachers/Curricula May Influence Brain Maturation In Teens

By Frank York

Dr. Sander Breiner, a member of NARTH's Scientific Advisory Committee, recently expanded upon a paper on "Adolescent Homosexuality" he presented at the November, 2004 NARTH conference in Washington, DC. (Dr. Breiner's paper is currently posted on the NARTH web site.)

Sexually questioning youth are vulnerable to the derailment of their normal heterosexuality, Dr. Breiner asserted, when they are urged to consider the possibility of being same-sex attracted.

Dr. Breiner's paper dealt with the current scientific knowledge on the development of the brain during pre-teen and teen years as it relates to hormones and emotional maturity. One of the sources for this paper was a book edited by Dr. Ronald Dahl for the New York Academy of Sciences on Adolescent Neuroscience. Dr. Dahl is at the University of Pittsburgh and has written extensively on adolescent brain development.

Breiner noted that neuroscientists are convinced that the developing brain during the teen years is significantly influenced by external emotional and social factors. Stress factors, nutrition, and exercise can have an effect on the reproductive function that can lead to a suppression of ovarian and testicular functions. According to Breiner, "If the stress is chronic there can be a significant suppression of this reproductive axis."

Gay-Affirming Teachings Can Impact Brain Development

In an interview with NARTH's Editorial Director, Dr. Breiner notes that teens typically face stresses and confusion about their sexuality. Teaching gay-affirming ideas to teens can add to the problems they already face. The child who is taught that he or she may be homosexual can be stressed and may react in the following negative ways: hurt self esteem; poor body image; likelihood of depression; anxiety about how they will function socially; and a delayed response in functioning as a heterosexual, which makes their social skills even more limited. Gay-affirming materials "won't make someone homosexual, but certainly will contribute to problems in their development," said Breiner. "Adolescents have enough problems in establishing gender roles and this will increase these problems."

According to Breiner, this isn't simply a social or psychological threat to children but is a neurological problem as well. Actual brain changes take place. He notes that there

is a strong connection between hormonal development and neurotransmitters that send messages for hormonal development. "If the wrong message gets sent, as is likely to occur when external messages are coming from teachers, then the child may experience a delay in proper sexual development."

Dr. Breiner observes that neuroscience studies are clear on this subject yet nothing has appeared yet in the psychiatric or psychological literature to deal with the connection between external gay-affirming messages and brain development.

"I am convinced that gay affirming materials are injurious to children and will add to the psychological problems they already have as a normal part of development," said Breiner. "It is wrong to say that homosexuality is a viable alternative to heterosexuality. If teens are to be protected, they must be given the facts about homosexual behavior, not fantasies from the gay community."

In discussing the development of homosexuality in general, Dr. Breiner observed: "Human homosexuality is a symptom of some unresolved conflicts in a child's development psychologically. It is determined before the age of five, and usually between 1 1/2 to 3 years of age. If the individual has a neurosis, it was organized between ages 3 to 6. If they are of a borderline psychological organization, it was between ages 2 to 3. If they are psychotic, the psychological organization is under 2."

In the conclusion to his paper on "Adolescent Homosexuality," Dr. Breiner observes:

The brain that is developing (pre-puberty to adulthood), particularly in the area that deals with emotional and sexual development, is affected organically by social and physical stress. Homosexual indoctrination (direct or subtle), coercive or seductive can organically affect brain and sexual physiologic development to a modest or minimal degree. It cannot permanently produce homosexuality. However, it can certainly lead to a variety of difficulties commonly including hurt self-esteem, distortions in living, depression, selection of life goals, and other problems. Though the individual may eventually select a heterosexual life position, the preceding years of difficulties in developing and organizing one's life are likely to have more permanent deleterious effects. Therefore, any attitude by society and particularly educators that homosexuality is a reasonable or alternative lifestyle can significantly contribute to psychopathology in this vulnerable age.

Gay Psychologist Urges Associates To Use Psychology As A Liberationist Tactic

The Fall, 2004 issue of the APA's *Division 44 Newsletter*, includes an essay by Judith M. Glassgold, Psy.D. urging her colleagues to think of psychology as a liberationist tactic to fight against social oppression and for social justice.

In an article entitled, "In dreams begin responsibilities': Psychology, agency, and activism," Glassgold suggests that therapists must make psychology "a liberatory experience, to be among those who offer solutions to problems of social justice."

She urges gay psychologists to adopt the philosophy of Liberation Psychology (Martin-Baro, 1994), which is rooted in ideologies from South American countries.

Psychologists must reject seeing individual personal problems and be willing to see these problems as the consequences of social injustice, says Glassgold. Psychotherapists must revise deterministic theories of social issues and "incorporate contextualist models that better explain concepts such as social power, freedom, agency, and resistance."

Gay psychologists must view the world as an oppressive place, and they must resist efforts of outside forces to label them. The goal should be to "create new meanings" and "social definitions" in order to liberate others from social structures that define what is normal or abnormal.

Glassgold believes that any system that says one sexual identity is normal and others are not, is oppressive and must be resisted. "Systems that attempt to define what is 'normal' are systems of stasis that attempt to limit human potential. ... our theories must be embraced tentatively, as metaphors, not reified as truth or normalcy."

"We must focus on making psychology and psychotherapy more than just a Band-aid for broader social problems, but as an intrinsic part of social and personal liberation."

Judith M. Glassgold, Psy.D., "In dreams begin responsibilities': Psychology, agency, and activism," *Division 44 Newsletter*, Fall, 2004, pgs. 5-8.

Science Or Politics?

A friend of mine teaches a course in human sexuality at a large urban university. He told me that a student approached him, told him that he was gay, and asked if he could be helpful in some way. For example, could he introduce the professor to other gay students, whom the professor might want to interview before his class? My friend said he accepted the offer and met with half a dozen or so gay and lesbian students who offered to be interviewed before his class.

"I deliberately chose a husky, very rugged gay man, and a very feminine lesbian."

"In other words," I replied, "You chose an atypical individual to represent each group. Is that good science?"

"I was trying to make a point."

"A scientific point or a political point?"

We have been good friends for many years, and I am sure our friendship will survive this moment of disagreement.

—Louis A. Berman, Ph.D.

Selected Quotes From NARTH Collected Papers, 2004

"The individual's right for self-determination sexually, or for sexual autonomy, is, I am happy to see, inherent in NARTH's position statement: 'NARTH respects each client's dignity, autonomy, and free agency ... every individual has the right to claim a gay identity, and to develop their heterosexual potential. The right to seek therapy to change one's sexual adaptation is considered self-evident and inalienable.'

"I subscribe fully to the aforementioned NARTH position statement. By the same token, it should be unmistakably clear that I harbor no enmity toward gay men and women, none whatever. I respect their right to choose, and I also respect NARTH's mission statement: 'We respect and understand that all individuals have the right to choose their own destiny. NARTH offers hope to those who struggle with same-sex attraction. We disseminate educational material, conduct research, and offer a nationwide referral service. Our goal is to provide accurate information and therapeutic referrals to dissatisfied homosexual individuals, to educate the public, and to promote family reconciliation.'" — Robert Perloff, Ph.D. "Free To Choose," keynote speech, NARTH Conference, Washington, DC, November, 2004

When Propaganda Is Disguised As Research: The Case of Charlotte J. Patterson

By Gerald Schoenewolf, Ph.D.

A recent news article appearing in the *AFA Journal*, sponsored by the American Family Association, was critical of a study of gay and lesbian parenting and its co-author.

The co-author is not a researcher but a propagandist, asserted Joe Glover, president of the Family Policy Network. Glover noted that the co-author of the study, University of Virginia professor Charlotte J. Patterson, is a lesbian living with a female partner and raising three children.

The study, titled, "Children of Lesbian and Gay Parents: Research, Law and Policy," claims that the children of lesbian couples are as happy and well-adjusted as children living in traditional homes. In addition, the study recommends — as steps toward "breaking down legal barriers to maintenance of parent-child relationships in families headed by gay and lesbian parents" — repeal of all sodomy laws, legalization of same-sex marriage throughout the U.S., and legalization of adoption by same-sex couples as well as "second-parent adoptions" (adoption of the children of the other same-sex partner). Such reforms, states the report, "would extend to gay and lesbian parents and their children the legal protections that are now generally taken for granted by other families." In the paper Patterson cites her own research extensively.

Patterson, Glover added, is a radical homosexual activist "who has a clear agenda to redefine what a family is or should be." The article went on to point out that Patterson acknowledged in a newspaper interview that her paper didn't address one of the questions most often asked about lesbian families: do their children turn out to be homosexual? She and others who promote lesbian families have always indicated that such a question is irrelevant because it doesn't matter, since homosexuality, in their view, is simply a variant of normal sexuality. Such questions are dismissed as "homophobic."

The article aroused my curiosity, so I began some research of my own—an internet search of Charlotte J. Patterson. I found that she has been writing on gay and lesbian issues since the early 1990s. She is the co-editor of two books published by Oxford University Press—*Lesbian, Gay and Bisexual Identity Over the Lifespan* (1995) and *Lesbian, Gay and Bisexual Identity and Youth* (2001), as well as the author of a number of journal articles in prestigious journals such as *Child Development* and *Developmental Psychology*. Apparently she is considered the expert on this subject, for the *American Psychologist* cites her as one of its main experts on gay and lesbian issues, and she is the author of an Online Public Interest article by the American Psychology

Association on "Lesbian and Gay Parenting."

This "public interest" article cites a long list of research on various aspect of lesbian and gay parenting. The research compares homosexual parenting to heterosexual parenting, and concludes that there is no significant difference. At one point she does note a difference: children of lesbian mothers report greater symptoms of stress than children of heterosexual mothers. However, she dismisses this difference as "within a normal range."

Typically, Patterson's study of children of lesbian parents are based on interviews with the children in which they are asked questions about their social adjustment, their sexual orientation, and their mood (happiness); these interviews are also conducted with children of heterosexual parents and then compared. In other studies, projective testing is used (such as the Rorshach Inkblot Test). For example, one study involved two groups of 44 children, aged 12 to 18 (children of lesbians and children of heterosexuals). Both groups were said to have similar ethnic backgrounds, family income and parent educational level. The conclusions: no difference in perceived well-being, social adjustment, or sexual orientation (percentage of homosexuality) among these youth.

Sampling Flaws And Researcher Bias

There are several problems with this kind of research. No study of 44 children is representative of the population at large. No matter how well the sampling is done, it can't be representative. According to the National Adoption Clearing House, there are about 6 to 14 million children living with a gay or lesbian parent. How can 44 children be representative of 6 to 14 million children?

The interpretations of projective tests such as the Rorshach, TAT or House-Tree-Person test, are always subject to bias. Given that in this case the administrators of the test obviously have an agenda to find evidence that children of lesbian and gay parents are normal, it is likely that their interpretations of what children project onto inkblots will be colored by their bias. Interviews of children of lesbian and gay parents are not scientific or reliable. Children have a tendency to say what their parents want them to say and to protect their parents. Even most adults do that. All psychotherapists are familiar with this resistance. "My parents were fine and we had a normal family," is a typical statement of somebody going into therapy for the first time. Another frequent statement is, "I don't want to blame my parents." Also, if the interviewer is a lesbian, she may convey to the interviewee that she is looking for a certain kind of answer.

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Responses of Ultra-Orthodox Jewish Women to Lesbian Desires

By Joseph Berger, Ph.D., FRCP, DABPN, DFAPA

Female homosexuality is considered unacceptable in Jewish Law. Although the Bible only explicitly prohibits male same-sex sexual relations, traditional Judaism does not rely upon the Bible alone, but has a whole "Oral" tradition that originated at Mount Sinai, and in that Oral tradition that eventually came to be written down and codified, female homosexuality is also explicitly prohibited.

The Oral tradition was first written down between 1,500 and 2,200 years ago in what is called the Talmud, which consists of the basic laws and guidelines that had been handed down, and the elaborations and discussions by the rabbis, teachers, and judges of the great academies and courts, and the Talmud is considered the basic source work of Jewish authority.

But about 1,000 years after its completion, some of the greatest scholars started putting its main rulings into codified form, taking into account the various adjustments that had been made over the centuries as new questions had come up that had not been discussed directly in the Talmud.

That process has continued until today, and the process of modifying rulings in response to contemporary questions is called the Responsa literature.

The rabbis of the Talmud and the Codifiers all agreed that female homosexuality was also unacceptable, and based their ruling upon a passage that is also biblical, but is *implicit* rather than *explicit*. The passage refers to the Jewish people being instructed not to imitate the ways of their pagan neighbors, and the commentaries specifically indicate that this refers to female same-sex relationships.

For ultra-orthodox Jews tempted by same-sex fantasies and desires this presents an enormous problem.

A fascinating recent article in an Israeli newspaper describes the attempts of three women to "resolve" this problem. The article is based upon interviews the writer of the article conducted with the women who were featured in a documentary movie that was due to be shown at a film festival in Tel Aviv at the end of March and beginning of April 2004.

Most ultra-orthodox women (and men) are brought up in one of two types of families that in practice live almost identical life-styles.

The families are often very large, birth control is discouraged. (My own psychological speculation based upon some understanding of the backgrounds of many of these people is that the wish to have very large families is to replace the huge losses that were suffered in the Holocaust, when 72% of European Jewry was murdered. Most ultra-orthodox Jews in Israel, Europe, and places such as Boro Park, Williamsburg, and Monsey in New York, come from Holocaust-survivor families.)

They live a very intensely Jewish life. The men are at prayer three times a day, and many men are engaged in full-time Jewish learning or teaching or performing some form of ritual community service such as the preparation and supervision of kosher food. The men wear distinctive clothing, usually black in color except that shirts are white. Their heads are covered at all times, either by a large hat or a large black skull cap, and on the Sabbath or Jewish festival days they may wear special hats and/or long black coat-like garments.

Married women also cover their heads, with wigs or cloth. They wear long dresses or skirts — never pants or jeans — and the dresses or blouses have long sleeves. From an early age even young girls wear thick stockings. (In Israel, the temperatures for eight or nine months of the year are usually in the 70s or 80s and for at least three or four of those months may regularly reach the upper 80s and 90s, but the women will still wear these heavy clothes.)

Marriages are arranged, there is no such thing as dating. Marriages are arranged by families or relatives or well-meaning friends or even by professional marriage brokers, and the couple is usually very young. The young woman is rarely older than 18 or 19, the young man in his very early twenties. Within marriage sexual activity is restricted to about half a month, because it is forbidden during the time the woman is menstruating and for a period of at least seven days after that.

Perhaps the most important thing for outsiders versed in psychology to understand about this community is that it is most successful when the people are brought up in that framework from earliest childhood. They see it all around them from infancy, and they know what to expect and how to behave when they become adult. From early childhood boys and girls have been in separate schools, and as teenagers mixing of the sexes is strongly discouraged. Sexuality is not discussed until young men and young

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women are about to get married, when individual instruction by an older person is usually offered. Open displays of physical affection by a married couple or even an engaged couple are almost non-existent.

On the other hand, within this community what most therapists would consider to be old-fashioned attitudes towards physical punishment of children still exist, both at home and in many of the schools, and beatings are not unusual, especially in larger families.

The first of the three women has ten children. She had recognized same-sex desires even before she married and went to various rabbis for consultation. She was given the advice that following the same-sex path was not an acceptable option, that she should marry and try in that way to overcome her same-sex desires. While the author seems to suggest that she didn't think much of that advice, the author nevertheless is fair enough to write that she had asked the woman whether she was not afraid that the rabbi would gossip and reveal her secret in what is a relatively small and closed community, and the woman had responded expressing her gratitude that any rabbi she had spoken with had kept her confidence.

The woman said that she had never experienced sexual satisfaction in her relationship with her husband. She saw it as her marital duty and she had fulfilled that, but that was all.

After ten children she still had her same-sex fantasies and desires. But in a beautiful paragraph she describes how on a Friday night, the night of the Sabbath that is the center of the week and the religious Jew's life, she looks around at her family at the dinner table and she sees and experiences a sense of holiness, and she thinks of the alternative, of herself sitting in a Tel Aviv (the center of secular life in Israel) bar smoking and drinking.

This woman speculates that maybe one day, when the children are all grown up and have left home (as we noted they marry very young in ultra-orthodox circles), then perhaps she will fulfill her same-sex desires, but for now she has sublimated them by leading this life of the dutiful wife and caring mother and has achieved a certain level of peace with herself.

The second woman became aware of her strong same-sex desires early in her marriage. By the time she had four children she found the desires irresistible and had met another woman with whom she was developing a relationship.

She approached her husband and told him, and his initial reaction was that she had to make a choice between him and the other woman, and that if she chose to go with the other woman, then the children would stay with him, the husband.

However, a few days later the husband changed his mind. He came to his wife and told her that he loved her, that he loved his family, and that he didn't want to lose her or break up the family.

He said that he was prepared to have her fulfill her desires with her friend a certain number of times a week and he didn't want to know the details of what they did. As the woman recounts, she didn't tell her husband, and neither did she tell her woman friend any details of what she did with her husband.

The marriage and the family have so far remained intact with this arrangement. The woman goes off to Tel Aviv two nights a week to be with her woman friend, and the rest of the time is with her husband and children.

The third woman is the youngest of the three, still in her late twenties.

She became aware of her same-sex feelings some years earlier, and in spite of receiving similar advice to that given to the other women, that is, to go out with men, marry, have children, she found herself uninterested and unstimulated by the men she met.

Eventually she advertised to meet what she described as a young religious woman similar to her, but her ad was responded to by a totally secular young woman.

However, when they met they hit it off instantly and eventually moved in together. The woman describes the relationship in very positive terms, even to the extent that the formerly secular partner has slowly taken on some religious practices.

But there is one significant poignant disappointment. The young woman yearns for her family to accept her relationship and her partner, and to do so in a public manner, within their own community, the community the young woman grew up in.

Evidently the young woman's parents have met the partner — in Tel Aviv — and acknowledge that she seems to be a very nice young woman. But they have made it very clear to her daughter that she cannot bring her partner to their home or community (which is a relatively short drive or bus ride from Tel Aviv). This is unacceptable and would cause them extreme embarrassment.

That the daughter still maintains a close relationship with her parents is very positive, but in taking her desires much further than the first two women, she has also had to face a painful loss.

The article is fascinating in describing these three women with their different levels of response to what are basically

the same desires. Each of the women shows considerable courage in her own way. The first adapts, but at a certain cost in terms of her own inner needs. The second adapts by trying to have the best of both worlds, but probably at the cost of leaving both partners with a degree of frustration. The third adapts by giving in to her desires, and pays a very different cost to fulfill those desires.

Some years ago, gay activists insisted that they were born "gay" some from religiously Christian or Jewish or other-religion families would say "G-D made me the way I am," and their view received very heavy support from a few scientific claims suggesting a genetic or other biological component causing homosexuality.

But as it became more apparent in recent years that there is absolutely no strong scientific support for any genetic, anatomic, hormonal, biochemical, or other biological causative factor, gay activists have had to retreat, and now some put forward a polemical position of still insisting that there is no "choice," that given the age-old stigmas against homosexuality who could possibly want to "choose" to be homosexual. They thus leave open the question of causation, with a strong implication that there must be "something" of an inherent or biological nature.

The best psychiatric-psychological response is to say that the most likely causative factors are psychological, and that the degree to which any individual experiences their homosexuality as "natural" as "inborn" and without choice, or as something different ranging from fantasies and strong tendencies to experience homosexual activity to predominantly heterosexual behavior with occasional homosexual fantasy and to very limited homosexual experimentation, most probably depends upon the time in the person's childhood that the psychological factors impacted and the strength of the impact of those psychological factors.

The earlier and more powerful the psychological factors, the more likely the individual will experience their homosexuality as "ego syntonic," as "natural," and have no interest in changing and in psychotherapy.

The later and weaker the psychological forces, the more likely the individual will be uncertain about their identity, might have quite successful heterosexual relationships, might marry and become a parent, and only under certain psychological stresses "retreat" into same-sex behavior or preference.

Quite clearly in these latter people there is a very considerable element of choice, that most manifests itself not just in behavior, but in accepting the appropriateness of seeking professional help.

The first and second of these women clearly demonstrates that in spite of the powerful nature of their fantasies they

have had the choice to act or not act upon their fantasies. They have acted differently, and both have also demonstrated very clearly what physicians know which is that as long as the basic physical "plumbing," *i.e.*, genital organs, are in place and functioning normally, then both sexes are *capable* of having intercourse with the opposite sex, whatever they allege their "orientation" to be.

The third young woman at the time the article appeared had not married nor attempted any intimate heterosexual relationships. She had made her choice, to pursue a homosexual relationship. To her, it may have seemed that she had "no choice," that her desires or tendencies were overwhelming. There is no indication in the article whether she sought any therapy with an experienced therapist to see what psychological factors might have interfered with her development towards heterosexuality, what had so deeply impacted upon her to lead to her desires becoming focused only on someone of her own sex. She might very well believe that she was "born that way," that she has no choice.

Each of the women though should be greatly admired, because each of them has made a very courageous choice, whether anyone else thinks that it is a "right" or "wrong" choice. The first woman has chosen to suppress her own desires for the sake of preserving a family. The second woman has chosen to remain in a marriage knowing that she is not fully committed emotionally to her husband and that her husband knows this, and she has also chosen to act upon certain desires that are considered quite unacceptable in the community in which she lives.

The third woman has chosen to fulfill her sexual and relationship desires to the fullest, even though she knows that her behavior is absolutely against the traditions and standards of her family and the community she has grown up in, and she has pursued her desires at the cost of giving up most of her contact with that community and much of her previous sense of closeness and contact with her family of origin.

The stories of these women provide us with much to think about very deeply.

Additional Elaboration on the Development of Jewish Laws and Guidelines:

After Moses received the "Tablets" or "Ten Commandments," Moses remained on Mount Sinai for three forty-day periods, during which — according to Jewish tradition — G-D instructed Moses in all the details and elaborations of the basic fundamentals that were in the written text.

Moses then taught the next generation of leaders and scholars, and subsequently generation after generation continued this tradition of passing orally the wider appli-

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cation of the fundamental principles to all aspects of the life of individual people and of the nation as a whole.

However, with the various disruptions, scatterings, and exiles of the Jews that occurred over the next 1,000 to 1,500 years, the need became apparent to write down this oral tradition, because it was in danger of being forgotten, and learned Jews in different locations were developing differing understandings of the authentic tradition.

The major learning academies of Jerusalem and of the very large community that had developed in what was then Babylon (modern-day Iraq) debated the laws, and the debates and their conclusions eventually came to be written down in what is known today as the Talmud, which actually consists of two parts; the basic legal part known as the Mishna, and the debates of the great scholars known as Gemarra.

The Talmud is considered the basic source work of Jewish

authority.

But about 1,000 years after its completion some of the greatest scholars started putting its main rulings into codified form, taking into account the various adjustments that had been made over the centuries as new questions had come up that had not been discussed directly in the Talmud.

That process has continued until today, and the process of modifying rulings in response to contemporary questions is called the Responsa literature.

Dr. Joseph Berger is a practicing psychiatrist in Toronto, Canada and is immediate past president of the Ontario District Branch of the American Psychiatric Association. Dr. Berger is author of *The Independent Medical Examination In Psychiatry*.

Researchers Claim To Have Genome Scan Of 'Sexual Orientation' In Men

Gay researcher Dr. Dean Hamer and a team of researchers at the National Institutes of Health (NIH) claim to have published the first genome scan study showing a linkage between sexual orientation and genes.

The study, "A genomewide scan of male sexual orientation," is published in the journal *Human Genetics*.

According to the lead author of the study, Dr. Brian Mustanski (University of Illinois, Chicago), "Our study helps to establish that genes play an important role in determining whether a man is gay or heterosexual. It expands upon previous research with twins, which has consistently found evidence for genetic influences on sexual orientation. The next steps will be to see if these findings hold up in a new sample and then identify the particular genes within these newly discovered chromosomal regions."

The genome scan involved 146 families that had two or more gay brothers. The researchers say that there is a statistically significant linkage to sexual orientation in a region on chromosome 7 called 7q36 and the second largest link was on chromosome 8 called 8p12. They also claim to have found a sexual orientation link in the region known as Xq28.

Three NARTH Scientific Advisory Committee members have analyzed this study and have found severe flaws in it.

According to Dr. Gerald Schoenewolf, the study's most noted researcher, Dr. Dean Hamer, is gay and has a pre-existing bias. The report, says Schoenewolf, "is written in

super-scientific language in order to cover up the fact that it's totally biased. There is no balance in the article—no attempt to weigh various evidences or to speculate whether it could be interpreted environmentally. There is not even a mention of the environment. This is apparently a group of very intelligent homosexuals and pro-gay researchers looking for evidence of homosexual heredity."

Dr. A. Dean Byrd came to the same general conclusion after analyzing this study. He notes:

This is a "noble" effort that came up with **nothing**. Although the authors claim that the technology **does** not exist to do what they are trying to do, **most** scientists would be skeptical that they would be "successful" even with the technology. No significant **loci** were found that would identify male sexual orientation. The researchers' attempt to manipulate the data to **come up** with something meaningful was not realized. They find nothing and yet they insist that they **might find** something. Good science begins with a **strong hypothesis** not with a "fishing expedition" which is **interpreted** as something other than for what it is. **Complex** behaviors such as those involved with **sexual orientation** are likely polygenic and multifactoral—at the very most predispositions whose emergence and maintenance is strongly influenced by cultural and **environmental** factors.

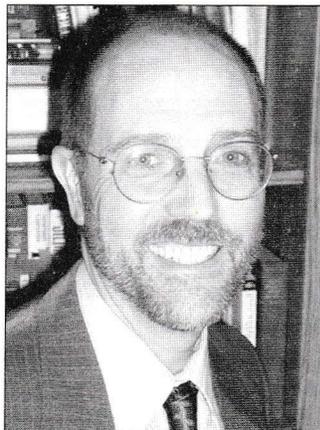
Dr. Sander Breiner also analyzed this study. He notes:

The initial casual perusal of the title and **abstract** would lead one to believe that this study **has proven**

Further Reflections on *The Counseling Psychologist's* Special Issue on Conversion Therapies and Religion

By Christopher H. Rosik, Ph.D.

In September, 2004, *The Counseling Psychologist* came out with a special issue on conversion or reorientation therapies and religion (Vol. 32 [5]). The articles and commentaries included in this issue are important to many NARTH members who are professional therapists with religiously-grounded value frameworks. In what follows, I want to briefly touch on the articles in this special issue, identify some key themes in the articles and from this make some observations regarding the lessons we need to learn from this work.



Christopher H. Rosik, Ph.D.

The introduction to the special issue is provided by Susan Morrow and A. Lee Beckstead from the University of Utah. They clarify that the focus of this issue is to advance the scholarly understanding of why religiously conflicted individuals with same-sex attractions pursue conversion therapies, their experiences of such, and how to provide clinical care that does not add to the existing conflicts.

In the next article, these same authors report on a study of 50 individuals who were Latter Day Saints and sought conversion treatment. They report on the participants' depictions of their motivations, perceptions of the benefits and harms of treatment, and factors that led to the synthesis of a positive identity. They noted that all of the participants made some change in self-acceptance, and attributed this to the client's acceptance or rejection of reparative therapy's principles.

Douglas Haldeman from the University of Washington next presented three clinical cases as a vehicle for outlining a rationale for his "person-centered" approach to treatment of same-sex attractions. He describes this approach as a discernment process with goals that may or may not result in a path similar to gay-affirmative therapy. Erinn Tozer and Jeffrey Hayes from Pennsylvania State University then report on their study of 76 women and 130 men surveyed through the Internet. They concluded that individuals with an intrinsic religious orientation tended to view conversion therapy as a viable option and that internalized homophobia mediated this relationship. In my judgment, however, this relationship may be confounded by the participants tending to be in the latter phase of solidifying a GLB identity and by the construct circularity of the instruments used whereby internalized homonegativity may simply be a measure of devout religiosity.

The special issue ends with a number of commentaries on the main articles. The most helpful of these is by Roger Worthington from the University of Missouri-Columbia, who argues for the need to differentiate between sexual orientation, sexual identity, and sexual orientation identity. His hope is that the debate over conversion therapy may be depolarized somewhat by both sides acknowledging that their treatment focus is on sexual identity and that sexual orientations are relatively immutable. The least helpful commentary is that of John Gonsiorek from Capella University, whose comments seemed to be dripping with condescension and reproach for reorientation therapies and practitioners.

Other commentaries are made by Marie Miville and Angela Ferguson, from Columbia and Harvard Universities, respectively, as well as Julia Phillips from the University of Akron. A brief final rejoinder from the authors of the featured articles ends the special issue.

Key Themes

Positive Themes. To be fair to the authors, there was what I would consider to be a number of positive aspects to the scholarship presented in this issue. Foremost was the clear recognition of the importance and legitimacy of religion and religious concerns in the lives of many persons who seek to increase their heterosexual potential. Haldemann, for example, acknowledges that religious affiliation can serve as an organizing aspect of identity and that not all conflicted religious homosexuals can let go of their conservative religious traditions. More affirmatively, Miville & Ferguson state, "It is sometimes a difficult but no less healthy or adaptive strategy to 'choose' family or religion over an 'out' sexual identity as counterintuitive as that may seem for many psychologists" (p. 769). In fact, Haldeman presented a case where a man he was seeing ended up choosing faith and his family over his sexual orientation.

A second helpful acknowledgment made by at least some of the authors was that legitimate treatment goals and outcomes need not be rigidly dichotomized into committed gay-affirmation or complete change in same-sex attractions. This appeared to be at least a partial nod to the ethical mandate to respect diversity. Haldeman noted that not all clients can enter into or benefit from gay-affirmative therapy and warned that gay clinicians may be at particular risk of countertransference reactions toward conservatively religious clients.

Changes in Identity to be Respected

Changes in client identity, such as codifying one's sense of self around religious faith and values, are to be respected even when same-sex attractions may continue to some degree. There is generally not the impression in this special issue that a conservative religious identity has to be jettisoned in favor of an out gay identity whenever homosexual feelings are not completely eliminated.

A third theme that seemed positive to me concerned the authors' willingness to acknowledge that some clients did report benefit from conversion therapies. This was evident to a sufficient enough degree that in the final rejoinder the authors reported a substantial number of the reviewers of the main articles criticized their proconversion therapy biases. Yet what was most fascinating to me is that none of the authors could in any way approve of such therapy as a viable option. Reading the articles I often felt that I was witnessing these authors going as far as they could stomach in recognizing some clients' beneficial experiences of reorientation therapy.

The male authors in particular seemed wedded to an essentialist view of sexual orientation that per force must explain any client reports of benefit in terms that do not question the unassailable immutability of homosexual orientation. These explanations for reported benefits from conversion therapy included direct or indirect changes in self-acceptance and identity (Beckstead & Morrow), sexual identity management (Haldemann), being in the early stages of GLB identity development (Tozer & Hayes), lacking awareness of unconsciously registered harm (Worthington) and client acceptance of unscientific etiological explanations of same-sex attractions (Phillips).

This apparent willingness to acknowledge client benefit from conversion therapies needs to be further tempered by the fact that many of the authors view such a concession as only a temporary necessity. The ultimate goal is not to enhance the understanding and practice of whatever is therapeutic in conversion therapy, but to create a society in which there will be no religious conflicts concerning homosexuality and no client interest in modifying same-sex attractions. "Until homonegative and heterosexist systems are changed," assert Beckstead and Morrow, "counselors and researchers must develop broader approaches that help those within these systems to value themselves" (p. 688). Similarly, Haldeman concludes his treatise by stating, "Until the world is free of antigay bias and prejudice, we need to be as responsive to all people that are affected by it" (p. 714).

Negative Themes. The most disappointing aspect of this special issue is the complete lack of diversity in the attitudes toward change-oriented therapies. One might hope that in a journal focusing on conversion therapy and religion, the editors would solicit a contribution from at least

one author who had some sympathies toward reorientation treatment and/or a traditional religious sexual ethic. Alas, in this regard the results of this scientific "dialogue" were predetermined. "Despite our wish to avoid contributing to polarization of religious/spiritual and sexual orientations," write Morrow and Beckstead, "all of the authors hold that conversion therapies are based on oppressive, misleading, and unsupportable hypotheses and that such therapies have the potential to cause considerable damage to clients who undergo them" (p. 648). So much for a fair or objective hearing on the topic.

The authors conclude with an outright acknowledgment that their goal was not primarily to be objective: "In light of the fact that we all identify as LGB-affirmative and almost all as either lesbian or gay—as well as "out and proud" about our identities—it became clear to us that it is not possible to choose between objectivist 'science' and politics in the interest of fairness or neutrality." (p. 780).

I only wish the position statements of our main professional mental health organizations concerning reorientation treatments would be so forthcoming about their priorities.

A second theme is the rejection of legitimizing change-oriented therapies as consistent with the ethical principle of diversity. The fact that this argument even has to be addressed by some of the authors suggests that the work of Mark Yarhouse and others on this subject is gaining ground. Gonsiorek in particular seems to react emotionally to the diversity argument, summarizing his view as follows: "The progression, then, seems to be to use a diversity argument to gain acceptance of nonscientific thought as scientific so that diversity of both ideas and people can then be attacked from within psychology. Conversion therapy, then, is a kind of intellectual virus, as it operates within psychology, attempting to trick a host into gaining entry so that it can attack from within using its own mechanisms" (p. 757). By juxtaposing religious values with the principles of science and viewing the former as incompatible with the latter, Gonsiorek creates a handy straw argument. In doing so he seems to adopt a very positivist view of social science and avoids having to acknowledge the well know dictum that "all data are theory laden," as evidenced, for example, in the way the researcher's value presuppositions shape how constructs are operationalized and what hypotheses are considered for testing.

Another theme was the criticism of conversion therapies for their lack of empirical support. Even the supportive studies were dismissed in an offhanded manner. "Thus," stated Morrow and Beckstead, "the research base that supports the effectiveness of sexual reorientation is void of systemic, well-established methodologies that are needed to obtain valid scientific results" (p. 645). They critique the studies by Spitzer and others and point out some valid limitations, but seem unwilling to acknowledge the reality

that the study of gay-affirmative therapies in particular, and homosexuality in general, is replete with these same sorts of methodological drawbacks (e.g., sample selection bias, problematic variable definitions, lack of long-term outcomes). In addition, as I have pointed out many times before, critiques of conversion therapy based on limited research support are a kind of double bind argument. Even as opponents of change-oriented treatments demand more empirical support for such therapies, they display no inclination to offer their considerable access to research funding and technologies to proponents in organizations like NARTH who have comparably miniscule resources. It is thus a convenient if not somewhat disingenuous argument.

Finally, I would consider the most egregious theme of this issue to be the repeated caricature of the motives of conversion therapists. The authors' basic understanding of the belief system of reorientation therapists is summarized most clearly by Worthington:

The proponents of sexual reorientation treatments tend to rely on a common set of assumptions that (a) heterosexuality is biologically, psychologically, and morally superior to same-sex orientations; (b) the "causes" of same-sex orientation (apart from heterosexuality) are known and understood; (c) same-sex orientations are a choice; (d) sexual orientation, apart from sexual orientation identity, can be changed; (e) treatment designed to effect change is not only reasonable and appropriate but also preferred; and (f) the pursuit of "effective" reorientation therapies is needed (pp. 745-746).

Item (a) may be accurate for many change-oriented clinicians. The rejection of this tenet suggests the following assumption for opponents: Anatomical functionality nor emotional complementarity have no bearing on societal preferences among sexual orientations, which should all be equally esteemed (and to believe otherwise is immoral). Item (b) seems to me to be an overstatement. While many of us have etiological perspectives on same-sex attractions that include influences anathema to gay-affirmative therapies, the most reputable spokespersons for reorientation treatments appear to me to hold an interactionist viewpoint, where same-sex attractions are the result of an individualized mixture of biological, temperamental, psychodynamic and environmental factors. Since there is no clinical condition I know of whose cause is completely understood (otherwise treatment would be 100% effective), to accuse reorientation therapists of such hubris is a bit of a slander. Presumably, opponents hold the inverse belief: The causes of homosexuality are unknown and not understandable at present. This would be rather ironic in light of the heavy-handed marketing of the gay gene theory in the normalization of homosexuality over the past 15 years.

Item (c) also reads at best as a caricature and at worst as a smear of the conversion therapist. I am unaware of any professional clinician working with clients in the modification of their same-sex attractions who would hold that all of them have made conscious choices to be gay, lesbian or bisexual. If this were true, then conversion treatment would be primarily a single session venture. The implication is that opponents hold the following view: Choice plays absolutely no role in same-sex orientations. Yet there is ample literature to refute this notion, particularly among lesbians. Clearly, the all-or-nothing view of choice in same-sex attractions is an untenable position given modern scholarship. Item (d) seems accurate as far as it goes, that in some instances clients do appear to experience change in sexual orientation that is beyond simple modifications in sexual identity. Opponents presumably would hold the alternate belief: Only changes in sexual identity, not sexual orientation, can ever occur. Fortunately, this perspective is so extreme that it takes only one case to refute it, and the work of Spitzer and others have amply provided us with such examples.

I believe most NARTH members would agree with item (e) regarding reorientation treatments being reasonable and appropriate when freely sought by the client, though not all might feel these treatments should be preferred. Therefore, I surmise that the opposite assumption held by opponents goes something like this: Change-oriented treatment is unreasonable and inappropriate and should be discouraged (if not banned). At least this much is clear—say good-bye to client autonomy and choice. Finally, I am sure that item (e) would also be endorsed widely by NARTH members. We understand there is a professional obligation to identify the active components of therapeutic conversion treatments and further develop the effectiveness of our work. By way of contrast, opponents appear to hold the following assumption: There is no such thing as effective reorientation treatment so it is useless to try to make improvements. Again, all that is needed to refute this is a single case to the contrary, and there is now such a multitude of data supporting the therapeutic occurrence of change that the open-minded person must acknowledge it.

Given these reported assumptions, which we have seen are not all together accurate, the contributors to this special issue too often proceed to rather wild and alarmist speculations about the ultimate ends of reorientation therapists. Worthington asserts, for example, "the consequence of applying these assumptions to professional psychological practices results in the oppression of SSA individuals" (p. 746). An even more fascinating accusation that of overt promotion of theocracy, is offered by Gonsiorek: "At their core, conversion therapies seek to legitimize the use of psychological techniques and behavior science to enforce compliance with religious orthodoxy" (p. 755).

Moreover, it appears to be incomprehensible to most of the authors that some clients can and do make informed, free decisions to pursue reorientation therapy. "The self-determination argument..." comment Morrow and Beckstead, "is called into question as opponents of reorientation point out the fallacy of choice in a society that restricts the freedom to choose. Specifically, the choice to change-orientation is unclear as long as religious, familial, and societal pressures make same-sex attractions unacceptable" (p. 645). I wonder why this logic is never applied to other facets of religious and societal life. For example, is it not possible for a devoutly religious couple to freely choose to seek therapy that might help them avoid divorce in spite of the fact that divorce is seen as a negative within their religious tradition? Must their faith tradition be revised to where divorce is equally affirmed with marriage before such a couple can be considered able to make a free choice for marital therapy? An affirmative answer to this latter question would seem to be the untenable implication of these authors' sentiments.

Some Lessons We Should Learn

In reading through this special issue and observing the aforementioned themes, I am convinced that this work has some very important lessons to teach NARTH members.

Change-oriented therapies and their practitioners remain a clear target for ostracization and ultimate professional elimination. As Morrow et al., conclude in their rejoinder, "Given that conversion therapies rest on faulty scientific claims and risk serious harm to clients, we contend again that such therapies are unethical, and we agree with Worthington and Gonsiorek that the American Psychological Association (APA) should be encouraged to follow the lead of the National Association of Social Workers and other professional organizations in taking a stand against conversion therapies" (p. 782). Even religiously affiliated training programs can expect increasing scrutiny, as Gonsiorek implied in his ominous sounding observation that, "APA tolerates discrimination on the basis of sexual orientation in some of its training programs but on no other basis—for now" (p. 758). Clinicians thus need to be very cognizant that an activist segment of their professional associations perceives it to be a moral imperative for you to be at least marginalized and preferably forbidden from providing professional mental health services to clients who seek to change.

The version of the gay-affirmative position represented in the journal assumes an obligation to encompass societal change and therefore is committed to being socio-politically aggressive. Their vision for GLB psychological health is that an individual gay-affirmative transformation cannot occur without societal gay-affirmation transformation as well. As Morrow et al. contend, "...there are not individual solutions for social problems; we propose that counseling psychologists have a responsibility to effect change at a societal level if we hope to promote integration within clients in conflict" (p.

780). This may help explain why allowance for scholarly debate, representation of diverse viewpoints, unhurried deliberative process, and acknowledgement of the limitations of social scientific findings all appear to go out the window in decisions such as the American Psychological Association's recent position statement endorsing gay marriage. The presumed moral rectitude of the social change takes precedence over such considerations. This is a fine example of the ends justifying a means wherein the social scientific endeavor is compromised.

The current sociopolitical and professional climate surrounding the practice of reorientation therapies strongly suggests the need for practice guidelines. I think the time has come for NARTH to develop such practice guidelines for at least two reasons. First, we want to promote ethical and effective treatment to clients seeking change. Second, as the special issue displayed, if we do not define what it is we do in our therapy, then opponents will do this for us, and in a derogatory fashion. I would recommend that NARTH authorize a committee to develop a working draft of practice guidelines, and then submit this to the membership for comment before authorizing a final version of the guidelines. The formal guidelines can then be posted on the NARTH web site to be downloaded by anyone wishing to know. Again, this would be instructive for those wanting to learn about and/or practice change-oriented treatments and help prevent mischaracterization of our approach by those interested in discrediting our work. One of my initial suggestions for these guidelines is that they be inclusive enough to encompass our diversity while providing clear rationale for core aspects of treatment. Relevant studies from the scholarly literature could be copiously referenced to underscore the theoretical and scientific basis of treatment. I would further recommend that terms such as "conversion" or "reorientation" be avoided in favor of more specifically behavioral descriptions of what occurs. This permits the recognition of a broader range of treatment goals that are not narrowly limited to defining success only as complete elimination of same-sex attractions. It also avoids aspects of our terminology that may have out grown their usefulness given opponents' significant efforts to stigmatize them.

Practitioners of change-oriented therapies need to be provided with practical tools that can assist them in minimizing the potential clinical, ethical and legal risks of this field. I would like to see NARTH provide for its professional members downloadable forms specific to working with clients seeking change. For example, it would be quite beneficial to have a boilerplate version of a consent to treatment form for same-sex attractions that could be adapted by clinicians according to their unique situation. The availability of such resources to members only might also serve well the goal of continuing to expand our membership base.

The conducting of empirical research must be a top priority for NARTH. No other association has more intellectual

resources (if not always the financial resources) to conduct research from outside the constricted bounds of a blindly gay-affirmative psychology than NARTH. We must do more than merely comment on the research being published (though this is an important function). We have to go beyond this by actually contributing to the scholarly literature and doing so with the utmost professionalism if we are to be taken seriously as a valid voice within the psychological sciences. This research is not aimed at our activist opponents, who are beyond persuasion, but toward the broad middle of mental health professionals who are (at least in private) willing to consider reasoned arguments and are not ideologically wedded to a hostile position in the debate over the legitimacy of change-oriented therapies. Despite the vast resources behind gay-affirmative research, these individuals and institutions do not have easy access to one source of data that we can readily procure—clients who have and are experiencing change in their same-sex attractions. Our research needs in various ways to document these realities and hold them out to our professions so that the experiences of these clients does not get ignored or discounted.

Conclusion

The Counseling Psychologist has provided a useful service by publishing this special issue, although perhaps not completely in the manner the editors may have envisioned. NARTH can be encouraged that the validity of clients' religious values and the possibility of their experiencing benefit from conversion therapy are affirmed in this work. Alternatively, the special issue offers yet another sober reminder that there are powerful forces at work in our professions intent on reshaping the psychological and moral sensibilities of Western culture regarding human sexuality. Therapists who engage in change-oriented treatments and the clients who experience change in same-sex attractions constitute a formidable obstacle to the attainment of this mission, and as such are a prime target for professional delegitimization. NARTH is in a unique position to assist its practitioners through providing professional resources, conducting research, and being a supportive voice in our professions and the greater culture. Collectively, we have a voice that is now more than ever being taken seriously, as I believe is substantiated by the publication of this special issue.

Why Psychology Must Change

By David Blakeslee, Psy.D.

Since its inception, mainstream psychology has largely attempted to present itself as a value-free science of human behavior. As a profession, it has often viewed religion as being both value-laden and inherently an illusion. It appears that the profession quickly chose to emphasize its role as an objective science while encouraging the general public to devalue its reliance on other forms of authority. Some might argue that this was a backlash against a powerful set of institutions which had, at times interfered with scientific inquiry. Perhaps the most widely known example of this is the Catholic Church's "condemning of Galileo as a heretic (Carrol and Shifflett, 2002)," and, in the 20th century, William Jennings Bryan's attempts to suppress the teaching of evolution (Larson, 1997). A stronger argument can be made, however, that Judeo-Christian values were far more beneficial to science than restrictive. They introduced a linear view of history, they challenged the notion of fate and determinism, they preserved Classical thought during the Dark Ages and during the Age of Enlightenment created and organized hundreds of colleges and universities that ignited scientific inquiry.

Nonetheless, a growing body of philosophers and theorists perceived faith, and therefore religion, as a threat to the search for knowledge. If they were correct, they were obliged to diminish the power of the church while increasing psychology's value to the general population. Freud came to the forefront of this effort when he challenged the

role of religion saying, "Religious ideas have arisen from the same need as have all other achievements of civilization: from the necessity of defending oneself against the crushing superior force of nature." In one powerful tome, Freud postulated that faith in God and religion and following its precepts was a form of existential neurosis (Freud, 1961).

As a "founding father" of our profession, Freud's impact appears to have been significant. For example, psychologists, when compared with all academicians, are the least religious. Only 33% of psychologists describe religious faith as the most important influence in their lives, as compared to 72% of the general population. Fifty percent of psychologists indicate that they have no religious preference as compared with only 10% of the general population (Jones, 1994). These discrepancies may have led to two significant problems for our profession: a deep lack of attunement with our clients in perhaps the most central way they understand themselves and the world, and a search for truth that automatically excludes religion as a meaningful source of information.

The Notion Of A Values-Free Psychology Has Been Illusory

In the short run, this perspective has given psychology the impression of being free of bias in its efforts to understand

and improve human behavior and experience. This notion has been further promulgated by the experimental model with its fundamental premise that, for the search for truth to be valid, we must first be willing to abandon our preconceived attitudes, instruction, expectations and beliefs. Psychologists have held that, unfettered by prejudiced human myths and superstitions, they are free to explore human behavior more objectively, and thereby be better able to help people. The notion of a value-free, objective psychology has itself been largely an illusion, resulting in many unintended consequences in both psychological practice and social policy. At a more fundamental level, these perspectives have led to what I would call a forced naïveté that wrongly risks reducing religion to a historic relic and elevating psychology to assume the mantle of authority in most matters of human existence.

I say naïveté because, in the last decade, an abundance of troubling statistics have emerged which call into question the presumed benefits of a value-free or neutral psychology for the consumers of psychology at both individual and societal levels. This alleged value-free psychology has undermined the role of established religious faith in the lives of Americans. Consequently, the institutions of marriage and family have also been greatly weakened, exposing women and children to increased risks of poverty and abuse. I am sure that our intentions were good, but the outcome of those intentions do not bode well for our children, our families, ourselves, and the society at large.

For example, psychology has a long history of authors who have devalued the importance of marriage as a significant general factor in improving the human condition. In 1972, pop psychology books suggested, "If it comes down to marriage and identity, your identity is more important (O'Neill and O'Neill, 1972; see also Bernard, 1983; Gettleman and Markowitz, 1974). In many books of this era, which clearly reflect the prevailing values, marriage is often seen as an archaic institution that empowers men, exploits women and abuses children. Psychology as a profession appeared to indulge rather than critically evaluate such assertions. As late as 1996, texts on sociology and psychology discuss spousal abuse, but not co-habitation abuse. This omission leads the neophyte student to conclude that domestic violence is correlated with the "oppressive nature of marriage," rather than plain old misogyny. Furthermore, they lead to an ill-informed educated class that recommend poorly and naively. The statistics below document some of the psychological costs of these "value-free" recommendations:

- From 1950 to 1995 the marriage rate decreased from 11.1 to 7.6 per thousand. From 1940 to 1990 the divorce rate doubled from 2.0 to 4.7 per thousand (CDC, 1995).
- Boys raised in single parent families are twice as likely to have committed a crime that leads to incarceration

by the time they reach their thirties when compared with boys raised by both their parents (Wait and Gallagher, 2000).

- Between 1965 and 1992 there was an explosion in the rate of violent crimes by youth. Though the murder rate has decreased in recent years, this may be an artifact of longer prison terms and improved emergency room procedures. Arrests for aggravated assaults remain at all time highs (Satcher, 2001).
- Divorce in one generation leads to an increase in illegitimacy in the next. Young women whose parents divorced, for example, were more than three times as likely to have an out-of-wedlock child (5% vs. 17%). Illegitimacy poses risks of poverty, and increased risks of sexual and physical abuse for the child (Waite and Gallagher, 2000).
- Children raised in single parent homes are twice as likely to drop out of high school and these numbers do not improve when a second adult is providing income to the family (McLanahan, 1995).
- No one questions that there has been an increase in reports of child abuse and sexual abuse of children over the past three decades. Clearly, this is partly due to a campaign to increase awareness and therefore reporting of child abuse. What is rarely, if ever emphasized in such reports is that step-fathers, mothers' boyfriends and foster fathers are seven times more likely to sexually abuse female children they supervise when compared to biological fathers (Wyatt, 1985).
- Women in cohabiting relationships are much more likely to be severely physically abused than those in either dating or marital relationships (Stets and Strauss, 1989). It is not marriage that is the "hitting license," but co-habitation.
- The suicide rate for white males age 15-24 has tripled since 1950. For African American males aged 15-19 it has increased an alarming 105% from 1980 to 1996 (CDC, 1999). Women and men in marriages are likely to suffer lower levels of mental illness than their single or divorced counterparts and, contrary to Bernard's (1983) research, wives do not suffer greater levels of mental illness when compared with their husbands (Popenoe, 2002).

Creating A Nightmare Of Self-Destructive Children

Freud accused religion of sacrificing "reality to the projected dream (Freud, 1961)." It appears, however, that during the era of professional psychology, our society has created a nightmare of more asocial, antisocial and self-destructive children. In addition, in its efforts to liberate women, we have exposed them and their children to a nightmare of more

continued on page 28

abuse and poverty. If this rejection of religion as a guide to moral life is a better reality, I struggle to see it. If any other profession, during its ascension, had observed such a decline in the quality of life of its proposed beneficiaries, critics would rightly challenge the value of that profession.

At best, psychology has maintained a stance of neutrality, and demonstrated its impotence in improving the human condition in the face of prevailing social demands. At worst, psychology has significantly contributed to the endangerment of children and women through the propagation of a "value-free" myth that dismantles the overwhelming benefits of marriage and family. Both views are terrible but plausible verdicts as to the usefulness of our profession. In either case, it is time for us as a profession to seriously reconsider the consequences of our own value system and our suspicion of established religious and moral beliefs as an important means of bettering the human condition.

Stanton Jones wrote, "Even if we think about our religious beliefs as biases that we bring to psychological science and practice, we must come to realize first that such biases are intrinsic to our professional activities in that it is our biases that allow us to perceive and understand anything at all, and second, that the most limiting and dangerous biases are those that are unexamined and hence exert their effect in an unreflective manner" (Jones, 1994). It is time for psychologists to examine our "neutral, objective and value-free" bias. It is especially important to do so because our less sophisticated audiences, the general media, our clients and our students, think that when we say we are "value-free," that we are actually value-free and therefore our words can be trusted implicitly. Very often we are asked important questions by those who count on us, and our "value-free" bias colors our recommendations to parents, adolescents, students, politicians, minorities and the poor.

Americans Cannot Afford A Value-Free Psychology

So, why then must psychology change? Because most Americans, and the world, cannot afford a value-free psychology. At the very least, the active ignoring or rejection of religious tenets is a grandiose assertion that religion provides little to no "intelligence" about the human condition. It also flies in the face of the actual data about the positive role that religious beliefs play in the lives of a huge majority of Americans. But even on a practical level, most Americans can only afford a short-term course of psychotherapy. Indeed, most of the world population is very unlikely to be able to afford any form of psychotherapy. The people who need the benefits of our science, the poor and vulnerable, are the least able to afford the treatment. Teaching at our universities and colleges must focus on values that work independent of costly psychological intervention. These "truths" can be shared widely through self-help groups, churches, schools and political groups. The world at large is interested, not in opening psychological clinics everywhere, but in understanding which large

parts of their culture and faith have been **adaptive** in advancing them as a people. In essence, **they would** benefit from understanding the "built-in" **adaptive**, healing psychology that has been present in their **culture and faith** for hundreds and maybe thousands of years.

So, as we consider the role of psychology in the next thirty years, we have to ask whether we will **merely be witness** to the destructive elements of our culture or **actually be able** to help improve the human condition. As **individual** psychologists we have to ask what role we will **play** with each of our clients in treatment beyond just **reducing** problematic symptoms. It is reasonable to assert that the data now suggest that we have an increased **responsibility** and a broader set of obligations as advisors to our clients and the general public.

Psychologists Must Rethink Values-Free Therapy

We have the obligation to explain that many **times immoral** acts lead to or exacerbate psychological **disturbance** and reductions in their quality of life. We have an **obligation** to ponder the ramifications of our neutrality **when a growing** body of evidence exists which should **encourage** us to inform married couples of the importance, **not only** for them, but for their children and our **society at large**, of working on their marriage, and that this **effort has rewards** beyond their own immediate happiness. We have an obligation to warn our adolescent clients of the **growing** body of evidence that suggests that their "**experimentation**" with drugs, premature ventures into **sexual behavior** and opposition to authority figures in **general threatens** to lower the quality of their lives (Mash and Barkley, 1996).

We have an obligation to criticize the **materialism** and hedonism of our popular culture, especially **when our** professional stance of being "value-free" and **non-judgmental** is exploited so that all values are treated as **equal** regardless of their long-term effect. We have an **obligation** to say that we know much less than we purport to **know**, that some our information turns out to be **horribly biased** and that the potential wisdom of religion in the lives of our clients and the general public can play a much **more powerful** role in changing their lives for the better, than can psychology.

- In the future, the credibility of psychology as a profession will rightly be assessed by the general improvements in our society. The health of marriages and the family are inextricably tied together: researchers correctly note, "Each divorce is the death of a small civilization" (Wallerstein and Blakeslee, 1990). Lowering poverty, crime, violence against women, physical and sexual abuse of children are all related to **how** we value the family. Over the next thirty years, **psychology** should deeply invest in marriage and **the family**, through research and advocacy. Here are **some ways** we can shape things through the APA:

We should present and organize a Public Interest Initiative on the benefits of marriage, similar to the ACT project on violence, made available to churches, schools, self-help groups and others. Part of that project should urge couples to seek marital therapy early in conflict, while motivation for reconciliation is still high. In addition to public interest information, it should have three other focuses:

The APA should advocate for a premarital counseling curriculum for prospective couples that includes education about anger management and domestic violence, communication training skills, financial planning, sex education and parenting skill training.

The APA should advocate for a family development program to help new and maturing parents better understand the needs of their partner throughout the life cycle as well as the quickly changing needs of their children.

The APA should officially encourage parents to participate in low conflict divorces, maintain high attunement to their children in the year or two after the divorce and avoid romantic entanglements, which easily marginalize their children's needs.

We should encourage psychologists to receive advanced training in marital and family therapy. Many psychologists leave graduate school as competent individual therapists, teachers and administrators/interpreters of psychological tests. Psychologists who make marital and family therapy an area of expertise should be asked to demonstrate their training in this form of treatment and maintain their expertise through continuing education, consultation and supervision.

The APA should advocate in Washington D.C. to require insurance companies to reimburse for marital therapy as a means of improving one's resistance to mental illness as well as lowering the probability of domestic violence during divorce and other periods of family stress.

Educators who have access to public schools that teach about the family and sexual behavior should make sure that the full benefits of marriage, faith, and family are discussed when compared to cohabitation, divorce and infidelity.

Psychology Can Have A Profoundly Positive Effect

The next thirty years guarantees the expansion of psychology in every American's life and to the larger world outside the Western Hemisphere. As a profession, we have an opportunity to reevaluate what we are suggesting and whether those who trust us will either suffer or benefit from our thoughtful suggestions. Prior to Freud, the health of the individual, the family and our society was often placed in the hands of religious institutions. Those institutions, however flawed, guided man in establishing

the rule of law, dismantling polygamy, elevating children's status from property to people, establishing democracy, abolishing slavery, and encouraging scientific inquiry. Psychology will have a profoundly positive effect on the future as it understands and respects how religion plays that profound role in our society.

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Gay Activism In The Schools

No Name Calling Week?

By Warren Throckmorton, Ph.D.

"There is a special place in hell for people like you!"

These words were directed at me by a teacher during this past summer's National Education Association convention in Washington, D.C. This delegate to the NEA convention made his prediction in response to my presence at the NEA's Ex-Gay Educator's Caucus booth in the convention exhibit hall. His cheery salutation caught me off-guard given the message of tolerance and acceptance I had been hearing around the exhibit hall. This teacher disagreed with my views of sexual orientation and made sure I knew it.

I thought of this encounter as I perused the list of organizations that have teamed up to bring us "No Name Calling Week" during the week of January 24-28, 2005. Based on a fiction book called *The Misfits* by James Howe, the purported purpose of NNCW is to raise awareness among school children of how destructive name calling can be. I noted that the NEA was one of the co-sponsors of the week. I had to chuckle as I wondered if this event would be observed at this delegate's school. While the NEA delegate did not technically call me a naughty name, I don't think he meant his prediction of a special place as a random act of kindness.

Another sponsoring group is the Gay Lesbian and Straight Educators Network. In fact, the president of this group, Kevin Jennings, is also a national spokesperson for the NNCW. Curious, I have read that Mr. Jennings knows how to call a name or two. In fact, several years ago, he used language in a speech to supporters that might have gotten him expelled from many schools. In the speech, Mr. Jennings was audio taped discussing his feelings about those he labeled, "the religious right." Concerning those who disagreed with him, Mr. Jennings told the audience:

"We have to quit being afraid of the religious right. We also have to quit — ... I'm trying to find a way to say this. I'm trying not to say, '[F—]' 'em! which is what I want to say, because I don't care what they think! Drop dead!" (Speech at Marble Collegiate Church, New York City, March 20, 2000).

Mr. Jennings and GLSEN have been called upon by numerous school districts to provide in service training concerning sexual orientation. Perhaps the NEA delegate who talked about my "special place in hell" attended one of those training meetings.

GLSEN's news releases are filled with words like "bigot" and "hateful" and "homophobic" describing people who disagree with them. Hence I am surprised at the choice of Mr. Jennings as a national spokesperson for the NNCW.

Mr. Jennings and GLSEN tirelessly inform us that many students are bullied and verbally attacked at school based on perceived homosexuality. Of course, all such name calling is wrong and schools should insist on a safe environment for all students. However, it does not seem an improvement when the response to name calling is more name calling.

The irony of all of this is that the main purpose of NNCW does not seem to be ending name calling. It is about telling the story of Joe, the "gay character" in *The Misfits*, the book from which NNCW is derived. According to author James Howe, who is gay, he wanted the *Misfits* to put a more positive slant on being gay in middle school.

Thus, ideology is the real issue here and not name calling.

In an interview with author Howe, published on childrenslit.com, he says concerning Joe: "I wanted him to be a kid who sees himself as cool, who sees nothing wrong with being attracted to the boy who sits next to him in art class as opposed to the girl on the other side of him. He understands, as do the other "misfits" in this story, that the problem isn't with himself, it's with the attitudes and ignorance of others."

Mr. Howe's representation of Joe is not simply an incidental device to encourage civility to those who seem different in some way. Rather, it is a clear bid to change beliefs. Mr. Howe wants kids everywhere to come away from this

book seeing “nothing wrong” with homosexuality. In actuality, Joe is not a misfit, he is a teacher, making sure those who disapprove of him get the message that they are plagued with incorrect “attitudes and ignorance.”

Now I know why GLSEN is involved with this event.

It appears that NNCW may be another effort on the part of GLSEN and other event organizers to tell those who object to homosexuality on religious or philosophical grounds to “drop dead.”

Adults: want to end bullying and harassment in the schools? Don't call names, don't pit groups against each other, enact anti-harassment policies covering all students and then enforce them. Oh, and do this year round, not just during NNCW.

No Name Calling Week Revisited

Recently I wrote a column criticizing an event known as “No Name Calling Week.” NNCW is an event created by the Gay, Lesbian and Straight Educators Network to address name calling and gay public policy objectives all at once. Since the publication of the column, an Associated Press story on the event by David Crary quoting my objections has been widely circulated. As I write this column, we are in the midst of the NNCW in many middle schools. However, many of those who have responded to my thoughts apparently are not celebrating NNCW. I think they must have things confused. They must think this week is “Call People You Disagree With As Many Names As You Can Include In An Email Week.” A short hand for this alternative observance might be: “Call Throckmorton A Nazi Week.”

No matter, I have thick skin. I won't react with cries of Throckophobia or some other slur. But I think I will give this another try.

It may surprise some that I originally considered endorsing NNCW when I first learned about it last school year. Furthermore, I have spoken in schools and youth groups against name calling and harassment and believe it or not, specifically speaking against the use of the insult “fag” and derogatory use of the term “gay.”

However, after I explored the NNCW website and read *The Misfits*, the book on which the week is based, I decided against an endorsement. Essentially, I decided that this intervention served ideological ends much more so than educational ones. Moreover and perhaps more importantly, I believe this intervention is likely to hamper efforts that could be much more effective.

The ideological purpose is to change beliefs about homosexuality. The author of *The Misfits*, James Howe made this end clear when he said in a *childrenslit.com* interview con-

cerning Joe, a gay 7th grader featured in the book: “I wanted him to be a kid who sees himself as cool, who sees nothing wrong with being attracted to the boy who sits next to him in art class as opposed to the girl on the other side of him. He understands, as do the other ‘misfits’ in this story, that the problem isn't with himself, it's with the attitudes and ignorance of others.” If you disagree, you're ignorant. Indeed, the book depicts a we-they mentality that does not seem to be about tolerance but as the author said, is rather about exposing “ignorance.”

Associating an attempt to change beliefs with an anti-name calling campaign reveals an interesting but I submit fallacious assumption.

Let me frame this assumption via two questions. Do bullies harass gay kids primarily because bullies believe homosexuality is wrong? If we convince everybody that homosexuality is of no moral or practical consequence, then will the bullying cease? The basic premise of school based efforts to change beliefs concerning homosexuality is that bad beliefs are the primary causes of maltreatment of kids who identify as gay. So, the thinking goes, if schools get students to see the GLSEN light then all the bullying will stop. I believe this approach is misguided and insulting to those who have traditional views of sexuality.

My research suggests that beliefs about homosexuality have no necessary relationship with the likelihood that young people will harass those who appear to be or identify as gay. So attempting to “re-educate” students concerning homosexuality may confuse and stigmatize traditional teachers, parents and kids, but it will do little if anything to prevent bullies from finding kids who appear weak and vulnerable. Do we really think that the reason bullies attack kids with large ears or smart kids or obese kids is because bullies believe the wrong things about ear size, intelligence or obesity?

Remarkably, research has shown that many people who harass gays do not have negative beliefs toward homosexuality. Of course some bullies do have such attitudes, but for the most part, bullies bully because they can. Kids who harass other kids are primarily looking for a weak link in the social chain. Thus, NNCW may change the beliefs of some toward homosexuality but this alone will not prevent bullying.

Amazingly, the prime sponsor of the NNCW and similar events such as the Day of Silence, GLSEN, is aware that there is no evidence that such efforts work. I have asked GLSEN for the research backing for these belief change programs and they have had the integrity to admit that there is none.

The prime problem with NNCW is that the effort to change the beliefs of the masses moves the focus away from where research shows it should be – on the perpetrator. Victims

need assistance and support to be sure but the key to solve the harassment problem in schools is to intervene with the bully.

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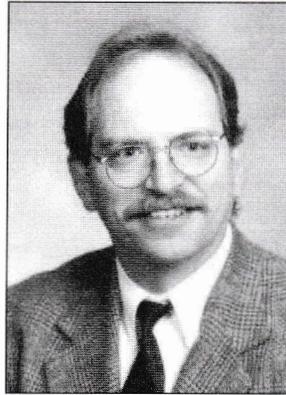
Psychologists Analyze Pro-Gay Curriculum Considered In Montgomery County, Maryland

Dr. Warren Throckmorton and clinical psychologist David Blakeslee have just published a critique of a health education curriculum that was adopted by the Montgomery County school district in Maryland this year.

The study, "Health Education as Social Advocacy: An Evaluation of the Proposed Montgomery County Public Schools Health Education Curriculum," outlines numerous flaws and unsupported assumptions about homosexuality and sexual orientation in the materials, which are part of the curriculum.

In late November, the school board voted 6-0 to adopt the recommendations of a Citizens' Advisory Committee on Family Life & Human Development. The 29-member committee made final a decision on the recommendations this year.

Throckmorton and Blakeslee point out a variety of problems with the curriculum as currently written. In their Executive Summary, they observe that the section on contraception unnecessarily presents some material that may serve to promote sexual activity. The sections on same gender attraction "is based on a theoretical orientation, called essentialism, which does not represent a singular consensus of opinion in the social sciences and research community concerning sexual orientation."



Warren Throckmorton, Ph.D.

In addition, the authors observe that the health materials do not adequately prepare students "for the additional risks they may encounter: higher levels of mental illnesses and substance abuse, higher levels of STD's." The curriculum also wrongly assumes that the harassment of gays will be ameliorated through this educational process.

"We do wonder why the risk factors attendant to a gay identity were not more obvious in the health education curriculum. This omission seems particularly troubling since the curriculum is supposed to be designed to help protect children during a vulnerable time. For example, recent research suggests that those at highest risk for HIV infection, young men with many sex partners, appear to be the least likely to have changed their sexual behaviors since the onset of the AIDS epidemic. Despite being just 2-3% of the population, gay and bisexual men accounted for 44% of new HIV cases reported between 2000-2003."

The curriculum is also faulted for using source documents on homosexuality provided by gay advocacy organizations that have a political agenda. "Furthermore, curriculum resources completely omit scientific information, published in peer reviewed journals, which differ from the positions of these political advocacy organizations," say Throckmorton and Blakeslee.

'No Name Calling Week' Cited As Misguided Gay Activism

Dr. Warren Throckmorton and Brenda High, executive director of Bully Police USA have publicly questioned the usefulness of "No Name Calling Week," created by the Gay, Lesbian and Straight Education Network (GLSEN) in association with Simon & Shuster, publishers of *The Misfits*, written by gay author James Howe. His book tells the fictional story about a gay student in a middle school.

"No Name Calling Week" in public schools was held

January 24-28. The alleged purpose of this week is to protect children from being harassed or called derogatory names.

Dr. Throckmorton and Mrs. High, however, question the motives behind "No Name Calling Week." According to High, "It is not the job of the school to desensitize students concerning moral values. Strategies such as No Name Calling Week that focus on social advocacy do nothing to

keep schools safe for ALL students.”

Dr. Throckmorton agrees. “‘No Name Calling Week’ has an admirable objective but a dubious methodology. By basing the event around a book that has its purpose to change beliefs about the controversial issue of homosexuality, the organizers are asking schools to become involved in social advocacy first and education second, if at all. Furthermore,

the book, *The Misfits* is developmentally inappropriate for children targeted by the No Name Calling Week, grades 5 through 8,” said Throckmorton.

Dr. Throckmorton notes that the No Name Calling Week sponsors are using name calling as a tactic to meet social advocacy objectives.

On Helping Women With Same-Sex Attractions

By Janelle Hallman, M.A., LPC

Every woman who has or has had same-sex attractions and emotional dependencies is absolutely and wonderfully unique and special. They have various backgrounds, families of origin, experiences, personalities, character traits, relational styles, professions, appearances, marital status, developmental needs, abuse histories, religious upbringing, and talents and gifting. They were little girls at one point. They innocently looked up into the eyes of their mom and dad, just like you and me, longing for love, comfort, attention, hugs, patience and understanding. Many of their stories are not so different than yours and mine.

Betty, the oldest of four, was essentially raised by a single mom the first four years of her life. Her dad, a military man, was stationed half way around the world. He could only visit his new family once or twice a year. As an infant and young child, for some reason Betty would cry and cry. Betty’s mom, like many moms in her generation, followed the suggestions of the most authoritative pediatrician at the time. According to “Spock,” moms shouldn’t pick up a baby every time he or she cries. It might spoil the child. So while Betty’s mom’s heart ached to comfort her child, she tried to follow the then very socially accepted rules on becoming a “good” mom. She left Betty alone to cry until she could cry no more.

Once Betty’s dad returned from his military service, she and her parents moved into a small house. Babies started being born almost as often as the family moved. The moving continued throughout Betty’s school years, as well as her dad’s ongoing traveling due to his new career. During these years Betty had a need to know that mom (and most likely dad) was okay. If mom was okay then Betty knew she would be okay. She did everything she could to help her mom. In a way she became her mom’s protector and caretaker. Betty, in fact, was sort of like a little mom *and* a little husband.

As Betty grew, so did her resentment towards her dad. Dad didn’t know how to respect women, let alone his little girl. He often drank too much. And during his intoxicated high, he often touched Betty too much. Betty’s longing for his love and respect turned to confusion and disgust.

Betty began to avoid him as much as possible.

As Betty matured and moved out on her own, her eyes were still searching for the attention, care and affirmation that were simply not adequate to fill her up as a child. She would longingly gaze into other eyes, male and female, and wonder, “Do *you* see me? Am I important to *you*?” Until one day, she saw the look of recognition on another woman’s face. The glance said, “I *do* see you. You are absolutely beautiful and I would love to get to know *you*.” Betty’s heart melted. And before too long, they became lovers.

Betty neither “chose” to become a lesbian nor was consciously defiant towards God as her heart simply followed what seemed the most normal and natural course, to rest in a tender and caring relationship that was finally touching some of the hungriest places in her soul. She was merely surviving and doing the best she could at the time.

Betty’s last lesbian relationship was over 15 years ago. She lives a life full of friendship, male and female, meaning and purpose, service to others, and richness in community and solitude. Betty has returned to her innocence and knows, beyond a shadow of a doubt, she is loved to the core.

Betty’s story, while very unique, also bears themes that are common in many of the histories of other women with same-sex attractions and relationships. It should be noted here that while the women do often share common themes in their stories, similar strengths and therefore survival strategies, women with same-sex attractions and dependencies should *never* be stereotyped or squeezed into a “box.” Like everyone else, they want to be known for who they truly are, apart from their sexuality or confusions and conflicts. Fortunately, these women are often extremely intelligent and intuitive and can tell if you are “seeing” *them* or merely viewing them distantly through the lens of a label, preconceived notion or theoretical model. They might even let you know, in no uncertain way, that you “don’t get it,” or don’t have any idea who they really are.

While I certainly do have theories about female same-sex

attractions and dependencies, when I am with a woman in my office, I choose to let go of my models and theories so that I can have a *real* encounter and meet the special person in front of me. I do not want to "miss" her.

As a counselor and as another woman, I want to get to know *her*, not just her same-sex orientation or struggle. I want her to know that *she* is important, and that I am not sitting with her simply because she thinks her sexual attractions or orientation needs "fixing." I sit with her because she matters. She has value.

As a counselor committed to the ethics of my field, I want to encourage growth and development in *all* aspects of her life, promoting *her* welfare and honoring her particular history and life experience.

As a counselor and as another human being, I want to respect her human dignity. She may not be sure what she wants to "do" with her same-sex feelings. The emotional draw to other women reaches down into the very core of her being and therefore seems to be an integral part of who she is. I want her to know that I am committed to work with her regardless of where she is at in her decision-making process or final decision with respect to her same-sex feelings and relationships.

In addition, as a counselor, I want to be committed to *her* as a person and as a client, *not* to a particular therapeutic outcome. I reassure her that I will not place my values or any demands or expectations on her with respect to her same-sex emotional or sexual orientation or struggle that would, in any way, violate her dignity or condition or impede our ongoing work together. Again, I make a commitment to *her* for the long haul, not to a result.

A History of Hope

The fact that work with an SSA woman is potentially unique and different than "standard" therapy, pastoral care or support of other men and women, is put to the test when we are confronted with our current cultural milieu around homosexuality. There is a loud voice in certain academic and professional circles that is threatening, especially to new mental health professionals, claiming that supportive or "reparative" therapies for men and women in conflict with homosexual feelings or behaviors is not only damaging, but in violation of professional standards and ethics.

The groups who decry "reparative," "conversion" or "reorientation therapy" as harmful and damaging primarily rely on the assertion that sexual orientation is an innate and therefore immutable aspect of a person's core self or identity. They also assert that "there is an absence of compelling empirical evidence to support the practice of conversion therapy. There is no compelling evidence to suggest that it is possible to reorient an individual." [1] They also offer firsthand reports of homosexual men and

women who claim that change is not only not possible but to attempt, is damaging to one's personhood and self respect.

The groups who provide and endorse "reparative therapy" do so based on historic clinical success in treating homosexuality and the scientific studies that support the assertion that sexual orientation is not a determined asset of one's core self, but arises out of a combination of inherent (biological), developmental and environmental influences and therefore can evolve, develop, be altered and change.

Many recent books and articles have thoroughly detailed the current scientific debate about the causes of homosexuality (both biological and environmental) as well as the research done thus far on whether or not change is possible. Other books and articles review the history of the American Psychiatric Association's treatment of, internal politics, decisions and resolutions regarding homosexuality.

Female Sexuality and Freedom of Choice

Sexual orientation has been defined by some psychologists as a "continuous, rather than a dichotomous variable." In other words, even though a person may be primarily oriented towards one particular sex, they often experience sexual attraction towards or engage in sexual behavior with both sexes. These practitioners claim that "Sexual attraction is best conceptualized as being on a continuum." [2] Actually, "Theorists and researchers from Freud onward have demonstrated that the boundaries between sexualities are quite fluid and that many more people than those who label themselves bisexual manage to experience multiple forms of sexual expression with partners of both sexes despite cultural dictates and institutional arrangements." [3] Setting aside the moral implications of such realities, sexuality, sexual attractions and sexual behaviors are often flexible or fluid, or in other words, can *change* for many people across time. This seems especially true for women.

While both male and female are created in the very image of God and therefore boast of equal dignity, value and even purpose within His Kingdom, men and women are unique and different, in many ways. One of these ways is how men and women view and express their sexuality. Generally speaking, men tend to emphasize and act out on the behavioral component of sexuality much more than women. This can be seen in the statistics of men vs. women struggling with sexually compulsive or addictive disorders.

Women, in general, tend to emphasize or act out on the emotional or affectual component of sexuality, focusing on the quality and nature of the relational connection as the basis for sexual involvement or activity. It is this emphasis that allows for an even higher degree of flexibility or fluidity within their erotic relationships.

Jan Claussen, a former lesbian speaks of this fluidity as "an

instance of human self-making." "...there's a logic to my erotic choices that relates very closely to what's happening in other areas of my life." [4] She believes women have more of a choice with respect to not only the individual but the gender of the person with whom they will sexually relate. Granted, some of you may object to the liberal ease of moving in and out of homosexual or heterosexual attractions and relationships, nevertheless, within the experience of many women, religious or not, is at least the ability to understand the ease with which to establish a female to female relationship as well as its inherent power in terms of satisfaction and meaningfulness even apart from sexual feelings or affection.

So, if sexual attraction and involvement can be fluid due to one's inner impulse and desire, then logically they can certainly be fluid due to one's choice or intentionality. This facet of female sexuality is one more basis or support of our work with women actually *in conflict* with a current pattern of sexual attraction or involvement. "If considerable swings in sexual orientation can happen without therapeutic intervention, it makes sense they would be even more considerable if they are therapeutically encouraged in a motivated person."

Claussen, who believes it is perfectly fine to be either straight or gay, acknowledges that since "a person's sexual partners would seem no more relevant a gauge of his or her basic nature than would a host of other habits, preferences, and tastes," people who move within the fluidity of sexuality and *change* their sexual attractions should not be bullied as "border-crossers." "What's got to stop is the rigging of history to make the either/or look permanent and universal." It is indeed unfortunate, that while the secular community agrees sexuality is fluid and therefore subject to change, it only allows for "change" in one direction.

More and more researchers are beginning to explore and write about the trend of heterosexual women who have been in sometimes long term heterosexual marriages, nevertheless, often later in life, realizing that they feel much more comfortable and nurtured in relationships with women. The researchers assert that these women "are also undergoing or have undergone a *transition* from a heterosexual to a lesbian life pattern."

Transition is typically synonymous with the word "change." Gay affirmative therapists would, of course, welcome and encourage these women to explore their same-sex inclinations, yet would question with skepticism a woman who has had five lesbian lovers, but is now at a stage in her life that she would like to "undergo a transition from a lesbian to a heterosexual life pattern." Their skepticism in this regard is indeed a fatal inconsistency in the theoretical basis of the pro-gay therapeutic community. While heterosexuals are welcomed into the community of bisexuality and homosexuality, lesbians experimenting or intentionally moving towards heterosexuality are warned

by well-meaning gay affirmative therapists, disbelieved if indeed they find heterosexual relating satisfying and meaningful and often rejected by their gay and lesbian friends.

At best, only lip service is given to the freedom of the client to pursue whatever sexuality they so determine to be in their best interests. For example, one author states: "*Clients have a right to hold whatever opinion suits them about the subject.* It is, however, incumbent upon mental health professionals to inform ourselves, so that we do not unintentionally implant or reinforce damaging views that are not empirically supported." [5] (emphasis added) The author is alluding to the damaging view that "change is possible." Yet she herself is the one who refers to the fluidity or changeability of sexual boundaries. This bias and inconsistency is not only being tolerated but is used as a part of the "indoctrination" of new mental health professionals.

In discussing their work with "once-married lesbians," Bridges and Croteau (1994) note that we as counselors need to help our clients "to realize that sexual orientation, may, but does not necessarily, fall into one of two neat categories that remain stable over time. ...The counselor should help the client see that there are many possible options for defining and understanding one's sexuality. The client can thus feel free to discover and shape an identity that fits her at that point in time." [6] This is a quintessential representation of the fluidity of female sexuality *and* respect of a client's right to choose.

Dr. Douglas Haldeman, a popular writer and lecturer on the competent and ethical treatment of lesbian, gays and bisexuals in psychotherapy, notes that indeed, there can be a real conflict between a man or woman's religious identity and their sexual orientation apart from cultural anti-gay sentiment. He states "The rights of individuals to their diverse experiences of religion and spirituality deserve the same respect accorded sexual orientation." While not personally supporting conversion therapies, he notes that it may be "less emotionally disruptive, for an individual 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." Finally, he concludes, "However this distinction between religious identity and sexual orientation may be viewed, psychology does not have the right to interfere with individual's rights to seek the treatments they choose. ...Psychology's role is to inform the profession and the public, not to legislate against individuals' rights to self-determination." [7]

Therapy for the Sake of Therapy

Every woman who walks into my office deserves my respect and the freedom to choose the life that *she* wants. The last thing a new client or woman in pain needs is for me to obsessively focus on her same-sex attractions in an effort to affirm *or* disaffirm, apart from first acknowledging

and understanding all of the other aspects of her life and especially the deeper needs or reasons that brought her into my office in the first place. Remember, she will most likely sense if you are coming to her with energy to change, convince or fix her. This type of energy, of course, can strip her of her human dignity and right to choose. Your unconditional love, acceptance and genuine desire to *understand* her choices will provide the safety in which she can explore, accept or challenge her choices.

To begin the work of therapy, I first make a genuine effort to *know, build trust and establish a real authentic and caring relationship with the unique woman sitting in my presence.* Second, I will attempt to help her identify and resolve hurts, bring clarity to innocent confusions or inner conflicts, confront false beliefs, determine her true beliefs, unravel unhealthy relational patterns and expose blocks to meaningful intimacy. This is how I would proceed in therapy with any client.

The **goal of therapy** with a woman who struggles with female same-sex attractions and dependencies is *not* sexual arousal by a man but is the apprehension of her true identity and deep heart, the strength and core stability to walk through the ups and downs or ebbs and flows of life in terms of intimacy and closeness within her same and opposite-sex relationships. It is to help her reach a place of security within a broader healing community and within her own sense of self so that she does not trigger and live out of a desperate clinging or grasping for security outside of her self. It is to invite her into a radical self-love and self-acceptance that frees her to live an other-centered life vs. being consumed with getting her own needs met. If you and she both operate from a spiritual perspective, it is to direct her to the Truest Lover of her soul, and to support her as she determines her life's ultimate purpose and meaning. It is to bless her with existence, attachment, love, friendship, fellowship and an enduring belief that "she is okay" and that "she is a blessing," just as she is.

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'Born That Way' Theory

'The British Journal Of Psychiatry' Publishes Study On Mental Illnesses Of Gays And Bisexuals

"Rates and predictors of mental illness in gay men, lesbians and bisexual men and women," has just been published in a recent issue of the *The British Journal Of Psychiatry*.

The study surveyed the range of mental health problems faced by gays and bisexuals in England and Wales between September, 2000 and July, 2002. The surveyors interviewed 2,430 gays and bisexuals over the age of 16 years.

The study found that compared with bisexual men and women, gay men and lesbians had significantly higher levels of same-sex attraction, fantasy and sexual experience

and were more comfortable with their **sexuality**.

It also found that of the 1249 who responded to questions about experiencing acts of hostility or **discrimination**, 83% reported having experienced **property damage**, personal attacks, verbal insults during the past **five years** or **bullying** at school.

In addition, the study found high rates of **planned** or actual deliberate self-harm [suicide] and **high levels of psychiatric morbidity** (42% of gay men; 43% of **lesbians**; 49% of bisexual men and women).

Table 2 of the report listed statistics on how many gays and bisexuals were attracted to members of the opposite sex or had sexual experiences with members of the opposite sex.

The statistics indicated that among gay males, 5% were predominantly attracted to the opposite sex; while 3% of lesbians were predominantly attracted to males. Eight percent of gay males had also experienced intercourse with both sexes equally or the opposite sex; and 26% of the lesbians had engaged in sex with males and females equally or with the opposite sex.

Dr. John R. Diggs, Jr., author of *The Health Risks Of Gay Sex*, has looked at these statistics and asked the question: "If 26% of lesbians said they had sexual experiences primarily with men or both sexes equally, why are they called lesbians?"

Dr. Diggs questions how the researchers determined their definitions for gay, lesbian, or bisexual, especially the term "bisexual, since most so-called gays and lesbians are, in fact, bisexual."

The study found that gay men were also more likely than bisexual men to have used drugs in the previous month. Diggs observes that "High rates of drug use likely expose one to higher rates of violence."

The report concludes with the observation that younger gay, lesbian and bisexual men and women "were more at risk of exposure to acts of discrimination or hostility, and gay men and bisexual men and women under 40 years old were at higher risk of mental disorder, harmful drinking and deliberate self-harm than older men. Our findings support the need for strategies that raise awareness of the vulnerability of gay, lesbian, and bisexual individuals to psychological distress and self-harm."

Dr. Diggs, an African-American physician, disputes this conclusion: "The link between discrimination and psychological dysfunction is tenuous. For decades, black folks have been subject to discrimination but have had lower rates of suicidality in the U.S [than whites]. It has risen since the 1960s but is still lower than the white population."

NARTH Scientific Advisory Committee member Dr. Richard Fitzgibbons, observes of this study: "Here we have a typically politically correct conclusion. Unfortunately, the literature is ignored on the morbidity associated with a lifestyle in which rampant promiscuity, inability to maintain commitments, substance abuse, physical abuse and narcissistic use of others are the norm, as well as significant childhood and adolescent sadness and insecurity."

American Study From 2003 Found Same General Results

The authors of *The British Journal Of Psychiatry* study referenced a 2003 study published by Susan Cochran, J. Greer Sullivan and Vickie Mays in the *Journal Of Consulting And*

Clinical Psychology, (Vol. 71, No. 1, 53-61).

In the Cochran study, researchers surveyed the use of mental health services by gays, lesbians and bisexuals in the U.S.

The study found the following:

Gay men and bisexual men were more likely than heterosexual men to be diagnosed with at least one of five mental health disorders and 20% of gay-bisexual men were comorbid with two or more disorders.

Lesbian-bisexual women were more likely than heterosexual women to report mental health-related problems in the year prior to being interviewed. 24% of the lesbian-bisexual women were comorbid for two or more mental disorders in the previous year.

The authors conclude that "minority sexual orientation" is a risk factor for mental disorders and the use of mental health services. Why? "The cause for this is not known; however, there is reasoned sense that it might be related to the effects of social stigma surrounding homosexuality or the subtle ways in which the lives of lesbians and gay men differ from those of heterosexual women and men."

In a study on lifetime suicidality among gay males, published in 2000 in the *American Journal Of Public Health*, Cochran and Mays observe that "early identification of oneself as homosexual may be correlated with higher rates of psychological distress."

They also observe: "This current study also suggests that men with lifetime histories of same-sex, sexual partners may well be at somewhat higher risk for a lifetime diagnosis of major affective disorder than exclusively heterosexually experienced men, although the small sample size is an important limitation on our ability to detect such differences."

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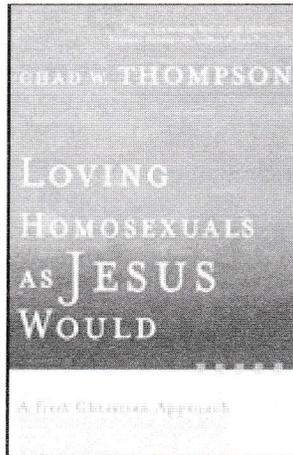
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Ex-Gay Looks At Ways To Minister To Homosexuals As Jesus Would

Reviewed by Frank York

Writing on the back cover of Chad Thompson's new book, *Loving Homosexuals As Jesus Would*, NARTH Treasurer David Pruden says this:

Chad Thompson is one of a new breed of writers who has the courage to confront conventional thinking about homosexuality. He challenges both the gay and lesbian community, as well as traditional Christians, to end the "homophobia" that requires those who experienced unwanted same-sex attractions to remain silent and shackled in a world of shame. This new book sounds a clarion call of liberation for all those who feel trapped by their feelings and want to find a way out.



invite homosexuals into their homes for dinner; attend a gay pride rally to build relationships with them; assemble a group to visit AIDS patients in the local hospital; invite homosexuals to Bible studies; invite gays to speak at a forum on homosexuality to discuss the problems faced by gay teens.

Conservative-Interest Groups

Thompson expresses concern that there are many conservative-interest groups that are contributing to a mischaracterization of gay people. He quotes Cal Thomas in *Blinded by Might* who warned against conservative

Thompson observes that Christians can engage in promising dialogue with gay activists by loving them unconditionally—whether or not they wish to change their sexual orientation. He has found in his own experiences speaking before hostile audiences that once he lets them know he genuinely loves them—without conditions—they are far more likely to listen to his message of hope.

He says, "Our kindness in such moments will add more to the credibility of our message than the best academic reasoning will ever achieve. Yet, so often, these moments are lost."

Thompson urges Christians to adopt the philosophical strategies implemented by the Apostle Paul in speaking to different audiences in the First Century. Paul tried to find common ground with non-believers and frequently quoted from the writings of pagan philosophers in order to connect with his audiences. Paul used this technique when preaching the Gospel to the Athenians on Mars Hill.

The author warns Christians against using language that will alienate the listener. He notes that while homosexuals use such terms as "love" and "relationships" to describe homosexuality, Christians more often use such terms as "sin," "sodomite," and "abomination." These terms should be avoided if we are to effectively reach the homosexual with our message.

Practical Ways To Minister

Thompson outlines numerous ways that Christians can minister to homosexuals. He encourages Christians to

groups using homosexuals as a fundraising tool: "One must constantly have enemies, conspiracies, and opponents as well as play the role of righteous victim in order to get people to send in money."

He warns against sending money to any conservative-interest group unless it specifically tells how it will be spending the money. He also notes that many of these groups are strangely quiet when gays are attacked by such radicals as Fred Phelps who serves as pastor of a church in Topeka, Kansas.

Thompson says, "We owe the homosexual community some recognition that while some of their hardships may have been caused by promiscuity or poor lifestyle choices on their part, some have been caused by uncaring or uneducated Christians. We must promise to do better."

GLSEN Advocacy In Public Schools

Thompson notes that the Gay, Lesbian and Straight Education Network (GLSEN) has made inroads into the public schools under a "safe schools" strategy because the organization really does address the legitimate needs of gay, bisexual, and transgender students to be free from harassment. However, he also warns that GLSEN materials contain inaccuracies—including statements that homosexuality is an unchangeable condition and fails to present both sides of the issue. GLSEN also fails to mention the thousands of homosexuals who have successfully redirected their sexual orientations through counseling and prayer.

"GLSEN's strategy is effective because there will always be people, mostly Christians, who don't use discretion when stating their beliefs about homosexual behavior," said Thompson. "It is our militancy when dealing with this issue that allows GLSEN to characterize Christians as the perpetrators of hatred toward LGBT students and their curriculum as necessary to combat this hatred."

Thompson urges Christian teachers and students to avoid using derogatory terms to describe homosexuals and to even consider placing a pink triangle on their office or dorm room door to show that opposition to homosexuality is not hatred.

He urges parents to encourage their children to befriend someone who is gay but cautions that the child should be rooted in the Word of God and "secure in his or her beliefs about homosexuality."

What Causes Homosexuality?

In Chapter 6, Thompson discusses the various factors that can lead a person into a homosexual lifestyle and quotes Dr. Nicolosi on the importance of a child identifying with his same-sex parent. He notes that research has shown that a child's need for same-sex affirmation and identification are met, "the child's need to identify with his or her same-sex counterparts will lessen." He quotes Dr. Nicolosi, "We do not sexualize what we identify with; when we identify with someone, we are no longer sexually attracted to them. It is always to the other-than-ourselves that we are drawn."

Dr. Nicolosi observes that a child's relationship with his or her same-sex parent is generally the child's primary means of identification with and affirmation from his or her gender.

According to Thompson, "Anything that creates a sense of disconnection between a child and his or her gender, consciously or unconsciously, can stifle gender identification and potentially create homosexual attractions."

Thompson believes that those struggling with same-sex attractions can diminish or lose these feelings through non-sexual touch, surrogacy (substitute parenting) as well as camaraderie with members of the same gender.

Coming Out Of The Ex-Gay Closet

Thompson concludes his book by urging ex-gays to come out of the closet and proudly declare who they are.

He notes that a hostile media, coupled with rejection from friends and family members often keeps ex-gays from speaking out about the freedom they have found through Jesus Christ or counseling. He observes: "I believe the most powerful tool we have to garner acceptance of ourselves and our ideas is personal transparency before people whom we come in contact with daily. ... Change is possible. And it's time that those of us who have changed start to 'say so.'"

Chad Thompson, *Loving Homosexuals As Jesus Would: A Fresh Christian Approach*, (Brazos Press, a Division of Baker Publishing Group, Grand Rapids, MI, 2004, 183 pages.)

Florida Lawyer Warns Of Societal Dangers Of Same-Sex Marriage

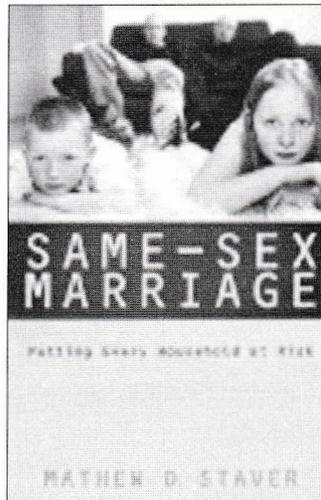
Reviewed by Frank York

Same-Sex Marriage: Putting Every Household At Risk by Mathew Staver is a short, but important book. Staver, who heads the Christian law firm, Liberty Counsel in Florida, has taken a leadership role in several key legal cases involving religious freedom versus gay activism over the past few years.

In the beginning pages of his book, Staver describes his involvement in a lawsuit against San Francisco Mayor Gavin Newsom who began illegally issuing marriage licenses to gay couples in 2003. Staver's lawsuit was eventually upheld by the state Supreme Court and Newsom's licenses were declared illegal.

According to Staver, the battle over gay marriage is ultimately a "debate over marriage itself" and will profoundly impact the institution of marriage, children, and our entire culture—including reorientation therapists.

Staver quotes from numerous experts on the root causes of homosexuality, including Dr. Nicolosi. He observes: "For boys, proper role models of a father and mother are critical to the development of their maleness."



Staver correctly points out that binary sex is normative and that human behavior must have sexual boundaries. "Accepting same-sex marriage requires the rejection of gender. Same-sex marriage essentially says that gender doesn't matter, that children fare just as well when raised in a single-gender household as with a mom and a dad. Of course, this is not true."

The author is especially concerned about the threat that same-sex marriage will have on the emotional development of children. He observes that "Children raised by homosexuals are more likely to engage in same-sex rela-

tionships, and thus open themselves up for increased physical and mental health problems as well as social challenges. ... It is not in the best interest of children to place them in homes where they are more likely to become orphans or be tugged apart by frequent custody battles or placed in the midst of rotating sexual partners."

Silencing The Opposition

In Chapter 5, Staver details the aggressive effort of homosexuals and transgender activists to get laws passed that criminalize public expressions of opposition to homosexual behavior. He describes a case he litigated in Colorado that involved Cheryl Clark, a woman who had left the homosexual lifestyle after she had become a Christian. Her ex-lover, Elsey McLeod then sued for joint custody of a daughter that Clark had legally adopted on her own from China.

A judge ruled that McLeod was legally entitled to joint custody of the child and that Clark was forbidden from exposing her daughter to any literature or Bible teachings that criticized homosexuality.

In another Liberty Counsel case involving a female-to-male transgender named Margo and Linda Kantaras, a Florida judge ruled that maleness and femaleness are legal myths and that Margo had a legal right to custody of Linda's biological child after they divorced. (Linda had converted to Christianity and sought the divorce.) In addition, Linda was forbidden by the judge to expose the child to any materials that denigrated homosexuality.

Staver observes that gays are pushing for hate crime laws that criminalize any opposition to homosexuality. "It is conceivable that preaching or teaching against homosexual conduct could be prosecuted as conspiracy to commit a hate crime," said Staver. This could apply not only to pastors preaching against homosexuality but would be extended to reorientation therapists as well.

He notes that in some cities, hate crime laws do not require any physical contact with the individual. Some crimes involve simply "intimidation," "threat" or "force of threat" in order to be considered a crime. "An alleged victim could claim that he was 'intimidated' or 'threatened' in regard to his person or property, and could further claim that since he was homosexual, that this 'intimidation' or 'threat' was because of his 'sexual orientation,' and thus the prosecutor could enhance the crime by applying the hate crimes law." Staver sees gay activists using "the force of law to crush their opposition."

A Hill Worth Dying For

Mat Staver believes the battle to protect marriage not only involves marriage but religious freedom and free speech as well. He says Christians and other concerned citizens "... must draw a line in the sand because once we cross the same-sex marriage line, it will be difficult to turn back."

Mathew Staver, *Same-Sex Marriage: Putting Every Household At Risk*, (Nashville, Broadman & Holman Publishers, 2004), 154 pages, \$8.99.

New Book On Gender Differences

Feminist and Gender theorists claim that males and females are interchangeable in family structures, but Taking Sex Differences Seriously suggests otherwise.

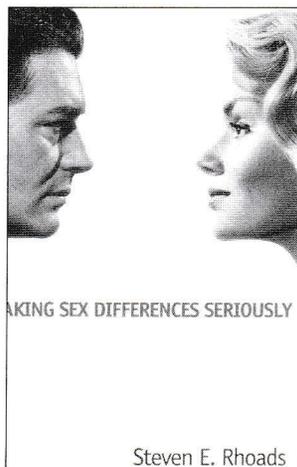
Reviewed by Frank York

University of Virginia Professor Steve Rhoads has taught public policy studies for more than 30 years.

In writing *Taking Sex Differences Seriously*, Rhoads challenges numerous claims about gender and sexual issues promoted by academics who consider themselves gender or feminist theorists.

In his introduction, Professor Rhoads begins his discussion of the scientific realities of maleness and femaleness by describing the tragic case of "David," the young man who became a science experiment for Dr. John Money after a botched circumcision which left the infant without a penis. Dr. Money persuaded his par-

ents to rear him as a girl, whom they called Brenda.



Dr. Money developed a national reputation as an expert on transgenderism as a result of this case and when Brenda was 12, he announced to the world that "she" was well adjusted. The truth, however, was entirely different. David had always acted like a boy. At age 14, he had decided to live as a boy and at 15, he was told the truth—that he had been born a boy.

Rhoad's book was obviously published before David had committed suicide in May, 2004. An article in the *Winnipeg Sun* (May 10, 2004) noted that David's parents were still angered that Dr. Money had convinced them to raise

David as a girl. David's story was also told by John Colapinto in *As Nature Made Him: the Boy Who Was Raised as a Girl*.

Beginning with this troublesome story, Rhoads states the major premise of his book: "It argues that sex differences are large, deeply root and consequential. Men and women still have different natures, and, generally speaking, different preferences, talents and interests. The book presents evidence that these differences can be explained in part by hormones and other physiological and chemical distinctions between men and women. Thus they won't disappear unless we tinker with our fundamental biological natures."

Gender/Feminist Theorists Deny Biological Realities

Professor Rhoads describes both the feminist and gender theorist belief that while males and females have different genitalia—which they describe as "sex differences," there are "gender differences," which are imposed upon men and women by culture, parenting, and conditioning.

In feminist/gender theorist thinking, being masculine or feminine are social constructions, not biological realities. Feminist/Transgender theorist Anne Fausto Sterling, for example, says that being male or female is a "social decision" not a fact of biology.

Rhoads notes that there has been such pressure within the social science community from feminist or gender theorists that many reputable researchers fear doing studies on sex differences—or can't get funding to conduct such research. A form of political correctness has effectively stifled legitimate research into male and female differences.

Gender Differences Between Males And Females

Rhoads notes that research already done on the differences between men and women shows that the brains of males and females function differently. The female brain appears to be more networked than the male brain, which is compartmentalized. PET brain scans reveal that women use more neurons in almost every activity tested compared to males.

In addition, there appears to be two kinds of women and only one kind of man—due to the influence of testosterone in the system. Some women have more testosterone than other women—and these women are typically found in the business world. Men, have variations in testosterone as well, but according to Rhoads, these differences are superficial, not fundamental. Even the low testosterone man is "almost always masculine. As a boy, he may not like to play rough sports, but he does not share the interests of girls his age. ... Even the low-testosterone man is usually competitive with his male peers." He may choose the study of mathematics or computer science over sports, but he is still competing in the world of men.

Sexual desire is also different in men and women, as most married couples already know. In a 2003 survey of 16,000 men and women worldwide, researchers found that over a 30-day period, 25% of the men on average wanted more than one sexual partner, compared to 3-7% of women. In a separate study, men said they thought about sex 3-5 times a day compared to several times a week or month for women.

Professor Rhoads also notes the stark differences between the sexual desires of heterosexual and homosexual men and women. One study showed that both heterosexual and homosexual males have a desire for uncommitted sex. Among married men, 7% have had sex with more than 20 partners compared to homosexual couples. Among these couples, 43% had sex with more than 20 partners. Among lesbian couples, only 1% had sex with more than 20 partners. Lesbians have slightly less desire for sex than do heterosexual women.

Gender Differences Appear To Impact The Traditional Family

Researchers have discovered in their study of fatherlessness on children that an absent father has a far greater impact on boys than on girls. Rhoads notes that boys reared without fathers are more likely to exhibit delinquent and criminal behavior and are twice as likely to have committed a crime than boys reared in a two-parent home.

Boys also experience more severe mental health and substance abuse problems and are more likely to divorce themselves when adults.

The father also has an important impact on girls. Fathers serve a protective function to protect females from sexual exploitation by other males. In addition, stepfathers are frequently the predators in sexually abusing their stepdaughters.

A lesser known impact of a biological father in the home is that girls in mother-only homes appear to become sexually mature at younger ages. Studies in the mid-90s of black and white girls in single parent homes showed that 48% of black girls and 15% of white girls began sexually maturing at age 8. Today, girls in single parent homes appear to be developing at ages 6 and 7.

Rhoads also cites a study of the impact that stepfathers have on the sexual development of stepdaughters. A study published in 2000 found that the longer a stepfather is in the home, the earlier pubertal development occurs.

As a result of this early sexual development without a biological father, these girls are also at higher risk for early pregnancies.

Rhoads observes: "Evolutionists relate this phenomenon to strategies that are likely to enhance survival." When a bio-

logical father is in the home, the girl feels secure and expects to wait for a suitable mate in marriage. If the biological father is absent, girls are likely to adopt a short-sighted mating strategy and become promiscuous.

Gender Differences And The Pill

One of the many fascinating portions of this book is Professor Rhoads's discussion of the impact that the birth control pill may be having on women and their choice of suitable mates for long-term marriage.

Rhoads notes that some research studies show that the pill may actually block sexual pleasure and diminish the capacity of a woman to find a suitable life-long mate.

He notes that the birth control pill may interfere with a "deep, unconscious mechanism involving the sense of smell by which women have ensured that the partners they choose can help them produce healthy offspring."

Rhoads says that a woman who mates with a man who has an immune system different from hers is more likely to produce stronger offspring. This choice of a male is due, in part, to her sense of smell. The birth control pill, however, reverses this sense of smell, according to Deborah Blum in *Sex on the Brain*. As a result, women prefer the smell of men whose immune systems are more like theirs.

According to Rhoads, "Scientists are beginning to wonder if the birth control pill has led to a whole generation of marriages that have had more difficulty producing offspring, or that have produced more vulnerable offspring." The pill has also dampened sexual pleasure in women.

Gender Differences In Strength And Aggression

Chapter 6, "Aggression, Dominance And Competition," is a fascinating look at the significant differences in men and women when it comes to sheer physical strength and aggressiveness.

After noting the obvious that men are far more violent than women in all cultures, Rhoads points out that in industrialized societies, this aggressive behavior is also channeled into the business world where a man attains status by gaining power over his competitors.

The violence and aggression in men is attributable to testosterone. One study of 4,462 Army veterans found that men with high testosterone levels were more than twice as likely as their counterparts to have been delinquents and hard users of drugs. Prison populations are also filled with high testosterone males.

The male brain also shows a greater use of the "old limbic system," which is an area associated with aggressive behavior.

As far as strength is concerned, feminists have long argued that if women are given the same strength training as men,

they will equal them in strength and endurance. However, at West Point, intensive weight training for both men and women led to an increased differential in strength between the men and women. After eight weeks of training, male cadets showed a 270% increase in bench press power than women who went through the same training. Only 5-7% of women are as strong as men.

Gender Differences And The Nurturing Of Children

Women have hormones that are ideally suited for the nurturing of infants and children. One of these hormones is oxytocin, which is released in large quantities during pregnancy and breastfeeding. It promotes a relaxed state and helps in the bonding process.

In addition, prolactin also surges during pregnancy and breastfeeding. This hormone and oxytocin apparently help a mother tolerate routine and monotony. One author notes that oxytocin is "the kindest of natural opiates."

The oxytocin also reaches the infant through breastfeeding and produces a mutually pleasurable experience and increases attachment between mother and child.

Studies have also shown that testosterone levels in fathers actually decrease when an infant enters the family unit and this facilitates nurturance.

Professor Rhoads quotes from feminist author Naomi Wolf, who described her changed outlook on life during and after giving birth. Wolf observed: "The ways in which the hormones of pregnancy affected me called into question my entire belief system about 'the social construction of gender.'" She admitted that she felt clingier, weepier, "stupidly domestic," that the "kind of sap that fills women's magazines" became comprehensible to her.

The Conclusion

Professor Rhoads concludes his book by urging both religious and secular institutions to challenge both men and women to consider the important roles each of them have in the family unit and the development of healthy children.

He suggests that men in families should adopt the "soft patriarch" or "servant leader" model in leading the home.

He observes: "If we took sex differences seriously, we would not be looking for new ways to weaken the historic role of men in the family. By challenging the titular familial leadership of the male and undermining the centrality of his role as provider for his family, modernity has reduced the number of men to whom marriage seems desirable."

"Civilization," concludes Rhoads, "needs family-oriented men."

Steven Rhoads, *Taking Sex Differences Seriously*, (San Francisco, CA; Encounter Books, 2004; 374 pages; \$19.56.

'Marriage On Trial' Details Reasons Why Natural Marriage Should Be Defended

Reviewed by Frank York

Dr. Bill Maier, a child and family psychologist with Focus on the Family and Glenn T. Stanton, social research and cultural affairs director at Focus have recently written *Marriage on Trial: The Case Against Same-Sex Marriage And Parenting* (Intervarsity Press).

Maier and Stanton clearly state in the introduction their purpose for writing this book: "In these pages we explore Why marriage can't be anything we want it to be. To do so is to radically redefine a fundamental and historic human institution. *To do so is to deconstruct humanity.*"

In the "Acknowledgement," they thank NARTH Scientific Advisory Committee member Dr. A. Dean Byrd as well as Dr. Joseph Nicolosi and his wife Linda for encouraging them in this project.

The authors present the case against gay marriage and gay parenting in a helpful question and answer format, which includes such basic questions as: "Does it really matter how we define marriage?" and "Why aren't loving parents enough for children?"

Each section of the book also provides a "Cheat Sheet" that outlines the main points of the section for the reader as well as succinct summaries at the end of each chapter to help the reader easily grasp the concepts outlined.

This is a meaty, fact-filled book and one that is also filled with sound philosophical reasons why marriage must not be redefined by gay activists to be whatever they wish it to be.

In Section III of the book, the authors debunk the many myths surrounding homosexuality including the claim that gays are "born" that way. This section also lists the serious mental and physical health consequences of a gay lifestyle and the dangers that this behavior poses to our culture.

Dr. Maier and Stanton argue persuasively in Chapter 10 that children need both a mother and a father to develop normally. Men cannot be mothers and women cannot be fathers. Both fathers and mothers provide unique skills to boys and girls—and these are not interchangeable. Children learn different life skills from fathers than they do from mothers and vice versa. They note: "Children growing up in intentionally mother-only or father-only homes will suffer in terms of lack of confidence, independence and security. Boys and girls will be a greater risk for gender confusion, abuse, and exploitation from other men. They will be less likely to have healthy respect for both women and men as they grow into adulthood." (pgs. 119-220)

One of the most insightful chapters, in my mind, is Chapter 15: "Do All Homosexuals Want To Get Married?" The authors survey three schools of thought about gay marriage in the gay activist community. Some argue for gay marriage as an equality issue; others view marriage as a heterosexist institution that is oppressive and they seek to destroy the concept of marriage altogether; and a few voices argue that the culture should not tinker with marriage as an institution designed to nurture children.

Among those arguing for gay marriage are Andrew Sullivan, Jonathan Rauch and Evan Wolfson. Others like Paula Ettelbrick, Nancy Polikoff and Judith Stacey argue that marriage should be deconstructed as an oppressive, archaic institution.

Dr. Paul Nathanson, however, represents a minority view among gay theorists. He says that "it is risky to tinker with the institution of marriage and that legalizing same-sex unions could endanger the health and well-being of society." Nathanson has written: "...advocates of gay marriage have made no serious attempt to consider the possible harms and object to those who want more time to assess the evidence from other periods or other cultures."

The authors conclude their book with an interview with former homosexuals Mike Haley and Melissa Fryrear, both gender affairs experts with Focus on the Family. In asking the question: "Is there hope for the homosexual?" both of them answer in the affirmative.

Haley observes that hope is available for homosexuals through faith and through such organizations as NARTH and Exodus International, which provide resources and counseling for individuals struggling with same-sex issues.

Fryrear notes: "I really like the words *progress* and *process*, and leaving homosexuality has certainly been multifaceted. So many people and so many events in my life were involved, but the most important part was that I eventually became a Christian."

Marriage On Trial provides the reader with sound reasoning and excellent studies and statistics on the importance of the natural mother-father family as the foundational unit of society. It is well worth reading and discussing.

Dr. Bill Maier, Glenn Stanton, *Marriage On Trial: The Case Against Same-Sex Marriage And Parenting*, (Downers Grove, Ill, Intervarsity Press, 2004, 200 pages, \$15.)