

NARTH BULLETIN

Vol. 8, No. 1

National Association for Research and Therapy of Homosexuality (N.A.R.T.H.)

April 2000

IN THIS ISSUE

PAGE

- 2 Editorial
- 3 *Whose Worldview?*
- 5 Catholic Medical Assn. Rejects APA Stance
- 7 Help for Jewish Homosexuals
- 9 Dilemma over Moral Intuition
- 10 Putting the Pieces Together
- 13 NARTH Notes
- 20 Interview: Parents' Rights Activist
- 24 New Listserv
- 26 Dr. Laura Interviews Dr. Spitzer
- 28 "Listen to Ex-Gays"
- 29 New School Pamphlet
- 30 Imagine....
- 31 Compassion is Erotic?
- 32 Is Reparative Therapy Unethical?
- 6 Book Review
- 34 Book Review
- 36 Book Review
- 38 Union of Concerned Teachers
- 39 Homosexuality and Mental Health

Psychiatric Association Opens Groundbreaking Debate on Reorientation Therapy

The American Psychiatric Association will host a debate on the ethics and effectiveness of reorientation therapy at its upcoming annual conference in Chicago. The debate has been organized by Robert Spitzer, M.D., the architect of the 1973 decision which removed homosexuality from the list of disorders.

NARTH President Joseph Nicolosi, Vice President Dean Byrd, Ph.D. and Chairman of the Board Ben Kaufman, M.D. will also be present at the conference.

The groundwork for this year's debate was laid during last year's A.P.A. annual meeting. At that time, a group of ex-gays from Transformation Christian Ministries staged a demonstration demanding the right to sexual reorientation therapy. Protesters carried placards saying, "The APA Has Betrayed America with Politically Correct Science," and "APA—How Do You Explain 20,000 Former Homosexuals?"

After hearing the picketers' stories and attending the press conference held the next day by Family Research Council, Dr. Spitzer became the organizer of this year's debate.

The debate is entitled, "**Sexual Reorientation Therapies for Homosexuality Work, and are Ethical.**" It is currently scheduled for 9-10:30 a.m. on Wednesday, May 17th, *with reservations required.*

There will be two panelists in support of the "therapy is effective and ethical" position. One is Warren Throckmorton, Ph.D., past president of the American Counseling Association and author of the 1998 *Journal of Mental Health Counseling* article, "Attempts to Modify Sexual Orientation: A Review of Outcome Literature and Ethical Issues."

The second panelist is Gerald E. Zuriff, Ph.D., author of "Psychology's Sexual Disorientation," which was published in 1997 in *The World and I*. Two panelists will speak in opposition. ■

Journal Article Suggests the Possibility of Homosexuality as "Developmental Error"

Two recent studies reported in the same issue of *Archives of General Psychiatry* (October 1999, vol. 56, no. 10) have found significantly higher levels of pathology in the gay population than the heterosexual population.

One researcher, Michael Bailey, responded in the same issue of the Archives with some thoughts about those findings.

In "Commentary: Homosexuality and Mental Illness," Dr. Bailey says,

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

"Subjects whom they classified as gay, lesbian or bisexual were at an increased lifetime risk for suicidal ideation and behavior, major depression, generalized anxiety disorder,

see Bailey Commentary, top of p. 25

What Is Homosexuality? Reorientation Therapists Disagree

By Joseph Nicolosi, Ph.D.

All the psychotherapists who join NARTH agree on one essential point—that reorientation therapy is ethical, and that it can be effective for clients who seek it. All strongly defend the client's right to choose his own direction in treatment. Beyond that point of agreement around which we all rally, there are some differences.

Some take NARTH's official position that the condition is a developmental disorder—particularly, a gender-identity disorder—which leads to a romantic idealization and sexualization of same-sex attributes. But other therapists disagree. Some prominent members refuse to take a position on the question of pathology.

Massachusetts psychologist Dr. Uriel Meshoulam, for example, believes the therapist should address the subjective problem of the client's suffering, and not concern himself with the objective question of disorder. "We must allow the person who seeks treatment to define undesirability and unhappiness," he says. In an editorial, Dr. Meshoulam explained the reasoning behind this view:

"Psychotherapy is appropriate when applied to unwanted behaviors and unhappy constructions, rather than to so-called abnormal disorders, he says. "Many men and women are unhappy with their construction of their sexuality. It is of questionable ethics to try to convince them that they are 'wrong,' and try to convert them to the therapist's way of thinking. I have seen people who enter therapy with a wide range of unhappy constructions and attitudes toward their sexuality. As a result of therapy, many of them learn to redefine themselves and their sexuality, and thus enhance their potential."

Some other therapists take a similar position that homosexuality is not a disorder, so much as a missed potential—a closing off of a part of oneself and a "saying no" to generativity. There is clearly room for practitioners of both persuasions within NARTH, all working together to defend the client's right to pursue change.

I myself take NARTH's official view that homosexuality is a developmental disorder and is potentially preventable. I see strong evidence for the classic psychodynamic position that homosexual behavior is rooted in a sense of gender-identity deficit, and representative of a drive to "repair" that deficit. When the underlying emotional needs and identification deficits are addressed, clinical experience has shown me that the fantasies and behavior diminish, and for many people, there follows an awakening of heterosexual responsiveness.

Interestingly, we are beginning to hear statements explaining the nature of homosexuality—from some of the people who *won't* label the condition a disorder—that seem to take a middle ground.

Robert Spitzer, the person described as the architect of the 1973 decision to remove homosexuality from the American Psychiatric Association's diagnostic manual, has always maintained that homosexuality should not be labelled a disorder. In 1973 he argued that homosexuality does not meet the criteria for a disorder since it is not invariably associated with subjective distress, and a generalized impairment in social effectiveness or functioning. At that time he referred to homosexuality as an "irregular" form of sexuality. However, more recently he agreed that in obligatory homosexuality, "something is not working."

Similarly, Dr. Mark Stern sees homosexuality in terms of a potential having been unmet, with a repertoire of responses lacking their full extension to include generativity. But he, like Dr. Meshoulam, stops short of calling homosexuality a disorder.

NARTH is happy to welcome and support the efforts of practitioners of both viewpoints. Indeed, the professional debate continues. ■

THE NARTH BULLETIN

Editor: LINDA AMES NICOLOSI

The *NARTH Bulletin* is published three times yearly by the National Association of Research and Therapy of Homosexuality, a non-profit educational association. For information contact NARTH



"Victory on the Bow of a Ship"

**"Whose Worldview?"
"Whose Psychology?"**

How Psychotherapy Can Recognize Diverse Value Systems

Discussion of an American Psychologist article

Is the profession of psychology a philosophically "neutral" undertaking that deserves privileged status in defining the "good life" for clients? Or is this stance of neutrality really a carefully cultivated public *image*?

Psychologist Stanton Jones says that in large part, psychology is in fact a "moral enterprise." In creating a concept of what is healthy, there must inevitably be an engagement not only of scientific, but also of philosophical questions.

Lack of neutrality, however, is not the problem—in fact, no personality theory or science of behavior can ever be "neutral," as long as they serve to evaluate the meaning of behavior and provide solutions for change. The problem, however, is in the widespread public misperception that they *can*. And the mental-health profession has been less than forthright about that reality when it represents itself to the public.

In "A Constructive Relationship for Religion with the Science and Profession of Psychology: Perhaps the Boldest Model Yet," Dr. Jones offers the reader a useful and important discussion in the *American Psychologist* (March 1994, pp. 184-199).

Stanton Jones is the Wheaton College psychology professor who is currently overseeing a study of sexual reorientation in cooperation with the Christian ex-gay group, Exodus International.

The Psychologist as Secular Priest

Dr. Jones explains that psychotherapists are members of a "secular priesthood" which holds to its own metaphysical and moral presuppositions. Psychology conveys a worldview that teaches what is "good" (translated into clinical sounding terms such as healthy, whole, adaptive, realistic, rational, mature, etc.) and what is "bad" (translated clinically as abnormal, pathological, immature, stunted, self-deceived, etc). Thus psychology is concerned with moral and philosophical questions.

"There should be greater honesty in public relations by practitioners," he says, "about the value-ladenness of the mental-health enterprise" (p. 196). The present "cultivated public image" of psychotherapy as values-neutral, he says, is a misrepresentation of reality.

Clients are inevitably affected by their therapist's worldview. Studies have shown that psychotherapy tends to change a client's values, and therapists tend to rate those clients as "more successful" whose values change to fall into line with the therapist's personal worldview. Thus no client will be immune to the therapist's ethical influence.

Even supposedly "neutral" disciplines such as behavior therapy, he notes, contains "a prescriptive, ideological component: a favored mode of thinking, and implicit criteria for making judgments" (p. 192). On the other hand, he explains, "Without pre-orienting conceptions of some sort, we cannot perceive data at all; the world would be a 'bloomin,' buzzin' confusion'" (p. 186).

"It is our biases that allow us to perceive and understand anything at all," he explains. But "the most limiting and dangerous biases are those that are

unexamined—and hence, exert their effect in an unreflective manner."

So the problem is not the values orientation; the problem is the lack of frankness within the scientific community about the nature of those values.

Dr. Jones notes the ways philosophy influences the mental-health profession:

"Psychotherapy is, in American society, filling the void created by the waning influence of religion in answering questions of ultimacy and providing moral guidance. The APA's commitment to promoting human welfare presumes morally laden visions of ultimate human well-being... [Its] involvement in social and judicial advocacy serves as one example of such a function...

"There should be greater honesty in public relations about the value-ladenness of the mental-health enterprise."

continued, next page

"They [psychologists] have stepped in to fill the cultural niche vacated by the institutional church, and have been in the business of answering questions of ultimacy with the powerful mantle of modern science cast about their shoulders."

A complicating factor, Dr. Jones notes, is the disproportionately high number of non-religious psychotherapists—many, in fact, with *anti*-religious sentiments—in relation to the population.

Psychotherapists Must Reveal their Assumptions

How is this quandary to be dealt with? If psychotherapists are purveyors of a moral code, how can they work with clients whose values are different than theirs? Dr. Jones proposes that in clinical training programs, therapists be not just sensitized to different ethical systems, but educated in depth about them. They should become philosophically and theologically "literate," and in the process, examine and clearly understand their own ethical assumptions.

And in their professional practices, they should be required to "make those beliefs explicitly available for public inspection and discourse" (p. 193).

In reality, however, psychotherapists tend to obscure the values that shape their work, or else unwittingly lapse into them, and thus avoid public accountability for the influence they exert on their clients.

He describes several systems of psychotherapy and their worldviews. The founder of rational-emotive therapy, Albert Ellis, and also B.F. Skinner, founder of behaviorism, have based their scientific psychotherapies on the belief of naturalism. Naturalism, like theism, is a faith-based, unprovable assumption—one that assumes that neither God nor the transcendent exist, and that the material

world is all there is.

Therefore, Dr. Jones notes, "If disbelief in the supernatural can suitably be among the control beliefs of some scientists, it would seem that belief in God and related beliefs about human persons could be allowable for others as a part of *their* control beliefs" (p. 195).

Schools Assume the Scientific View is "Neutral"

In the current rancorous debate in the public schools about gay-affirming programs, many schools are unwilling to inform students about the view that change is possible—and that to some people, change is the only means to wholeness and fulfillment. School administrators often defend this one-sided presentation of the facts by claiming that because social science is a "neutral" agent in the debate, it therefore constitutes the lone acceptable voice in the schools on social issues. Thus the American Psychological Association, for example, is able to influence students in public schools through its own ethical system, while alternative positions are debunked or withheld from students' study and consideration.

"Rather than committing ourselves to an impossible value neutrality, "we should instead recognize that one *cannot* intervene in the fabric of human life without getting deeply involved in moral and religious matters" (p. 197).

Therefore, he says, psychologists should press for greater explicitness to the public about the value-laden nature of the practice of psychology, and the fact that it is inevitably both a moral and a scientific enterprise. Individual practitioners should know, and be ready to reveal, their own beliefs and ethical assumptions.

Only when the mental-health associations freely reveal their biases and open the discussion to other perspectives, will the public debate be fair and open on important social questions such as homosexuality. ■

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Ex-Gay Conference

The international Christian ex-gay organization, Exodus, will be holding its annual conference on July 24-29 in Point Loma, California.

The week's topics include, "Married Men: Growing Beyond Ourselves," "Father-Daughter Dynamics and Lesbian Development," "Reconciling with Parents," "Finding Joy Throughout the Journey," "Sex in Marriage for the Wife of a Struggler," and "Ministry to Youth Unsure of their Sexual Orientation," among a long and varied list of workshops.

For information, contact Exodus at P.O. Box 64588, Colorado Springs, CO 80962, or call (719) 598 0659

Catholic Medical Association Rejects A.P.A. Stance on Homosexuality

A group of psychiatrists recently presented a position paper which opposes their parent organization, the American Psychiatric Association. The paper is entitled "Homosexuality And Hope: Statement Of The Catholic Medical Association." For the full text of the statement, readers may contact the Catholic Medical Association at 1-877-CATHDOC or visit their website at www.cathmed.com.

Their statement reads, in part:

Catholic Medical Association supports the teachings of the Catholic Church, [which states that] "...tradition has always declared that homosexual acts are intrinsically disordered...Under no circumstance can they be approved."

In many cases, psychological disorders create in the individual a vulnerability to temptation which may lessen or even extenuate moral culpability. Such vulnerability does not, however, negate free will, or eliminate the power of grace.

...Some persons freely chose to engage in homosexual acts; for others the temptation toward homosexual acts is rooted in psychological or emotional trauma...Some surrendered to homosexual temptations because they were told that they were born that way and that it is impossible to change one's sexual orientation....

The research referenced in this report counters the myth that homosexuality is genetically predetermined and unchangeable, and offers hope for prevention and treatment.

...If there is no credible evidence that homosexual attractions are genetically determined, why has the idea received so much publicity? It is possible that the search for a biological cause may be part of a political agenda. Several studies have suggested that when people believe that homosexuality is genetically determined and immutable, they are more likely to respond positively to demands for changes in laws and in religious teachings.

...In the histories of homosexually attracted persons, one frequently finds one or more of the following:

Alienation from the father in early childhood, because the father was perceived as hostile or distant, violent or alcoholic.

Mother was overprotective in first 5 years (boys).

Mother was needy and demanding (boys).

Mother emotionally unavailable during the first 4 years (girls).

Parents failed to encourage same-sex identification.

Lack of rough-and-tumble play in the first 2 years of life (boys).

Failure to identify with same / sex peers in first five years.

Dislike of team sports (boys).

Lack of hand / eye coordination and resultant teasing by peers (boys).

Sexual abuse or rape.

Parental loss through death or divorce.

Separation from parent during critical developmental stages.

In some cases, homosexual activity is a symptom of a more serious psychological problem, such as borderline personality disorder or pathological narcissism. In a few cases, homosexuality appears later in life in a response to a trauma such as abortion. If the emotional and developmental needs of each child are properly met, a homosexual outcome is unlikely.

...Aggressive intervention, if supported by the parents, can often have a positive outcome. The earlier the intervention, the better. Unfortunately, many parents who report these symptoms to their pediatrician are told not to worry about it. The symptoms often seem to disappear when the child enters the second or third grade, but many have only gone underground, to reappear as intense same-sex attraction.

It is important that pediatricians, clergy, teachers, parents, and the public know the symptoms which signal that a child is at risk for same-sex attraction and know where to find appropriate help for such children.

...Gay-rights activists have insisted that at-risk adolescents and children be turned over to gay support groups which will help them "come out." There is no evidence that participation in such groups prevents the long-term negative consequences associated with homosexuality.

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Therapy. Those promoting the idea that sexual orientation is immutable frequently quote from a published discussion between Dr. C. C. Tripp and Dr. Lawrence Hatterer (1971) in which Dr. Tripp stated:

“... there is not a single recorded instance of a change in homosexual orientation which has been validated by outside judges or testing. Kinsey wasn't able to find one. And neither Dr. Pomeroy nor I have been able to find such a patient. We would be happy to have one from Dr. Hatterer.”

To which Dr. Hatterer replied:

“I have ‘cured’ many homosexuals, Dr. Tripp. Dr. Pomeroy or any other researcher may examine my work because it is all documented on 10 years of tape recordings. Many of these ‘cured’ (I prefer to use the word ‘changed’) patients have married, had families and live happy lives. It is a destructive myth that ‘once a homosexual, always a homosexual.’ It has made and will make millions more committed homosexuals. What is more, not only have I, but many other reputable psychiatrists (Dr. Samuel B. Hadden, Dr. Lionel Ovesey, Dr. Charles Socarides, Dr. Harold Lief, Dr. Irving Bieber, and others) have reported

their successful treatments of the treatable homosexual.”

Reviews of the literature on treatment and surveys of therapists demonstrate that treatment for unwanted homosexual feelings is as successful as treatment for similar psychological problems: about 30% experience a freedom from symptoms, and another 30% experience improvement.

The Goal of Therapy. Those who claim that change of sexual orientation is impossible, usually define change as total and permanent freedom from all homosexual behavior, fantasy, or attraction in a person who had previously been completely homosexual in behavior and attraction. Even when change is defined in this extreme manner, the claim is untrue. Numerous studies report cases of total change have been reported.

For a Catholic, the goal of therapy should be freedom to live chastely according to one's state in life. Some of those who have struggled with homosexual temptations believe that they are called to a celibate life. They should not be made to feel that they have failed to achieve freedom, because they do not experience heterosexual desires. Others wish to marry and have children. There is every reason to hope that many will be able, in time, to achieve this goal.

Book Review:

Sexual Wisdom: A Guide for Parents, Young Adults, Educators and Physicians

(by Richard Wetzel, M.D.; Ann Arbor, MI: Proctor Publishing, 1998)

Most non-religious approaches to sex education follow a “sex-positive” philosophy which values all (or nearly all) non-coerced sexual behaviors equally. There is little discussion of what is good; a person's sexual choices are often assumed to *be* good, simply because he has chosen them. This approach is often assumed by the layman to be scientific and values-neutral.

Sexual Wisdom takes a new direction within this cultural trajectory by approaching sexuality from a traditionalist, but not specifically religious perspective. Dr. Wetzel offers practical wisdom, grounded in scientific fact, on sexual lifestyle choices.

He defends an ethic of self-restraint, valuing fidelity in marriage and chastity in singleness. He sees homosexuality as a disordered expression of sexuality, and he boldly lays out the considerable health risks inherent in a gay male lifestyle.

His view is defended with scientific evidence which points to the psychological, social and medical costs of all non-

marital and promiscuous sexuality. The book is written in a simple and readable style directed at the layman.

For too long, the scientific establishment has “proven its claim” through a framework of ethics which are thought to represent the scientific view, while refusing to acknowledge the existence of a bias. The issue of healthy sexuality is thought to be a purely scientific question, understandable through empirical data and the positions proclaimed by experts such as researcher Albert Kinsey and the popular sexologist, Dr. Ruth Westheimer.

One might wish that from this point forward, all books on critical social matters would bear labels clarifying the authors' foundational principles—i.e., “sexuality from a traditionalist perspective,” “from a feminist perspective,” “from a gay-positive perspective,” and so on. This way, the layman would better understand the reality that philosophy—not unaided science—must inevitably shape his understanding of human sexual behavior.

—Linda Nicolosi

Help for Jewish Homosexuals That is Consistent with Torah Principles

JONAH Stresses Each Person's "Potential for Wholeness"

(The following is an adaptation of an article by Susan L. Rosenbluth which appeared in The Jewish Voice and Opinion, Englewood, N.J., vol. 13, no. 4, December 1999)

The first Jewish outreach organization geared to assist homosexual men and women seeking to change their sexual orientation has been established in New Jersey. Calling itself JONAH, the group intends to deal with homosexual issues in a manner consistent with Jewish principles as set forth in the Torah.

According to the group's director, Rabbi Samuel Rosenberg, the name is an acronym for "Jews Offering New Alternatives to Homosexuality," and represents the biblical prophet who warned the people of Ninevah to "return."

Desiring to be inclusive, the non-profit group will embrace any Jew regardless of religious commitment or their physical location. Its goal is to educate Jews about the causes of same-sex attraction and the possibility of change from homosexuality to heterosexuality.

"We believe this is achievable if the homosexual struggler lives by Torah values, heals his or her unresolved issues, and fulfills unmet emotional needs," says Rabbi Rosenberg. "Many former homosexuals are now married with children and lead more contented, spiritual lives."

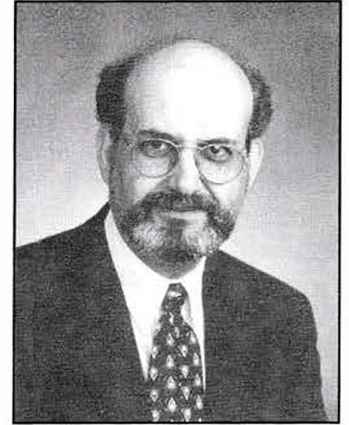
JONAH is also available as a resource for parents and friends of those who struggle with homosexuality. It aims to provide support groups, a speaker's bureau, seminars for interested parties, and referrals to appropriate counselors.

Actions and Fantasies

Rabbi Rosenberg points out that the Torah strongly forbids the act of homosexuality precisely because it recognizes the capacity of anyone to commit such an act. Although the Toranic prohibition relates to actions, not thoughts, JONAH recognizes the need to work also with individuals who struggle with homosexual thoughts and impulses but do not act out their homosexual fantasies or identify with the gay lifestyle.

"Jewish ethics require us to offer assistance to those who struggle with homosexuality and to understand how to

help men and women with same-sex attractions. In today's society, it is important to offer solutions to problems; otherwise, one becomes part of the problem," he says. "We must repeatedly remind ourselves that, in the Torah, it is not the person, but the act that is abhorred. Moreover, even after the act, we have the obligation to promote *teshuvah* ('return') and not censure by the family, leaders, and community."



Rabbi Samuel Rosenberg, L.C.S.W.

The spiritual leader of the Elmora Hebrew Center, Rabbi Rosenberg is a licensed social worker and psychotherapist who was trained at the Family Institute of New Jersey. He received his Master's degree in Social Work from the Wurzweiler School of Social Work of Yeshiva University, and is currently an advanced degree candidate at the Contemporary Center for Advanced Psychoanalytic Studies.

"Genetic Propaganda"

Rabbi Rosenberg points out that even though it is well established that homosexuality exists in the Orthodox community (The World Congress of Gay and Lesbian Jews has 48 organizational members and over 30 homosexual congregations; there are underground gay and lesbian support groups in the religious community and on the internet), most religious, social and medical institutions "have failed these men and women." JONAH, he says, has broken through the religious community's "response of silence, cloaked in the pretext of modesty."

"The Orthodox community bought the mythical notion of the genetic propagandist that homosexuality is inevitable for some people. The afflicted individuals feel shunned, isolated, confused, and ashamed, with nowhere to turn for support, understanding, or assistance. Some of our brethren responded without compassion or a helping hand or even a shoulder to cry on," he says.

While JONAH does insist that homosexuality is a treatable condition, Rabbi Rosenberg stresses that the group should

continued

in no way be seen as license for persecution.

"Let it be clearly stated, without condescension, there is no room in this or any other society for witch hunts directed at homosexuals, or for the denial for their fundamental freedoms, simply because their nature differs from the norm," he says.

But Tolerance Should Not Succumb to Affirmation of the Condition

However, that does not mean that—in the name of tolerance—society should "succumb to acceptance." He maintains that accepting homosexuality as normal and healthy is to doom the afflicted individuals to a life in which "their potential for wholeness will remain dormant beneath their emotional wounds."

"The homosexual lifestyle, with all its social and cultural nuances, is also a matter of choice. It is a learned behavior which can be unlearned," he says.

Helping the Depressed

He is especially concerned about the "depressed, despondent, and tormented souls who struggle with their homosexuality."

"What about those who have tried to explore an 'alternate lifestyle,' only to experience frustration, loneliness, and isolation? To whom do they turn? To whom do their parents turn for help, guidance, and support? To whom do they dare expose their sense of shame, failure, and humiliation? How many suicides must we cover up, how often must we turn a blind-eye before we hear the desperate calls for

help?" he says.

Well-intentioned, but untrained rabbis do more harm than good when they tell homosexuals and their parents simply to accept their condition and abstain from the behavior, he says. "They don't even know that help is available," he says.

He notes that "misinformation that homosexuality is untreatable by the mental-health profession does incalculable harm to the homosexual struggler and to society at large."

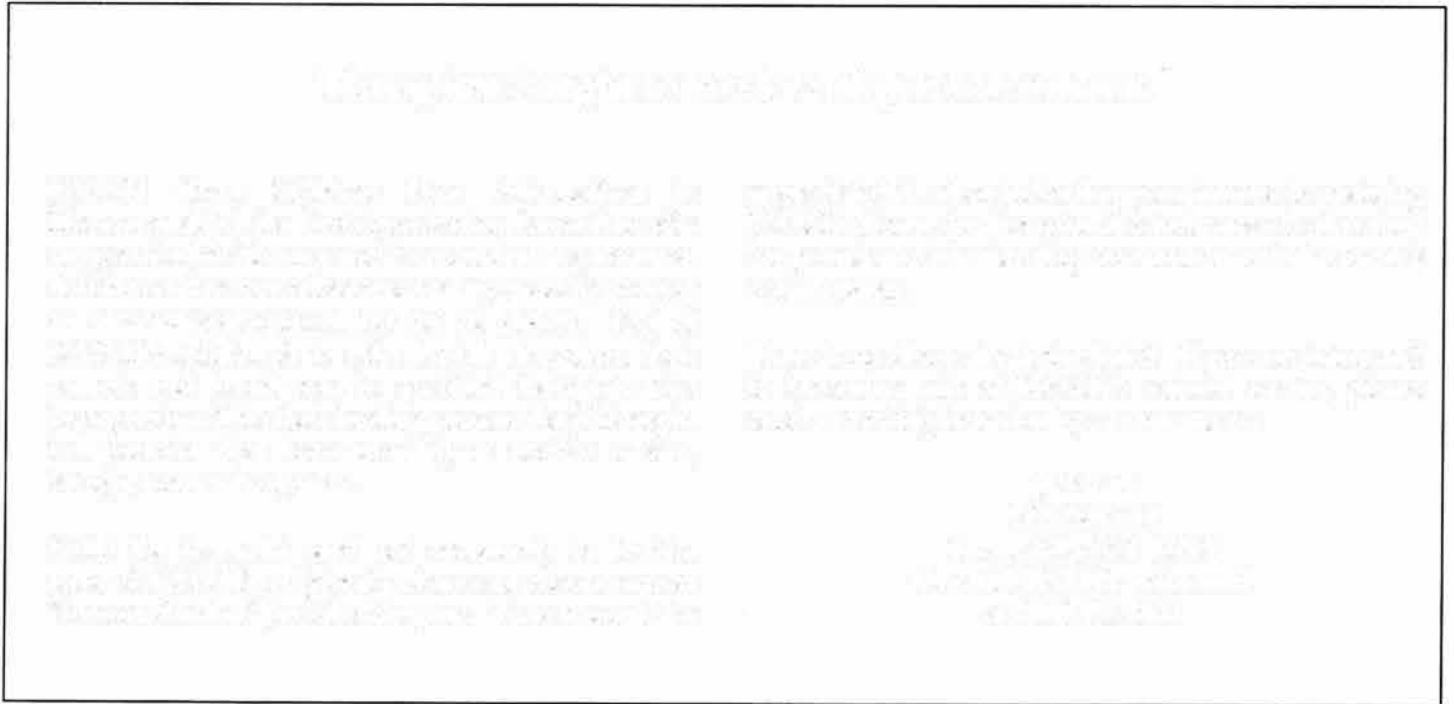
"Many ex-gays who have broken out of homosexuality say the biggest cause for their depression was the enormous pressure to accept their feelings as inborn and unchangeable. That way of thinking made them feel trapped."

Support Groups

One of JONAH's services is the establishment of support groups, both for strugglers, and for parents and loved ones. "The aim of the support groups," Rabbi Rosenberg explains, "is to re-establish healthy male-male or female-female bonding...to rediscover their authentic gender...and to better understand the expression of their legitimate love needs for attention, affection, and approval from gender peers which were unmet in their childhoods. In such a peer group, individuals learn that such needs can be satisfied without eroticism."

To receive information, write to JONAH, P. O. Box 313, Jersey City, NJ 07303, or call (201) 433-3444. There is a 24-hour voice-mail service.

All inquiries, he says, will be handled "sensitively and discreetly."



The Dilemma over "Moral Intuition" and its Relevance to Science

Dr. G.E. Zuriff, the author of the article discussed below, will be debating at the American Psychiatric Association meeting in Chicago in May, in defense of the idea that reorientation therapy can be ethical.

An enlightening article appeared in a recent issue of *The Public Interest* (Winter 2000). Entitled "Pedophilia and the Culture Wars," by psychologist G.E. Zuriff, the article describes the handling of the recent A.P.A. pedophilia-study uproar.

Dr. Zuriff asks: is pedophilia harmless, as long as the victims claim they were not psychologically harmed? Or is there a *moral intuition or principle* at work here which is essential to the discussion of harm—and one which psychology ignores?

He sees a curious contradiction in the American Psychological Association's action to stand with the article's congressional critics and *denounce* pedophilia. Previously, the A.P.A. has played the role of social radical. This denunciation of pedophilia radically reverses that role.

On most social issues, "the Left has established an intellectual alliance with the mental-health profession," with the two working together to attack the traditional family by claiming it is "sexist, homophobic, racist, or in some way oppressive to a group favored by the Left, and an alternative (e.g., the homosexual family) is proposed." This alternative is said to be more just and equitable and in no way harmful, and to prove its claim, social scientists undertake research studies of these new types of families.

The Concept of Disorder Derives from a Moral Concept

But what remains unacknowledged is this reality: that the concept of psychological adjustment is derived from moral notions of what constitute the good life. The Left, he says, "proves its claim" through a framework of utilitarian ethics which are thought to represent the scientific view, while refusing to acknowledge this bias.

There is scant public recognition of the fact that "psychological studies do not fully determine what is good," and thus the A.P.A. is able to justify the *rejection* of a discussion of moral intuition or principle "time after time" in its discussion of such issues as abortion, family forms, and age-of-consent matters.

Interestingly, in its attempts to support favored causes, the A.P.A. sometimes resorts to contradictory reasoning. In a court brief on age-of-consent laws governing abortion, the A.P.A. argued that some 11-year-olds can give informed consent when making the decision to have an abortion. Yet when the pedophilia scandal drew public criticism, the

A.P.A. agreed that a child *cannot* give informed consent to have sex with an adult.

Furthermore, to insist that a pedophile relationship would violate a child because that child cannot freely consent, he says, is to move on into another area—"to appeal to the kind or moral intuition, or principle, that the A.P.A. has rejected time after time."

The psychological profession has already dismantled the traditional family by debunking the building blocks of "heterosexuality, the necessity for two parents, marriage, gendered division of labor, hierarchy of power, and biological relatedness."

The pedophilia article offered an argument for dismantling one *remaining* requirement—that the adult caregiver abstain from sex with the child he cares for. But "the A.P.A. peered into this abyss and backed off," Dr. Zuriff notes. "Why?"

Is the "Utilitarian Calculus" Sufficient To Understand Disorder?

"At issue here," he explains, "is whether there are moral standards beyond the utilitarian calculation of observable physical or psychological harm." But this is a contentious subject because "whereas moral intuition is the foundation of society for the traditionalists, it is mere patriarchal oppression for the Left." And the A.P.A. has been extremely reluctant to concede that moral principle should play an important role in public policy.

In an article in the April 1997 issue of *The World and I* ("Psychology's Dis-Orientation"), Dr. Zuriff earlier argued that the question, "Does homosexuality constitute a psychopathology?" is a *social-cultural* rather than a scientific one. Science can reveal the consequences of behavior, but it cannot tell us whether the consequences are harmful or beneficial; that determination must inevitably be made in the form of a social-moral value judgment.

Numerous other clinicians and researchers have made a similar observation. The mental-health profession tends to misrepresent social science as a "neutral" undertaking, they say, when in fact psychology is inevitably a moral enterprise. Those researchers include Gary Greenberg, in his "Right Answers, Wrong Reasons: Revisiting the Deletion of Homosexuality from the DSM," *Review of General Psychology*, 1997 vol 1, no. 3, pp. 256-270 (to be discussed in a future *Bulletin*), and Stuart Kirk and Herb Kutchins in their 1992 book, *The Selling of DSM: The Rhetoric of Science in Psychiatry*. ■

How Might Homosexuality Develop? *Putting the Pieces Together*

by Jeffrey Satinover, M.D.

Excerpted from
*"The Complex Interaction of Genes and Environment:
A Model for Homosexuality"*

NARTH Collected Papers, 1995

It may be difficult to grasp how genes, environment, and other influences interrelate to one another, how a certain factor may "influence" an outcome but not cause it, and how faith enters in. The scenario below is condensed and hypothetical, but is drawn from the lives of actual people, illustrating how many different factors influence behavior.

Note that the following is just one of the many developmental pathways that can lead to homosexuality, but a common one. In reality, every person's "road" to sexual expression is individual, however many common lengths it may share with those of others.

(1) Our scenario starts with birth. The boy (for example) who one day may go on to struggle with homosexuality is born with certain features that are somewhat more common among homosexuals than in the population at large. Some of these traits might be inherited (genetic), while others might have been caused by the "intrauterine environment" (hormones). What this means is that a youngster without these traits will be somewhat less likely to become heterosexual later than someone with them.

What are these traits? If we could identify them precisely, many of them would turn out to be gifts rather than "problems," for example a "sensitive" disposition, a strong creative drive, a keen aesthetic sense. Some of these, such as greater sensitivity, could be related to—or even the same as—physiological traits that also cause trouble, such as a greater-than-average anxiety response to any given stimulus.

No one knows with certainty just what these heritable characteristics are; at present we only have hints. Were we free to study homosexuality properly (uninfluenced by political agendas) we would certainly soon clarify these factors - just as we are doing in less contentious areas. In any case, there is absolutely no evidence whatsoever that the behavior "homosexuality" is itself directly inherited.

(2) From a very early age potentially heritable characteristics mark the boy as "different." He finds himself somewhat shy and uncomfortable with the typical "rough and tumble" of his peers. Perhaps he is more interested in art or in reading - simply because he's smart. But when he

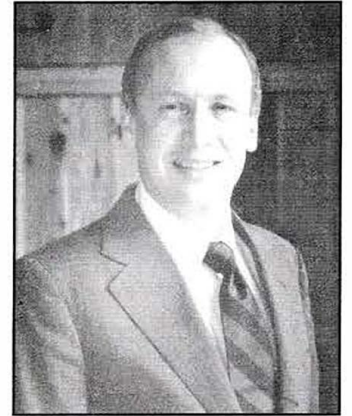
later thinks about his early life, he will find it difficult to separate out what in these early behavioral differences came from an inherited temperament and what from the next factor, namely:

(3) For whatever reason, he recalls a painful "mismatch" between what he needed and longed for and what his father offered him. Perhaps most people would agree that his father was distinctly distant and ineffective; maybe it was just that his own needs were unique enough that his father, a decent man, could never quite find the right way to relate to him. Or perhaps his father really disliked and rejected his son's sensitivity. In any event, the absence of a happy, warm, and intimate closeness with his father led to the boy's pulling away in disappointment, "defensively detaching" in order to protect himself.

But sadly, this pulling away from his father, and from the masculine role model he needed, also left him even less able to relate to his male peers. We may contrast this to the boy whose loving father dies, for instance, but who is less vulnerable to later homosexuality. This is because the commonplace dynamic in the pre-homosexual boy is not merely the absence of a father - literally or psychologically - but the psychological defense of the boy against his repeatedly disappointing father. In fact, a youngster who does not form this defense (perhaps because of early-enough therapy, or because there is another important male figure in his life, or due to temperament) is much less likely to become homosexual.

Complementary dynamics involving the boy's mother are also likely to have played an important role. Because people tend to marry partners with "interlocking neuroses," the boy probably found himself in a problematic relationship with both parents.

For all these reasons, when as an adult he looked back on his childhood, the now-homosexual man recalls, "From the beginning I was always different. I never got along well



Jeffrey Satinover, M.D.

with the boys my age and felt more comfortable around girls." This accurate memory makes his later homosexuality feel convincingly to him as though it was "preprogrammed" from the start.

(4) Although he has "defensively detached" from his father, the young boy still carries silently within him a terrible longing for the warmth, love, and encircling arms of the father he never did nor could have. Early on, he develops intense, nonsexual attachments to older boys he admires - but at a distance, repeating with them the same experience of longing and unavailability.

When puberty sets in, sexual urges - which can attach themselves to any object, especially in males - rise to the surface and combine with his already intense need for masculine intimacy and warmth. He begins to develop homosexual crushes. Later he recalls, "My first sexual longings were directed not at girls but at boys. I was never interested in girls."

Psychotherapeutic intervention at this point and earlier can be successful in preventing the development of later homosexuality. Such intervention is aimed in part at helping the boy change his developing effeminate patterns (which derive from a "refusal" to identify with the rejected father), but more critically, it is aimed at teaching his father - if only he will learn - how to become appropriately involved with and related to his son.

(5) As he matures (especially in our culture where early, extramarital sexual experiences are sanctioned and even encouraged), the youngster, now a teen, begins to experiment with homosexual activity.

Or alternatively his needs for same-sex closeness may already have been taken advantage of by an older boy or man, who preyed upon him sexually when he was still a child. (Recall the studies that demonstrate the high incidence of sexual abuse in the childhood histories of homosexual men.) Or oppositely, he may avoid such activities out of fear and shame in spite of his attraction to them. In any event, his now-sexualized longings cannot merely be denied, however much he may struggle against them. It would be cruel for us at this point to imply that these longings are a simple matter of "choice."

Indeed, he remembers having spent agonizing months and years trying to deny their existence altogether or pushing them away, to no avail. One can easily imagine how justifiably angry he will later be when someone casually and thoughtlessly accuses him of "choosing" to be homosexual.

When he seeks help, he hears one of two messages, and both terrify him; either, "Homosexuals are bad people and you are a bad person for choosing to be homosexual. There

is no place for you here and God is going to see to it that you suffer for being so bad;" or "Homosexuality is inborn and unchangeable. You were born that way. Forget about your fairytale picture of getting married and having children and living in a little house with a white picket fence. God made you who you are and he/she destined you for the gay life. Learn to enjoy it."

(6) At some point, he gives in to his deep longings for love and begins to have voluntary homosexual experiences. He finds - possibly to his horror - that these old, deep, painful longings are at least temporarily, and for the first time ever, assuaged.

Although he may also therefore feel intense conflict, he cannot help admit that the relief is immense. This temporary feeling of comfort is so profound - going well beyond the simple sexual pleasure that anyone feels in a less fraught situation - that the experience is powerfully reinforced. However much he may struggle, he finds himself powerfully driven to repeat the experience. And the more he does, the more it is reinforced and the more likely it is he will repeat it yet again, though often with a sense of diminishing returns.

(7) He also discovers that, as for anyone, sexual orgasm is a powerful reliever of distress of all sorts. By engaging in homosexual activities he has already crossed one of the most critical and strongly enforced boundaries of sexual taboo. It is now easy for him to cross other taboo boundaries as well, especially the significantly less severe taboo pertaining to promiscuity. Soon homosexual activity becomes the central organizing factor in his life as he slowly acquires the habit of turning to it regularly - not just because of his original need for fatherly warmth of love, but to relieve anxiety of any sort.

(8) In time, his life becomes even more distressing than for most. Some of this is in fact, as activists claim, because all-too-often he experiences from others a cold lack of sympathy or even open hostility. The only people who seem really to accept him are other gays, and so he forms an even stronger bond with them as a "community."

But it is not true, as activists claim, that these are the only or even the major stresses. Much distress is caused simply by his way of life - for example, the medical consequences, AIDS being just one of many (if also the worst). He also lives with the guilt and shame that he inevitably feels over his compulsive, promiscuous behavior; and too over the knowledge that he cannot relate effectively to the opposite sex and is less likely to have a family (a psychological loss for which political campaigns for homosexual marriage, adoption, and inheritance rights can never adequately compensate).

What once seemed
like a curse can
become a blessing to
himself and others.

However much activists try to normalize for him these patterns of behavior and the losses they cause, and however expedient it may be for political purposes to hide them from the public-at-large, unless he shuts down huge areas of his emotional life he simply cannot honestly look at himself in this situation and feel content.

And no one - not even a genuine, dyed-in-the-wool, sexually insecure "homophobe" - is nearly so hard on him as he is on himself. Furthermore, the self-condemning messages that he struggles with on a daily basis are in fact only reinforced by the bitter self-derogating wit of the very gay culture he has embraced. The activists around him keep saying that it is all caused by the "internalized homophobia" of the surrounding culture, but he knows that it is not.

The stresses of "being gay" lead to more, not less, homosexual behavior. This principle, perhaps surprising to the layman (at least to the layman who has not himself gotten caught up in some pattern, of whatever type) is typical of the compulsive or addictive cycle of self-destructive behavior; wracking guilt, shame, and self-condemnation only causes it to increase.

It is not surprising that people therefore turn to denial to rid themselves of these feelings, and he does too. He tells himself, "It is not a problem, therefore there is no reason for me to feel so bad about it."

(9) After wrestling with such guilt and shame for so many years, the boy, now an adult, comes to believe, quite understandably - and because of his denial, *needs* to believe - "I can't change anyway because the condition is unchangeable." If even for a moment he considers otherwise, immediately arises the painful query, "Then why haven't I...?" and with it returns all the shame and guilt.

Thus, by the time the boy becomes a man, he has pieced together this point of view: "I was always different, always an outsider. I developed crushes on boys from as long as I can remember and the first time I fell in love it was with a boy, not a girl. I had no real interest in members of the opposite sex. Oh, I tried all right - desperately. But my sexual experiences with girls were nothing special. But the first time I had homosexual sex it just 'felt right.' So it makes perfect sense to me that homosexuality is genetic. I've tried to change - God knows how long I struggled - and I just can't. That's because it's not changeable. Finally, I stopped struggling and just accepted myself the way I am."

(10) Social attitudes toward homosexuality will play a role in making it more or less likely that the man will adopt an "inborn and unchangeable" perspective, and at what point

in his development. It is obvious that a widely shared and propagated worldview that normalizes homosexuality will increase the likelihood of his adopting such beliefs, and at an earlier age. But it is perhaps less obvious - it follows from what we have discussed above - that ridicule, rejection, and harshly punitive condemnation of him as a person will be just as likely (if not more likely) to drive him into the same position.

(11) If he maintains his desire for a traditional family life, the man may continue to struggle against his "second nature." Depending on whom he meets, he may remain trapped between straight condemnation and gay activism, both in secular institutions and in religious ones. The most important message he needs to hear is that "healing is possible."

(12) If he enters the path to healing, he will find that the road is long and difficult - but extraordinarily fulfilling. The course to full restoration of heterosexuality typically lasts longer than the average American marriage - which should be understood as an index of how broken all relationships are today.

From the secular therapies he will come to understand what the true nature of his longings are, that they are not really about sex, and that he is not defined by his sexual appetites. In such a setting, he will very possibly learn how to turn aright to other men to gain from them a genuine, nonsexualized masculine comradeship and intimacy; and how to relate aright to woman, as friend, lover, life's companion, and, God willing, mother of his children.

Of course the old wounds will not simply disappear, and later in times of great distress the old paths of escape will beckon. But the claim that this means he is therefore "really" a homosexual and unchanged is a lie. For as he lives a new life of ever-growing honesty, and cultivates genuine intimacy with the woman of his heart, the new patterns will grow ever stronger and the old ones engraved in the synapses of his brain ever weaker.

In time, knowing that they really have little to do with sex, he will even come to respect and put to good use what faint stirrings remain of the old urges. They will be for him a kind of storm-warning, a signal that something is out of order in his house, that some old pattern of longing and rejection and defense is being activated. And he will find that no sooner does he set his house in order that indeed the old urges once again abate. In his relations to others - as friend, husband, professional - he will now have a special gift. What was once a curse will have become a blessing, to himself and to others. ■

The new patterns
will grow
ever stronger,
and the old ones
ever weaker.

A Change in NARTH Officers

After eight years without a change in its governing Board, the NARTH officers have voted to install Joseph Nicolosi, Ph.D. as President, A. Dean Byrd, Ph.D. as Vice President, and Benjamin Kaufman, M.D. as Chairman of the Board.

Former President Charles Socarides, M.D. will now move to the position of Past President. Joseph Battaglia will be the new Executive Director.

Dr. Socarides is one of three founding officers of NARTH, and has long been known as one of the leading—and most widely published—authorities in the world on the subject of homosexuality. He was an ardent defender of the retention of homosexuality in the diagnostic manual when the manual was changed in 1973. His contributions to the literature have been a guiding force in the early years of NARTH's development.

NARTH Hires New Executive Director

After a national search spanning many months, NARTH has finally hired its new Executive Director, Joseph Battaglia.

Mr. Battaglia, who is married with two children, comes to NARTH with a broad range of business experiences. He previously served as Executive Director of the Rotary Club of Los Angeles, and as Director of Public Relations, as well as Director of Communications for two other large non-profit organizations. He will now represent NARTH in its drive to gain greater recognition and influence in the public sphere.

His soft-spoken, non-confrontational and congenial manner, quiet assurance and enthusiasm for a challenge are expected to be strong assets to NARTH as we seek to become better known in the public debate.

Joseph Nicolosi, who served as the previous Executive Director, will move into the position of President.

NARTH Website Hits All-Time High Usage

The month of February marked a period of all-time high usage for NARTH's website, www.narth.com. For the first month ever, we had over 20,000 visitors—in fact, 20,910 visitors—and they stayed at our site for an average of 10.43 minutes per session. Almost 10% of the sessions were of

international origin.

One possible explanation for the growing interest in our site may be the fact that the NARTH site is listed as a resource in the Vermont same-sex marriage debate.

As usual, the most-visited pages were those in the "Is Homosexuality Genetic?" section, followed by the "Clinical and Ethical Issues" listing. Jeffrey Satinover's paper, "How Might Homosexuality Develop? Putting the Pieces Together" has also long been one of the most popular resources.

Deaf Alternatives

A group called Deaf Christian Fellowship, headquartered in San Diego, offers a program called "Deaf Alternatives" for people struggling with homosexuality, sexual addiction, or the effects of sexual abuse or AIDS. They offer support, counseling and referral services. They can be reached at 619-275-2550 or contacted on the internet at admin@sdsba.net.

Sensitivity Training for Therapists

In the psychological literature, there is a strong trend toward strongly warning therapists against the application of traditional values within one's clinical decision-making—even when those values are undeniably substantiated by the scientific literature.

In an article in the prominent journal *Psychology: Research and Practice*, authors Crawford, McLeod, Zamboni and Jordan (1999, August, vol. 30[4], 394-401) say that therapists who believe homosexual couples are less suitable as parents, in fact harbor hidden prejudices and need "formal, systematic training on sexual diversity" to correct their misconceptions about what is good for children. Therapists who believe the traditional family of mother and father is best for children—as a large body of research has indeed proven to be true—are said to need systematic re-training for the protection of their clients.

More Goofy Continuing-Education Courses

Each state requires psychology practitioners to complete a certain number of hours in order to renew their licenses.

But state boards of psychology, we find, are approving some very odd continuing education (CE) courses.

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NARTH has tried to offer CE courses in sexual-reorientation therapy, but so far they have been rejected because reparative therapy's methods are still said to be "unproven."

However we see approved "scientific" CE courses offered in "proven" areas like the following:

- "Unions and Entanglements," in which psychologists study the "five male and five female potencies of God" and their "cosmic reverberations";
- "The Feminine as Creator," in which participants hear about the female god as "she-Demon";
- "Stone Carving and the Lapis," in which participants gain five hours of CE credit while watching the workshop leader carve a stone, all the while sharing the stone's "personal experiences";
- Two whole years' worth of CE credits is available if the psychologist is willing to sharpen his clinical skills studying "Trance Possession and Ritual" in Bali at the height of the Galungan-Kuningan festivals;
- Or there is "Symbols and Synchronicity in Psychotherapy," where the clinician learns how oracular instruments—for example, Tarot cards and *I Ching*—can be used effectively in psychotherapy.

Journal Article on Lesbianism

There is almost no discussion in the professional literature on lesbianism from other than a gay-affirmative perspective. Thus NARTH members may be interested to read one of the very few such articles, which appeared in the *Journal of Psychology and Christianity*, (Winter 1996, volume 15(4) pp. 348-363. It is by Briar Whitehead, co-author with her husband Neil of the recent book, *My Genes Made Me Do It*.

Mrs. Whitehead sees lesbianism as a deeply ambivalent relationship with the same sex, characterized by a defensive detachment which conflicts with the primordial urge to attach. According to the article's abstract:

"Its primary root seems to lie in difficult relationships with mothers and childhood and adolescent female peer groups, which handicap natural processes of gender identification and leave the child feeling 'different' and lonely, subject to deep needs for female acceptance and affirmation, and prone to eroticize these needs after puberty. Homosexual experience and feminist and political endorsement of homosexuality contribute to the adoption of the lesbian identity."

The author adds, "Anti-male feeling and lack of power to change homosexual orientation appear to account for the

movement away from conservative churches."

Mrs. Whitehead speaks of the importance of Christian professional therapists, counselors and laymen taking the role of the lesbian's healing community.

California Law Now Permits Gay Adoption

Democratic Governor Gray Davis of California quietly changed the state's longstanding policy recently, so that gay and other unmarried couples can now adopt foster children. Gay activists called the move a "victory for families." The Davis administration said the change represented a concession to the advice of the best authorities on the subject—mental-health professionals—who have approved gay parenting.

"Blinded by a Political Agenda"

For many years, the American public has been under the illusion that the mental-health profession is strictly scientific, with no particular philosophical bias. When the American Psychological Association pronounced something "healthy," their word took on an almost religious authority to the public. But in recent months, some cultural commentators have been exploding that myth of objectivity.

Radio personality Dr. Laura Schlessinger is one such commentator; radio commentator Charles Colson is another. On his show, "Breakpoint," Mr. Colson talked about an American Psychological Association-published article asserting that fathers aren't necessary. He said:

"Are kids better off without their fathers?...The American Psychological Association recently published a study that suggests that fathers, and even marriage, are unnecessary for healthy child development.

"This study removes any lingering doubts whether the APA is about legitimate science and scholarship.

"In an article called 'Deconstructing the Essential Father,' Louise Silverstin and Carl Auerbach...claim that fathers do not make a 'unique and essential contribution to child development.' Unbelievably, they claim there's not a shred of evidence for the belief that marriage enhances fathering, or that marriage civilizes men and protects children.' After all, the authors say, the in-home dads might strain the family budget by spending money on themselves once in awhile. All kids really need, they say, is some 'responsible, caretaking adult.'

"The authors candidly acknowledge that they support

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public policy that “supports the legitimacy of diverse family structures”—such as gay parents, unmarried parents, and single moms.

“Well, if nothing else, at least they’re honest about their intentions, because the evidence pointing to the importance of fathers is overwhelming...Of course, intact traditional families have problems too. But only someone blinded by a political agenda would not see that they’re the best environment for children.”

Hot-Selling New Advice Book for Teen and Preteen Girls

A top seller on Amazon.com is the new book *Deal With It: A Whole New Approach to Your Body, Brain and Life as a Girl*.

The conservative Christian newsmagazine *World* reported on the book, which received a glowing review from another magazine—*Publishers Weekly*—because it is “frank and nonjudgmental.” *World*, however, observed that the book amounted to blatant obscenity issuing from angry feminists and “potty mouths.”

“Aimed at even pre-pubescent girls, the book is a manual on how to become a lesbian, feminist and pro-abortion activist,” *World* reported, and is a “how-to manual” teaching girls how to perform lesbian sex acts.

The book advises its readers to make decisions about whether to engage in different sex acts on the basis of the level of medical risk these acts pose, rather than on a consideration of the moral, social, and psychological factors.

Deal With It! is now finding its way to public-school libraries.

NAMBLA Calls Man-Boy Love “Good and Wholesome”

The North American Man/Boy Love Association (NAMBLA), publishes a *Bulletin* which offers an interesting insight into the world of the pedophile.

In their most recent issue (vol 2, no. 2), they explain “Where We Stand,” as follows:

“NAMBLA is both political and educational. We work to organize support for boys and men who have or desire consensual sexual and emotional relationships, and to educate society on their positive nature...Throughout most of Western history (not only Western), man/boy love has been the primary form of homoeroticism, and it is this love for which NAMBLA stands...”

“We believe that sex is good and wholesome and that it’s an important medium of personal expression...NAMBLA condemns sexual abuse and all forms of coercion...We insist there is a difference between coercive and consensual sex.”

This sounds very much like the argument in the American Psychological Association’s recent *Psychological Bulletin* article, which found little or no harm—and sometimes benefit—in so-called “consensual” pedophile relationships between men and boys.

“Laws that focus only on the age of the participants,” the brochure explains, “fail to capture that distinction, for they ignore the quality of the relationship.”

NAMBLA appeals to the reader using the argument against racial discrimination, calling pedophiles a “minority” entitled to civil-rights protection:

“Differences in age do not preclude mutual, loving interaction between persons—any more than differences of race or class.”

“Some existing laws criminalize sexual relationships that are loving and fully consensual...These laws are ill-conceived and morally repugnant. As is our right, we advocate their repeal.”

NAMBLA adds: “Prisoners may receive free membership and newsletters.”

NAMBLA’s Literature Offers a Window into the Psychology of the Pedophile

The *NAMBLA Bulletin* features photos of innocent-looking boys of about seven or eight, up to about age thirteen, and argues passionately for “children’s rights to sexual self-determination.”

In one particularly heart-wrenching nonfiction story, Loren Robb, a New Zealand filmmaker, describes a trip to a remote Siberian village to film the native people. While shooting a documentary, Robb noticed a shy 13-year-old boy, Kolya, watching him from the sidelines. Kolya, as it turned out, was estranged from his alcoholic parents and had lived for six years as a virtual orphan in the remote village’s schoolhouse.

Robb showed him his computer and filmmaking equipment and found himself falling in love with the vulnerable and lonely boy. The child cried as he told Robb he was “all grown up” and really didn’t need a father any more.

The rest of the story is a heartbreaking account of a grown man’s desire for a child, and reveals the man’s perverse mixture of romantic longing, the need to be perceived as an idealized father-figure, and the contradictory desire to see

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the boy as his emancipated equal.

Interested readers may contact NAMBLA for a subscription at P.O. Box 174, Midtown Station, NY, NY 10018.

Canada Restricts Free Speech on Homosexuality

The Christian ministry Focus on the Family, which has a branch in Canada, reports that they have had to censor their radio broadcasts to conform to Canadian nondiscrimination laws on homosexuality. Focus is led by psychologist Dr. James Dobson, and is a moderate group which holds to a strictly biblical view of sexuality, but nevertheless carefully avoids stridency and emphasizes tolerance and compassion.

"In Canada," says Dr. Dobson, "certain portions of Scripture can no longer be read on radio or television. If broadcasters chose to elaborate on Romans 1, for example, or other Scriptures that address the subject of homosexuality, they would be charged with unethical practices because officials would interpret the comments as hateful.

"Focus couldn't even cite certain medical information related to AIDS on a recent broadcast because, again, it might have offended the homosexual community."

Referring to the U.S., he added, "That's where I believe gay and lesbian activists in this country are taking us."

Psychologists in Brazil Must Promote Homosexuality: Reparative Therapy Forbidden

A reader from Brazil, Esly Carvalho, recently told NARTH about the extent of gay-activist influence in that country's professional associations.

Psychologists there are told by their licensing organization, the C.F.P., that they should "contribute, with their knowledge...to the end of discrimination and stigmatization against those who exhibit homoerotic behavior" and they must not "speak out about, nor participate in, public announcements in the media, in a way that would reinforce the existing social prejudices with regard to homosexuals having any mental disorder."

Furthermore, "Psychologists will not cooperate with events and services that propose the treatment and cure of the homosexualities." In other words, reparative therapy is prohibited.

Since the C.F.P. controls psychologist licensing, it is anticipated that there will be widespread cooperation with the resolution.

Focus on the Family Offers Workshops on Homosexuality

Colorado-based Focus on the Family, an evangelical Christian group headed by psychologist Dr. James Dobson, is offering a series of high-quality instructional seminars on homosexuality at locations across the country. Attendance has averaged from 500-700, and locations have included Wheaton, Illinois; Memphis, Tennessee and Seattle, Washington. The program aims especially at educators, counselors, pastors and parents.

According to the group's brochure, "We are truly in a battle for the hearts and souls of kids today. Each year, thousands are faced with the pain of learning about a gay loved one, and feeling there is nowhere to turn for answers...Are you prepared?"

The conferences address questions such as understanding and preventing the condition in today's youth; how to help a friend or loved one who is struggling with the problem; a step-by-step assessment of the arguments of pro-gay Christian theology; and strategies to approach one's school board to request a balanced approach to the subject. A comprehensive instructional booklet is given to all registrants which includes a detailed outline of the day's speeches, along with a comprehensive list of recommended reading materials.

Conferences still remaining in the year 2000 are slated for Dallas, Texas (May 6), Minneapolis, Minnesota (Aug. 12); and Colorado Springs, Colorado (November 3-4). Interested participants should contact Focus on the Family <https://www.focusonthefamily.com/?s=homosexuality>

Rave Concerts Provide Teens with "Space to Experiment"

Teen "Rave" concerts were credited by the gay magazine *The Advocate* with providing sexually questioning and straight youth a unique opportunity to try gay sex, particularly when their inhibitions have been lowered by the popular party drug Ecstasy.

"For teenagers who may be unsure of their sexuality," *The Advocate* reported, "the scene provides space to experiment in a nonthreatening atmosphere. An informal survey of female attendees at a small Rave in San Francisco found that three-quarters had kissed a girl for the first time at a Rave...Nowhere else in youth culture are the lines of sexuality and orientation as blurred."

Study Finds AIDS Virus Passed by Oral Sex

Researchers announced recently that a significant number of gay men are becoming infected with the AIDS virus

through oral sex—an activity that had been thought to be a relatively safe alternative to anal sex.

The news agency Reuters reported on the study, which showed that nearly 8% of recently infected gay men in San Francisco had engaged in no risky behaviors other than receptive oral sex. An official of the Centers for Disease Control, Dr. Ronald Valdiserri, called the finding “sobering news,” and labelled the study “the most definitive to date” on oral transmission of the virus.

How to be More Tolerant

Philosophy and Government professor J. Budziszewski of the University of Texas at Austin has made some interesting observations on the virtue of tolerance. Now, tolerance requires more than putting up with a thing not especially liked.

By the latest definition, tolerance actually suspending one’s own judgment. According to his 1999 book *The Revenge of Conscience*, the “tolerant” person will make use of at least one of three fallacies:

1. **The Quantitative Fallacy:** “The more ideas and behaviors you are able to tolerate, the more tolerant you are.”
2. **The Skeptical Fallacy.** The best foundation for tolerance is to avoid having strong convictions about *anything*; therefore, “The more you doubt, the more tolerant you are.”
3. **The Apologetic Fallacy.** If you cannot help having strong convictions, then the most tolerant thing to do is to “Keep your convictions to yourself.” You should not discuss them with others, nor act upon them.

But tolerance, Dr. Budziszewski observes, is never practiced consistently. Rather, it is used as a weapon for demoralizing opponents. “The neutralist, too, has convictions,” he says. They are convictions about the things he himself defends as requiring tolerance—particularly race, class, gender, and sexual-orientation distinctions. (Even the ACLU, supposedly a defender of all civil liberties, backs certain types of rights and shuns disfavored causes—such as the desire to change from gay to straight—by redefining them as “prejudices.”)

But true tolerance, Dr. Budziszewski says, cannot mean that we accept all behaviors. It does not imply we should put up with false statements in a debate, or allow rape; nor does it imply we should be neutral about everything, because “there is no neutral ground in the universe.” Instead, true tolerance means we decide to put up with some bad things for the sake of a greater good. But we can-

not evade making decisions about what, in fact, those bad and good things actually *are*.

“Why I Support the Work of NARTH”

“I do not believe that the study of any area of the human psyche and of human behavior, whether it be in the interest of scientific inquiry or for purposes of self-understanding, should be decreed as off-limits. The earth is not flat and the sun does not revolve around the earth, despite the fiat of the political correctness police. This is why I support the work of NARTH.”

—Psychoanalyst Althea J. Horner, Ph.D., author of *Object Relations and the Developing Ego in Therapy*

P-FLAG Literature Misinforms

The popular national organization P-FLAG (Parents and Friends of Lesbians and Gays) publishes an informational booklet, “We Want to Help,” which tells readers that 10% of the population is gay (a figure long since scientifically discredited), and that “all attempts fail” when homosexuals try to change their orientation.

Gene Research is Flawed, Says Gay Activist

A gay writer recently added his voice to those objecting to the “born that way” argument.

In *The Mismeasure of Desire: The Science, Theory and Ethics of Sexual Orientation*, gay academic Ed Stein strongly critiqued the research of Simon LeVay, Dean Hamer and others, and warns activists not to base their appeal for gay rights on the case that they were born homosexual. “It is not worth risking our basic human rights on a theory of how sexual orientations develop,” he warns.

In its February 1st issue, *The Advocate*, a gay magazine, calls Stein’s book meticulously researched and well-argued, and says his “groundbreaking” book “challenges the precepts of ten years of increasingly accepted scientific ‘fact.’”

“My training had taught me that a lot of what was being said was—well—highly unscientific,” Dr. Stein told *The Advocate*. “Many people want to use this research to promote gay rights,...[but] biological arguments fail across the

continued

board—theoretically, practically and legally.”

Still, Activists Continue to Rely on the “Born that Way” Argument

In a recent article in *The Advocate*, a teenager describes his battle to initiate a gay student club in his Orange County, California school. “I spent an hour one day talking to five straight guys at lunch. They wanted to know why I was doing this. They didn’t even understand that most people don’t choose to be gay — they’re **born that way**.”

On the strength of the “born that way” argument, the gay student was able to convince them that gay clubs were a good idea. “When we stopped talking,” he said, “I had changed their minds.”

The Advocate Interviews “Dr. Laura”

The gay magazine *The Advocate* interviewed radio personality Dr. Laura Schlessinger for a cover article in its February 29th issue, “Dr. Laura: The Dangerous New Voice of Homophobia” (page 28).

Dr. Laura, who recently changed her position about homosexuality and has come to see the condition as disordered, made the decision to offer her interview in written rather than oral form, and the result was, in fact, a sparkling and lucid presentation of her views.

“I have never suggested that [reparative therapy] is something all homosexual should do,” she explained. “[However] imagine if you were a homosexual who was tormented by your sexuality...but were turned away because the doctor or therapist feared being sanctioned by their peers. I think that’s unbelievably cruel.”

The editors described the “mounting criticism” against Dr. Laura which has been displayed in half-page newspaper ads against her, and endorsed by a substantial list of organizations and individuals. They also describe the effort of gay activists to prevent her upcoming TV show from going on the air—or at least, if that fails, to gain some control over the choice of words she is permitted to use in her discussion. (In fact, gay activists did achieve some success: When discussing homosexuality, Dr. Laura will be required to open up her show to the presentation of opposing viewpoints.)

Despite Dr. Laura’s common-sense argument, *The Advocate* was able to seize the last word by running a notably unflattering photograph of her along with the article.

The Power of Language: Who Wants to be *Anti-Anything*?

The major media has adopted a new approach to encourage sympathy for its gay-affirming position: refer to all arguments against gay marriage, gay adoption, and affirmative-action recognition of gays as “anti-gay.”

California’s Defense of Marriage Initiative (renamed by the courts “Limit on Marriage”), designed to protect the traditional definition of marriage as between one man and one woman, is regularly described in the media as “the anti-gay initiative.”

In the battle of ideas, negative words like “limit on...” and “anti-” conjure up far different images than positive words about protecting the traditional family model. Thus the media gains sympathizers for its position by not identifying such causes as “in the defense of the traditional family” or “traditionalist,” but instead, as *anti*-something.

Religious Leaders Label Defense of Traditional Marriage “Bigotry”

In dramatic support for gay marriage, a group of California bishops gathered to oppose California’s “Limit on Marriage” initiative, called Proposition 22.

The effort to defeat Prop 22 and support gay marriage brought together church leaders from Episcopal, Evangelical Lutheran Church in America, and United Methodist denominations. A Jewish rabbi joined the group, denouncing the Biblical Garden of Eden story, which traditionalists use as the model for male-female marriage, as essentially childish. “It’s about time we discover an Eden for grownups,” said Rabbi Steve Jacobs.

Many speakers said resistance to gay marriage was based on fear and bigotry that is equivalent to racial hatred. Episcopal Bishop Edwin Bacon claimed that leaders of the Mormon and Roman Catholic Church—who support the traditional definition of marriage—have been “hijacked by the forces of intolerance and bigotry that gave birth to this hate-filled initiative.”

In a further development, 850 theologians nationwide signed a one-page declaration sponsored by the leftward-leaning group SIECUS (Sexuality Information and Education Council of the United States). The declaration said that “Our culture needs a sexuality ethic focused on personal relationships and social justice, rather than particular sexual acts,” and says that it accepts “no double standards” based on marital status or sexual orientation.

continued

Almost half of the signers were from the United Church of Christ, the Unitarian Universalist Association, and reform and reconstructionist Judaism. Planned Parenthood and the National Abortion Federation also signed on. Some were seminary professors from the Presbyterian Church (U.S.A.), and officials of the Episcopal and United Methodist Churches.

Proposition 22 eventually passed, thus closing the door -- for the time being -- on the recognition of gay marriage in California.

Why Psychological Theorizing is a Dying Art

Reading the psychology books written thirty or more years ago, one is struck by the wealth of theorizing, and the rich development of personality and psychodynamic theory. Much of what we read in these books sounds anachronistic today, though, because the authors presented their ideas in a style of bold generalizations.

Today, the trend in psychoanalysis is to avoid over-arching theories and to focus instead on the client's subjective experience of his own inner reality.

But if the writers of that earlier time in psychology's history were sometimes guilty of broad generalizations that neglected individual nuance, in fact the writers of today seem to approach their subjects with a strange *refusal* to probe some important areas of understanding—sometimes even a fear of acknowledging the obvious.

For example, we hear many psychotherapists say, "*Science has absolutely no idea what causes homosexuality.*" And they may add, "Besides, there's no need to know."

We see a similar situation in other fields of study. The authors of a recent book examining the contribution of Greek philosophy, called *Who killed Homer?* ⁽¹⁾ report the same situation in university Classics departments: today, there is broad, stubborn resistance to the development of any system of unified thought.

"Deeply suspicious of grand theories," these authors say, academics now avoid understandings that are "general, broad and all-inclusive." In their departments, they often refuse any attempt to see the contribution of Greek thought

as aggregate and sweeping. There is a tendency to reject a sound generalization if an opponent could possibly find *one single exception* to an otherwise useful and plausible theory.

Sensible theories are debunked as mere "vulgar over-simplifications" with the claim that they lack a sense of nuance and gradation. "The minute one mentions the Greeks," the authors say, "the [debunkers] descend to demand, 'Which Greeks? Whose Greeks? Greeks *when, how* and *where*?'"

But in an academic climate devoted to fragmentation rather than unified understanding, these authors remark with sadness, one can expect to see few philosophers in the tradition of a Hegel or a Weber or a Toynbee, because all of those great thinkers were forced to rely on "bothersome 'assertions,' 'assumptions,' and 'generalizations'" to advance their civilization-changing philosophies.

⁽¹⁾ Hanson, Victor and John Heath (1998) *Who Killed Homer? The Demise of Classical Education and the Recovery of Greek Wisdom*. Free Press.

News on the Bieber Library Collection

Thanks to the support of NARTH members and non-members alike, the Irving Bieber Memorial Library now has over 300 books in its possession, including eleven classics. The titles vary widely in type and publication date.

To date, we have also received approximately \$8,000 in tax-deductible donations.

The goal of the Library is to provide a wide-ranging and diverse resource of titles. Some of the topics include theological discussions of the ethical dilemma of homosexuality, arguments for and against same-sex marriage, and sexual issues confronting today's adolescents. Others are older resources such as *The Homosexual Matrix*, by C.A. Tripp, *Homosexual Behavior Among Males*, by Wainwright Churchill, and the original data gathered for the classic 1982 Bieber, *et al* study.

We are continuing to call for books—old and new—to enlarge the collection. We also are in need of further donations. *Both cash and book donations are tax-deductible to the giver.* Many thanks to all individuals who have previously contributed.

NEW— Order NARTH Literature by phone

We now accept credit-card phone orders for literature, and also for payments to renew your membership.

You can also write us by e-mail at narth@earthlink.net.

Interview with a Parents' Rights Activist

by Joseph Nicolosi, Ph.D.

In cooperation with gay groups such as GLSEN and GLAAD, the state of Massachusetts has recently instituted a broad range of gay-affirming Health and Human Sexuality programs. Some of these programs have caught the attention of parents, who are disturbed at the programs' one-sided approach, and also their tendency to override the values of many families. Here, NARTH interviews Massachusetts parent-activist Brian Camenker.

JN: Tell us, Brian, what is the Parents' Rights Coalition? And what motivated you to get started?

BC: It's an organization focusing mainly on the gay-affirming and sex-education programs in the state of Massachusetts.

JN: You're a parent, yourself with two children in the public school system in that state. What problems did you see in those programs?

BC: In my hometown of Newton in 1992, a group of parents became very concerned about the homosexual agenda and the general approach to sexuality being introduced into the community schools by those programs.

When we first went to the local school committee to discuss our concerns, we were rebuffed. They called us some very unflattering names, and said that the community should avoid people like me because I was a Christian fundamentalist. *Even though I'm Jewish!* We basically got nowhere. Then the newspapers contacted me.

Later that year the Catholic Archbishop of Boston called a meeting of intellectuals, academics, and others from different ethnic backgrounds and religious faiths to talk about the issues troubling them in our culture. One of those issues of concern was Massachusetts' new sex-education programs. This group became The Interfaith Coalition of Massachusetts, and I was elected chairman.

JN: And where did you go from there?

BC: The first thing we wanted to do was create the "Parents' Rights Bill," which we wrote and presented to the State Legislature. Essentially, it said that parents have to be told when their children are being put into these courses. They should have the option to remove their kids if they wished; schools could not take retribu-

tion on the kids that had opted out; and parents had the right to see the course material.

Over a period of time, The Interfaith Coalition became the Parents' Rights Coalition. In short order our work began to generate a lot of controversy, and then a lot of the clergy involved didn't want to take the heat, and they stepped back.

What was left of our group then solidified, and it became less of a group of academics and community leaders, and more of a group of thousands of parents.

JN: It seems that many religious leaders tend to avoid conflict, doesn't it?

BC: Oh, yes, there was a great reticence about controversy. Eventually we had to forget about the religious leaders and rely on the parents instead. They were the ones who carried us through.

What happened next, was that we presented this bill in the State Legislature. It got tremendous hostility from the Teachers' Unions and the homosexual groups. Tremendous, tremendous hostility. However, we battled on, we got thousands of parents involved, and it took a couple of years—but we got it passed by both Houses, and then signed into law by Governor Bill Weld.

Now during that process, unfortunately it got watered down a lot, but still, it was a great victory for us and a great defeat for them because they put a tremendous amount of effort into killing it.

JN: How did you keep the bill alive?

BC: One of the interesting things was when it came down to the very last afternoon of the legislative session, we were outside the chambers of the House of Representatives, and the activists had a dozen of their key lobbyists there. They were polling every single member of the legislature as they came in and went out, as to how they were going to vote. In that same room, we had 120 parents! These activists were very upset because for the first time, they were being challenged.

These concerned mothers, some had come in 100 miles from Worcester, saying to the legislators, "Why won't you let us have these rights, why are you doing this to

our children?" And the legislators had no answers.

JN: They weren't expecting such resistance.

BC: They're used to being the intimidators. They're used to holding the moral high ground against people they had been painting as bad guys, and they were in shock at who they actually had to answer to. They had to answer to a group of dedicated mothers.

JN: So much of the success of the gay agenda has always been because the victims take the moral high ground. The fact they tend to blur, is that while gay-bashing is morally objectionable to everyone, people are entitled to voice legitimate, *principled objection*. There are some *reasonable distinctions* to be made between homosexuality and heterosexuality, and that of course is not "hatred" of a group of people.

BC: Indeed it is not. But the Legislature did not want to pass this bill, so we essentially had to show them that we had the support to get it through, and now it is state law.

Since then, we've had some other minor victories too. In my own situation with my then 11-year-old daughter in the sixth grade, she was put in a Health course whose goal, among other things, was to help each child understand his race, class, ethnicity, and sexual orientation. This was a course they had in place for an 11-year-old.

The principal would not let me take her out. He said the Massachusetts court curriculum guidelines required Health, and so I presented all of this to the State Board of Education.

A few months later, the state Board of Education removed Health from the curriculum guidelines.

But that victory stirred up a new controversy. Making my experience as an example of what's wrong in Massachusetts, *The Boston Globe* was livid, and they published a story that was very unflattering about me.

But the controversy settled down again because parents and a lot of other people got involved. What I've found is that's what it takes—parents getting involved.

JN: Why is it so hard to mobilize parents?

BC: The other side is tremendously well organized, but mostly, parents have their own lives to live and don't have the time to get involved in activism to defend the issues that are important to them. On the other hand, our opposition on this issue can invest a great deal of time, energy and passion in what they believe in.

Also, many people are simply unaware of what is happening. When we show them these school curriculums, they don't believe us.

I have a close friend, an older guy who was interned in Nazi concentration camps in World War II. He was a Holocaust survivor, and he "gets it"...he understands the problem of denial and how it can paralyze a whole society. When people don't believe something is actually going on, they go about their lives as if nothing is happening.

So because people can't imagine it is that extreme, we've very carefully documented all of what we talk about.

In fact, we had an article about us in the *National Review*, in September 1995, that documented a lot of this. We still get calls from that article.

JN: Where can people reach you?

BC: Our address is The Parents Rights Coalition, P.O. Box 541612 Newton, MA 02454. We have a voice mail at (781) 890-6001 or office@parentsrightscoalition.org. We finally were able to get an office with an Executive Director—we've been able to raise enough money from concerned citizens to establish ourselves.

Our tape has been heard by thousands of people by now. In fact when the Speaker of the Massachusetts House of Representatives heard it, he called me into his office while the House was in session to talk about his concerns about the school system. But that time, the lawmakers didn't have the guts to follow through and actually do something.

JN: They were intimidated.

BC: They didn't want to offend anyone. So our job in this next year is to make them more afraid of the voters than they are of the gay agenda. What I think is their Achilles' heel, is the recovery movement.

JN: Absolutely.

BC: That is their Achilles' heel, and that's what we have to nurture in Massachusetts.

JN: Where do you plan to go from here?

BC: What our latest objective is to de-fund the million and half dollars that Republican Governor Celucci gives every year to the Gay /Straight Alliance *out of the state budget*. We think that should be a private enterprise, like our group—not a cause promoted by tax dollars. As our audiotape reveals, this group has been incredibly destructive in the public schools.

Another thing we've done is to document the educational abuses we talk about. I can cite the location of every one I've mentioned—"chapter and verse."

Another thing we did here in Newton is to support candidates for the school committee. Recently we almost won several seats, so the school committee is worried about us.

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JN: What do they say about your tape?

BC: One of the committee members called me up and we went to lunch this past Friday. I pulled out documentation of all of these things that are going on in the public schools. She didn't believe what I'd said—until I showed her the papers and school handouts.

JN: What is your strategy in approaching the schools?

BC: We used to just say to the school committees, "We hope that this is something you won't do, because of this-and-that reason." But we've changed. You need to confront these people directly.

Our stand now is, "You do not have the right or the authority to do this to our children." That is a different perspective that takes them a little off-guard, and it is much more effective. Because in these programs, nobody is standing up and admitting to the kids, "This is a self-destructive lifestyle that could kill you."

Someone who believes in what we're doing once came here and spoke to a Parents' Rights gathering. At first he was arguing whether or not these programs that support kids in getting into a gay lifestyle are a civil right or not. I believe that when you argue on that level, you've lost. I believe you have to get right to the heart of it, right to the behavior, right to what a gay lifestyle really is...the whole way it tears apart your soul.

One of the reasons that I feel more comfortable than others in discussing this is that in my own life I've had many close friends who are homosexual. I've seen a close-up what this does to them...the inner turmoil they're going through.

I may not be a psychologist, but I can see very clearly—I'd say, intuitively—that homosexuality has got to be a symptom of something deeper going on in the individual.

JN: I agree. It's about a deep desire to be acceptable within the company of members of one's own sex, and to experience their affirmation, attention and affection. Homosexuality is not, fundamentally, about sex. It's a search for identity and a sense of belonging.

BC: Yes, that's exactly how I see it. They take these fragile, confused kids and say to them: "Well, you may feel unsure of who you are, but from what you've told us, we've decided that what you really are is homosexual, so come on downtown and meet these other guys."

The superintendent of the schools at Newton actually had a public meeting, where he introduced a 16-year-old who talked about his love for men. The superintendent was

proud of this! This is how the schools' Gay/Straight Alliances are helping kids.

George Orwell once said that "There's no idea so bizarre that it will not be accepted by an intellectual." It seems that the smarter people are, the more willing they are to accept nonsense that simply contradicts common sense.

I live in Newton, which has several Nobel Prize winners, and...

JN: ...And I bet they're all paralyzed when it comes to thinking clearly and decisively about these issues.

BC: You're right.

JN: Because the intellectual says, "Well, I don't know...maybe it's true, who can say, who can judge? Maybe that's *his* truth, even if it's not *my* truth." When you talk about something that you passionately believe to be true, and offer reasonable arguments, their eyes just glaze over.

In fact—I still laugh when I remember this—*The New York Times* ran an article in 1998 called "Analysts Get Together for a Synthesis." It was a report on a psychoanalytic conference at Mt. Sinai Hospital in Manhattan.

Analysts now tend to avoid the attempt to get to the truth in their patients' histories—"abandoning certainty in favor of a reasonable myth the patient can believe in."

"The discussion of true versus false is a false issue," one analyst said. Another conceded, "We're all anxious to show what we don't know."

"During the meeting," said *The Times*, "only a few analysts claimed to know anything."

BC: Yet they all believe that homosexuality is normal and healthy, and a gay lifestyle is good. That, they seem to have no doubt about.

The root of this problem—and so many other people around me find to be true also—is that when you give up believing in a transcendent moral order reflected in human nature, with laws that mankind cannot change by popular vote, then anything's possible. *Anything at all is possible* when you say there is no objective truth. That's a big problem, particularly among intellectuals, who are much smarter than God.

One of the things for which I've looked to NARTH, is help in getting the scientific facts together. I really enjoyed a book by one of your Scientific Advisory Board members,

"The smarter people are, the more willing they are to accept what contradicts common sense."

continued

Jeffrey Satinover. His *Homosexuality and the Politics of Truth* has been very important to us. I also liked both of Scott Lively's books...very good. That's what I find is very powerful—when you confront people with the truth.

JN: People who in their gut feel there's something not quite right about homosexuality. That's what I call "natural homophobia." I'm not talking about the kind of homophobia that leads to gay-bashing or scapegoating...we all know, without question, that's wrong. I'm talking about the gut feeling people have that there is something not really quite normal about two men or two women falling in love.

The average person just *knows* there is something missing there. There is—as a very prominent member of the American Psychiatric Association, Dr. Robert Spitzer, recently admitted—something that is just "not working."

But when the layman thinks this way, he is hit with so-called scientific information that disproves his intuition about homosexuality, and then he feels guilty and embarrassed about having had that intuition. The gay movement says that his idea is the same as racial hatred—a feeling all of us know is reprehensible. So at that point, the average person just throws up his hands. After all, if science is against him, then his feelings must represent nothing more than ignorance and prejudice.

But the fact is, science *supports* his gut reaction.

BC: And NARTH is clarifying that for us—that there's scientific information on the other side of this issue.

JN: I'm glad we've been able to get the information out there.

BC: By the way, I've discovered that when I deal with the media, it's actually better to say it exactly as it is; don't sugar-coat it.

I had an interesting situation on WGBH-TV, the public television center in Boston. They had me there on a talk show last year. I was on on Emily Rooney's show—she's Andy Rooney's daughter—along with a woman who's the head of New England Gay and Lesbian Advocacy.

Emily Rooney's first question was, "Well Mr. Camenker, what is it about homosexuality that seems to bother you so much?"

And I said, "Well Emily, for one thing it's a public-health problem. A lifetime of anal sex does not do great things for the body."

Nobody had ever said that on public television.

JN: So you got right to it.

BC: The place erupted. They started screaming at me.

JN: Because as troubling as that statement sounds, there is no logical argument against it.

BC: So then she said, "Well, what about lesbians?" And I mentioned something about the lesbian sexual practices that happened to be described in detail *to kids* in my daughter's "Living and Learning" health class—a particular practice which happens to be especially gross.

She said, "What do you know about what *I* do with my sexuality—what do you know?"

I said, "Emily, that's the whole point, we don't *want* to know. Nobody wants to know." And neither do our children need to be taught these things in junior high school.

She apparently is heterosexual, but she just lost it.

I must have gotten letters and phone calls from people for two months saying, "Boy, you were wonderful!"

JN: Sometimes you have to get right down to the bottom line and just say it. Because the paradox is that many people who support the full affirmation of homo-

sexuality in our society do not even want to consider what the actual behavior is.

BC: No, they don't.

JN: They like to think, as someone once commented, "that gay men just hug."

BC: In fact, I've found that the truth is a very powerful thing. I think it was Pope Paul who was quoted in the *Wall Street Journal*, of all places saying essentially, "The main thing that brought about freedom in Eastern Europe and destabilized the totalitarian movement was *people's refusal to lie*." That is what we have to learn.

JN: And your audiotope has been pretty clear in delivering the facts about what's been happening in the schools.

BC: We've gotten out that one-hour tape to thousands of people by now. In fact, when the Speaker of the Massachusetts House of Representatives heard it, he called me into his office while the House was in session to talk about his concerns about the school system. Of course, he didn't have the guts to do anything. But our job in this next year is to make them more afraid of the voters than they are of the gay agenda.

"They called me
a 'Christian
fundamentalist'...
in fact, I'm Jewish."

What I think is their Achilles' heel, is the recovery movement.

JN: Absolutely. And that's where NARTH comes in.

BC: Right. That is their Achilles' heel, and that's what we have to nurture here in Massachusetts.

JN: This is really where the solution lies—reparative therapy, the healing of homosexuality. When we show a person who was once gay and now is no longer gay, that pulls the rug out from under the entire notion that there are two distinct groups of people, different from birth—gay people and straight people.

BC: I don't think we're really going to get anywhere until we can get the recovery movement off the ground.

JN: That's what NARTH is trying to do.

BC: It must be extremely difficult. I can imagine that it is one of the most difficult things for a person to get free from—harder, I would think, than alcoholism.

JN: Yes it is, because there's not just an addictive behavior involved, but it's more than that—the basic issue goes

back to identity. The only solution for many men seems to be an annihilation of the self, and an identification with an idealized male who it seems must be "out there" somewhere, if only he can find him. The issue is about a struggle with self-hatred, and about the search for identity.

BC: You know, I personally have known dozens of such men. I've had many as close friends who I deeply cared about, and I've seen this torment and watched it in their lives. And I hope to persuade the Massachusetts schools that they aren't helping our kids by opening up the door into a destructive lifestyle.

JN: NARTH's position is that the teenage years are not the time to make a decision about sexual identity. This is a decision to be made by a mature person in adulthood, when all the facts are available, and when the options can be carefully considered, and he has the benefit of a few more years of life experience.

Thanks very much, Brian, for a most interesting description of what's happening in Massachusetts.

In our next issue, we'll publish a transcript of your audiotape describing those Massachusetts sex education school programs in detail.

NARTH Therapists: Stay Connected on the Internet

In March, 2000, listserv connectivity was made available to NARTH members.

The listserv has two primary functions:

- 1) to serve as a resource and means of informal consultation for clinicians who are doing reparative therapy with individuals experiencing same-sex attraction; and**
- 2) to serve as a forum for general questions and thoughts that individuals would like to circulate among the membership only.**

Please be aware that at this time, the list is available only to NARTH's **full members** with clinical credentials.

To subscribe, please send an email to: MembersL-request@narth.com.

Please type your name in the body of the email so that we can confirm your membership in NARTH. You will receive a welcome message to indicate that you have been added to the list.

conduct disorder, and nicotine dependence (odds ratios, 2.8-6.2 compared with the heterosexual sample).

Dr. Bailey predicted these findings would be interpreted in different ways:

- 1) by sexual-reorientation therapists, as vindication that homosexuality should not have been removed from the diagnostic manual in 1973 because of its association with psychopathology;
- 2) by social conservatives, as evidence of the consequences of promiscuity and an unhealthy lifestyle;
- 3) by gay activists as proof of the stresses of society's homophobia.

"Commitment to any of these positions would be premature," he cautioned.

Is Homosexuality a "Developmental Error"?

Dr. Bailey proposed several possible interpretations of the findings. Social oppression is a very likely stressor, but not demonstrated to be a single source of the problem.

A second possibility, he says, is that since evolution naturally selects for heterosexuality, "homosexuality may represent developmental error." While he does not fully elaborate on this intriguing suggestion, he says some research links homosexuality to "developmental instability," as well as some minor physical anomalies.

A third possibility concerns the gender-atypicality of homosexuals as a group; gay men, being as a group more feminine, he says, may be exhibiting more female-like types of neuroticism.

Another possibility is that the psychopathology is due to "lifestyle differences" (particularly promiscuity and fear of sexually transmitted diseases). Lifestyle differences (including the gay community's great stress on physical attractiveness and thinness) might also explain the vastly higher rate of gay men with eating disorders. To understand why homosexuality is linked with psychopathology, the author calls for more research—particularly, research that is free of politicization and that will openly address unpopular hypotheses.

For a further discussion of those studies in the *Archives*, see page 39 of this *Bulletin* issue.

Dr. Spitzer Clarifies His Position

NARTH has recently been pleased to cooperate with Robert Spitzer, M.D., the renowned Columbia University psychiatric researcher, by sending him names of individuals who claim to have made a change in sexual orientation, and also by offering a list of suggested panelists for his consideration for an upcoming Psychiatric Association debate.

It is important to note, however, that Dr. Spitzer is an independent researcher without ties either to gay activism, or ties to NARTH—and that he will conduct his research as a non-allied professional. He is seeking to be fair and open to the claims of both sides in the debate, and to avoid advocacy in either direction—not an easy balancing act when one studies homosexuality.

We applaud Dr. Spitzer's attempt to provide a middle ground on an issue where opposing sides rarely dialogue with each other. While NARTH and Dr. Spitzer disagree on many issues, nevertheless we recognize the need for an independent individual to reopen the dialogue.

A recent letter to NARTH members stated: "Dr. Spitzer was a key player in the original 1973 decision to normalize homosexuality. He was moved to rethink this issue when a group of former homosexuals picketed the 1998 Psychiatric Association meeting." Dr. Spitzer has asked us to make the following clarifications of his position:

Talking to former homosexuals at the 1999 (not 1998) American Psychiatric Association meeting resulted in his

new interest in studying the effectiveness of sexual reorientation therapies - but it did not lead him to "rethink" his involvement in the 1973 decision to remove homosexuality from the American Psychiatric Association's list of mental disorders. He is still of the opinion that the A. P.A. made the right decision.

Furthermore, during the debate surrounding that decision, Dr. Spitzer specifically wrote that it would be incorrect to equate the removal of homosexuality from a list of mental disorders with a judgment that homosexuality was normal or represented optimal functioning.⁽¹⁾ Therefore, he says, the NARTH letter was inaccurate when it referred to the "1973 decision to *normalize* homosexuality."

In other words, although the term "normalize" is used by NARTH and others in common parlance, Dr. Spitzer correctly notes that the removal of homosexuality was not, in fact, an act of "normalization" by the American Psychiatric Association. The A.P.A.'s decision merely removed homosexuality from its list of disorders.

Reference

(1) Spitzer, R. L., "A Proposal About Homosexuality and the APA Nomenclature: Homosexuality as an Irregular Form of Sexual Behavior, and Sexual Orientation Disturbance as a Psychiatric Disorder: A Symposium. Should Homosexuality Be in the APA Nomenclature? *Am J Psychiatry* 1973; 130:1207-1216.

"Dr. Laura" Interviews Psychiatric Association's Robert Spitzer

Excerpt of Dr. Laura Schlessinger's Radio Show, January 21, 2000. (Published courtesy of the Dr. Laura Show—not for reproduction—partial transcript of the original.)

"I'm convinced from people I have interviewed, that for many of them, they have made substantial changes toward becoming heterosexual...I think that's news."

"I came to this study skeptical. I now claim that these changes can be sustained."

"I agree that a homosexual who is not able to be aroused heterosexually...I think, implicitly, there is something not working."

—Robert Spitzer, M.D.

A major network news magazine program [ABC 20/20] is going to break a story in about two weeks, but I'm breaking it here today.

I'm going to read [something] to you, from the *Washington Times*, July 5, 1994, by psychiatrist Charles Socarides, and it leads right up to the point of the breaking news. He wrote:

"A significant portion of society today is of the belief that homosexuality is a normal form of sexual behavior, different from but equal to that of heterosexuality. Many religious leaders, public officials, educators, social and mental health agencies, including those at the highest level of government, Departments of Psychiatric, Psychology, and Mental Health Clinics, have been taken in," he writes, "by a widespread sexual egalitarianism, and by accusations of being undemocratic or prejudiced if they do not accept certain assertions thrust upon them, as if deprived of all intellectual capacity to judge and reason. This revolutionary change in our sexual mores and customs has been ushered in by a single act of considerable consequence—the removal of homosexuality from the category of aberrancy by the American Psychiatric Association in 1973."

He writes, "This act was naively perceived by many psychiatrists as the simple elimination of a scientific diagnosis in order to correct injustices. In reality though, it created injustices for the homosexual and his family...and prevented the homosexual from seeking and receiving help."

That is Dr. Charles Socarides, psychiatrist of immeasurable note, at Albert Einstein College of Medicine. It leads me up



Dr. Laura Schlessinger

to a conversation I had this morning with a gentleman, and if you are anywhere near involved in the history and the study of homosexuality, and therapy therein, and the declassification of it as a disorder, you will know the name Dr. Robert Spitzer.

I had an hour's discussion with him this morning because he has changed his position on reparative...but he calls it reorientation, therapy.

I want to just read you some... let me tell you, I didn't get through college and graduate school not being able to write fast, and fortunately Dr. Spitzer, a learned and patient man, speaks very slowly, so between his slow cadence and my faster-than-the-speed-of-light handwriting, I think I have just about a quote.

He said, "I was at the center of the 1973 decision and essentially that decision had to do, not with the treatment of homosexuals, but whether homosexuality was a mental disorder," which the issue of disorder is a naivete that we argued about. He said,

"In the 1973 decision—I happened to look at what I wrote back then, and one of the things that we said there, was that by saying homosexuality was not a mental disorder, we were not saying that it was necessarily a normal variant."

Side bar [from Dr. Laura]: I believe, and it has been said to me by a number of experts in this area, both psychiatrists and psychologists, that they see this man as basically an incredibly empathetic, sympathetic man. In 1973 evidently Dr. Spitzer was confronted by gay activists, complaining about the prejudices in society against them, and how hurtful that was. After talking to this guy for an hour, I can tell you he is a warm soul. I think he believed that having a vote and normalizing and just changing the classification would somehow minimize social discrimination. In other words, from a lot of people's opinions and from mine, and the research I have done, he had a big heart. He didn't like that there were taunts and unkind words and thoughts, so the thinking is, well, "Gee, if we just take it off [the diagnostic manual] here, that will all stop."

Sadly, the picture is bigger than that. Evidently about a year ago, ex-gays were picketing an American Psychiatric Association meeting, because as you know, the psycholo-

continued on next page

gists and psychiatrists, the gay activists therein, have been pressuring to make sure there shall be no therapy for homosexuals who wish to change, calling it unethical. Well, I'm going to read you what has happened to him [Dr. Spitzer] in the last quarter of a century. He said,

"At this time I am involved in a study where we look at people who feel they have benefited from some kind of reorientation therapy, and at least **I'm convinced from people I have interviewed, that for many of them they have made substantial changes toward becoming heterosexual...I think that's news.**"

Some of these individuals, he said...and he's interviewed so far, 26 women and 20 men...many of them have seen mental-health professionals, psychiatrists, psychologists, marital family therapy. Some of them have been in ex-gay ministries, support groups. There's no single therapy that's been studied.

He said,

"I think almost all of them have made some change, and some very substantial, and many changes that have been sustained over many years. I think the issue is, these are all people who very firmly believe in this therapy and want other people to know it's successful, and that's why they are participating in the study."

He defended his study a little bit later by saying,

"One of the things that's unique about this study, is that I think it's the first time that people other than the people who go to therapy, are involved in the assessment. I came to this study skeptical. **I now claim that these changes can be sustained.**"

Now he has organized a debate on sexual reorientation therapy that's going to take place at the next American Psychiatric meeting in Chicago. I asked him who was going to debate the so-called "pro-reparative therapy" side. He said "A Dr. Warren Throckmorton, counselor, and Gerald Zuriff, a psychologist." He said he'd be the moderator and he will not say his own views at the time, but everybody, of course, as of this moment knows them.

I asked if Throckmorton and Zuriff have conducted in this kind of therapy. He said, "Throckmorton has himself, but Zuriff is talking about ethical issues." I said, "What are the ethical issues?" He said, "Well the ethical issue is that many gay activists feel that many people have been harmed by this kind of therapy." He said, "I'm quite sure that many people have been harmed, and left therapy feeling disappointed in themselves and full of self-hate."

I came back at him with the following: "Raise your hands out there, how many of you have gone to a medical doctor for some ache or pain or problem, and have not gotten helped? How many of you have gone to six doctors and not gotten diagnosed properly?"

Let's talk to Montel. What was it, 20 years before he was diagnosed [accurately, with MS]? There is something *new* about the fact that you can go in for a medical or psychiatric or psychological or marital therapy and it not work? That is a specious argument that holds no weight. There is no therapy without at least a 50 percent failure rate if not more, period. That is just the truth.

We argued that, and he said, "I agree with you." He says, "What's interesting is that we've had this controversy about reparative therapy for, how many years now? At least 30. No one on this side..." — now listen to this damning statement, and remember this guy doesn't want to declassify [homosexuality as a disorder] ...He's saying on the one hand that it is not a disorder, on the other hand people who want to become straight should get therapy. I asked him how you treat people who are not disordered, and it got a little odd after that, I must tell you.

He said, "No one on the side of those who are skeptical has taken the time to try to interview these people and see what changes are present. That's what's unique about my study. All the critics," he says...and he was a skeptic!... "have not been honest and taken the time to do the research, because it's just politics."

That from the man who is at the center, with respect to...we went back and forth for a long time, and to be honest, he really didn't want to discuss homosexuality as a disorder...he finally, at the end, I think I wore the poor man down...very nice man, I've got to tell you...very nice, very intelligent, very sincere. He said,

"I agree that a homosexual who is not able to be aroused heterosexually—well I think, implicitly, **there is something not working.**"

The question is, what is the extent of the harm of that? The judgment that he has, is that it's not a harm sufficient to label all homosexuality as a disorder.

I said, "Sir, with all due respect, what the heck does that mean?" And I think what it means is that he as in so many decent people have responded so passionately and pathetically, hearts rendering about social injustice against gays and lesbians, that he's willing to be unscientific. But at least not in the form of reparative therapy, and I told him that I gave him a lot of points for intellectual honesty, and for compassion to help people who are in pain and who want to change. That's where his heart is always at, with the pain.

But when our compassion gets in the way of science, I think we end up doing more harm than good, as you can see what's come. Now he has to fight a battle to try to help homosexuals who wish to change, and he is going to be viciously attacked by the very people who hailed him as a hero in 1973.

That takes guts! ■

"Listen to Ex-Gays, Too"

A NARTH Member sent the following letter to a call-in radio show, "Love Line," hosted by a psychotherapist named Dr. Drew. As an ex-gay man himself, our reader was disturbed that Dr. Drew had a one-sided understanding of the homosexual condition. This insightful struggler notes that people should not necessarily act on what or who they are attracted to, because those attractions may be rooted in a deficit which cannot be fulfilled within a sexual relationship.

He wrote:

I have been a radio listener of "Love Line" for a few years. I admire the candid and direct feedback that you give to your callers.

However I believe that your advice on homosexuality lacks full representation. Over the course of the past few years, I have heard numerous homosexual callers state their dissatisfaction with their sexuality; or they have posed serious dilemmas to you in relation to their sexuality.

One call in particular was from a homosexual teen-age boy who claimed that he is only attracted to *heterosexual* men, not to other homosexual men. This call prompted me to write this letter to share my feelings and history with you, in hopes that you will share it with your listeners.

When I was 16, I became sexually active with another teen-age boy. Our sexual relationship continued for the next two years. He introduced me to pornography and to the gay "cruising" scene. By this, I mean that I became actively involved in meeting other men anonymously in parks and public bathrooms for sex. When I started college at age 18, I believed that my homosexual activity would stop. However the stresses of life became greater, and my acting-out increased to an addictive level. At this point, I realized that my homosexual attractions and behavior were not just a "passing phase." I realized that I was truly a homosexual.

For a few years thereafter, I continued to have anonymous sexual encounters with other men. However it became a very emotionally painful way to live. I began to seek help. I did not want to be a homosexual, or to continue my sexual activity with men.

I began to work with a therapist who taught me a lot of cognitive coping skills and social skills. I also found a men's organization that sponsored weekend men's retreats and on-going men's support groups. I joined a men's group and continued to work with therapists to heal my homosexuality. Over the course of three to four years, I engaged in a major life-changing transition. Through the

use of powerful therapeutic techniques, such as thought-process reframing skills, transactional analysis (inner child work), bioenergetics, core energetics, reparenting and psycho-dramatic role playing, my homosexual attractions diminished and my true being as a heterosexual man has emerged.

Through my therapeutic experiences, I learned that my homosexual attractions and behavior were symptoms of a deeper need. This need is to receive love from other men in a non-sexual way. Early childhood sexual abuse, an emotionally distant and detached father, unhealthy relationships with my mother and grandmothers and a feeling of non-acceptance from other boys and men all caused my homosexual attractions. Because I was wounded at such an early age, I shut down emotionally to protect myself. This kept out more pain from coming in, but it also kept me from receiving same-sex love that I so desperately needed.

Through the course of my healing, I have received a lot of non-sexual touch from other men. This touch and my release of so much emotional pain has helped heal my wounds.

I am now 26 and have been free from homosexual acting-out for three years. I am no longer sexually drawn to other men, and my previously non-existent heterosexual attractions have emerged. *My urge to seek sexual change was based on my internal emotional pain, not societal pressures to "become straight."*

I tried living a gay lifestyle, and in my experience, it is unfulfilling and empty. The healing is not about suppressing the homosexual attractions. It is about embracing them for *what they are*, and for what they *truly* symbolize.

I believe that homosexuality is a symptom (such as alcoholism or drug abuse) of deeper wounding. The very fact that 90% of gay couples are not monogamous, and that most gay men report early childhood sexual abuse, clearly states to me that homosexuality is inherently a developmental issue. There are too many environmental common denominators among homosexuals to conclude that the causes are random or biological.

I have heard you make the connection between sexual abuse and later homosexual behavior in many of your callers. Acting on these homosexual attractions symbolizes an urge to connect with other men and to connect with masculinity. But two men who are looking for masculinity outside themselves cannot find it sexually through other men. In my judgment, that is why living in a gay relationship is ultimately unsuccessful.

continued

On certain occasions, I have heard you discuss how people should not necessarily act on what, or who, they are attracted to. Homosexuality is a great example. Homosexuals are searching for their gender identity through sexual contact with the same sex. However, they will not find it there. Because the roots of homosexuality are basically non-sexual needs, the homosexual cannot be healed through same-sex sexual relationships. It can be healed by deep, non-sexual bonding with people of the same sex.

In reference to your ten-age homosexual caller who was not attracted to other homosexuals, it is clear to me that he is attracted to heterosexual men because of their masculinity, and that is precisely what he needs to connect with non-sexually.

My intent is not to gay bash. I have much empathy for gay men and women. My hope is that more people will become aware that there is an option for those who are unhappy with their homosexuality and truly want to change.

I realize that it is politically and professionally risky to talk about healing homosexuality. I respect that problem, and I respect the fact that some are happy being gay. Others, however, are not happy being gay.

I sincerely hope that you will read this letter on the air during one of your shows. Because you have many listeners, your show is a great venue for discussion. Many of your listeners are at very impressionable ages, and they are turning to you for help. I encourage you to also *present them with an alternative*, and let them investigate what is best for their own hearts.

Where should they turn? The National Association for Research and Therapy of Homosexuality is a professional association that believes that homosexuals, through therapy and other means, can change. They can be reached at 818-789-4440, or via the internet at www.narth.com.

Sincerely,

(Name Withheld)

Pamphlet to Schools Discourages Reorientation Therapy

"Just the Facts" is endorsed by a daunting organizational list

A new pamphlet, "Just the Facts: Sexual Orientation and Youth," was recently distributed to all 14,700 school superintendants around the country to advise them to reject reparative-type therapies and religiously-based ex-gay ministries. The publication is described as a "Primer for Principals, Educators, and School Personnel."

Ironically, while the pamphlet advocates one particular view of homosexuality, its name is "Just the Facts About Sexual Orientation and Youth." And it omits **all of the facts** that would reveal the hazards associated with a gay lifestyle.

Warning against reorientation therapy and ex-gay ministry, the tone of the pamphlet is ominous. Referring to reparative-type therapies, it places the word "treatment" in scare quotes. It puts school officials on notice that if they do not permit the establishment of gay student clubs on campus, they could face a lawsuit for failing to offer those students "equal protection under the law."

Counselors are warned that sexual-reorientation type therapy could result in legal action against the school because such therapy "discriminates" against gays and lesbians and could result in psychological harm — in legal-liability terms, "personal injury" — to the student. Distribution of NARTH's type of literature is warned against by the pamphlet as being "discriminatory and biased."

A student referral to a religiously-based ministry is also called unethical because it would constitute a violation of church and state. But ironically, the pamphlet then offers the names of two "faith organizations" as resources. Both are radical gay groups, one being New Ways Ministry, a Catholic group rejected by the Catholic Church as doctrinally heretical.

The pamphlet was paid for by the National Education Association, Michael Dively, the American Psychological Association, the American Federation of Teachers, the National Association of School Psychologists, and the National Association of Social Workers.

Additional organizations endorsing the pamphlet are the American Academy of Pediatrics, the American Counseling Association, the American Association of School Administrators, the American School Health Association, and the Interfaith Alliance Foundation.

Exodus International's Bob Davies was strongly critical of the pamphlet's message. "What parent, teacher, friend or minister would encourage a child to engage in life-threatening behavior?" he asked.

Regeneration Ministries' Alan Medinger agreed. "It is absolutely criminal to take a confused kid and lead him into a life that could kill him."

Imagine...

by Joseph Nicolosi, Ph.D.

IMAGINE: A class-action suit against the American Psychiatric and Psychological Associations—initiated by homosexual strugglers and their families because of the A.P.A.s' failure to disclose that homosexuality is a treatable condition.

IMAGINE: Men and women testifying that:

Based upon the APAs' policy recommendations, mental-health counselors had neglected to tell them about all available treatment options.

At a very vulnerable time in their lives, they were advised—without any conclusive scientific evidence—that they were "born gay," or "had a gay gene."

They were told to surrender their hope of ever living a traditional family life of spouse and children, and "work through their internalized homophobia" so they could learn to enjoy something they believed was incompatible with their core being.

They were not properly informed that acceptance of a gay identity would lead to greater risk for anxiety, depression, low self-esteem, loneliness, suicide attempts, failed relationships, drug use, alcohol abuse, tobacco use, and addiction to unhealthy (exotic) sexual practices, as well as STD'S and AIDS.

IMAGINE: Attorneys for the plaintiffs showing:

In many cases, gay-affirmative therapy (the psychotherapist's advice to accept a gay identity) is not appropriate for the patient, and is induced through coercion.

Public-policy statements by the APAs' regarding the "normalcy" of homosexuality are not and cannot be scientifically neutral conclusions, but are influenced by the social-political philosophy of the time.

Interpretation of the scientific data has been skewed to support the APAs' favored social philosophy.

The APAs' systemical withholding of relevant information has restricted the patient's right to choose from



Joseph Nicolosi, Ph.D.

among all reasonable treatment options.

The APAs' have shown callous disregard for cultural and religious diversity.

The APAs' have betrayed the public trust as scientific organizations committed to the broader public interest, and are in fact socio-political groups committed to reforming society according to their own image.

The APAs' have failed to disclose that there are parenting methods which help to prevent gender-identity confusion in children, and thus may also prevent future homosexuality.

IMAGINE: The APAs' are found guilty of misleading patients and the public about a condition that is associated with maladaptive lifestyles and life-threatening disease.

IMAGINE: School superintendents testifying they encouraged young students to adopt a gay identity—simply because they were "following the professional advice" of the APAs'.

IMAGINE: There is a multi-million dollar settlement.

IMAGINE: Such loss prompts the APAs to launch their own internal investigation.

IMAGINE: Those internal investigations reveal confusion, intimidation, and apathy by their leadership. They are found guilty of allowing a small but powerful political-activist coalition to create a stranglehold on public-policy matters.

IMAGINE: As a result of APAs' internal investigation, both APAs' recommit themselves to:

Dissemination of public-health information based upon objective research. This research would be honestly and objectively reported, and based on experimental designs that have NOT been specifically created to serve a political purpose.

The significance of the research would no longer be interpreted according to one single group's social-political reformist objectives. ■

Some Psychologists Say Reparative Therapy is Unethical

But those who oppose reparative therapy might soften their stance if they realized that modern approaches are healing and client-centered.

REVIEW OF: Tozer, E.E., & McClanahan, K. M. (1999), *Treating the Purple Menace; Ethical Considerations of Conversion Therapy and Affirmative Alternatives*. *The Counseling Psychologist*, 27 (5), 722-742.

by Charlotte Rosenak, Ph.D.

Overland Park, Kansas

This article in a recent edition of *The Counseling Psychologist* is a well-written and passionate articulation of reasons why reparative therapy should not be offered.

Agreeing to provide such therapy, the authors say, would be an indication of the therapist's heterosexual bias and a homophobic belief system.

Much of this article is based on the assumption that psychologists, scientists, and professionals at large now agree that homosexuality is a condition that is in no way harmful to clients and/or to society, and that it cannot be changed. In this review, I will first endeavor to highlight materials and ideas that are not disputed in this article, and then critique parts of the authors' arguments that merit further examination and discussion.

Throughout their discussion, the authors use the terms "conversion therapy" and "reorientation therapy" interchangeably. For theoretical and clinical reasons, I prefer to use the term "reparative therapy" to indicate therapy given to persons questioning their sexual orientation and seeking as a part of their therapy to become more heterosexually responsive.

That reparative therapy is controversial is not to be disputed. In fact, the whole issue of homosexuality and related issues is one that many cultures and various bodies within American Society continue to discuss and debate. Churches continue to debate whether or not those who call themselves homosexuals should or should not be in church leadership. States are beginning to consider legislation on whether or not to view homosexuals as having a right to marry. Thus reparative therapy will probably continue to be controversial, alongside other issues related to homosexuality generally.

It is true that in early psychological history (1880's) and up until the 1970's, one finds a majority of writers and researchers within the fields of psychology and psychiatry

believing that the homosexual condition is not normal or desirable, and that to pursue sex with one's same gender is pathological.



Charlotte Rosenak, Ph.D.

Many of the formerly tried "conversion therapies" mentioned in this article such as visits to prostitutes, electroshock, deprivation of fluids, castration, forced isolation with a woman, etc., were no doubt ineffective and abusive in nature.

Yet public desire for conversion therapy does remain. There are no doubt methodological problems in studies that purport to demonstrate the efficacy of reparative therapy. (My experience leads me to believe it very rare to find a clinical study relating to efficacy of any kind in which we do not find methodological problems.) As the authors explain, the American Psychological Association does not recommend an explicit ban on reparative therapy, but they have issued guidelines requiring therapists to provide their clients with accurate information about sexual orientation and mental health.

Must Pathology Be Demonstrated for a Condition to be Treatable?

The authors write (p. 725), "Despite the complete absence of homosexuality as a diagnosable mental illness, conversion therapy is still in use."

That homosexuality *per se* is not diagnosable is incorrect. But the current *Diagnostic and Statistical Manual of Mental Disorders, IV-Revised* (1994) maintains category 302.9, Sexual Disorder Not Otherwise Specified. Examples include "Persistent and marked distress about sexual orientation," p. 538.

Therefore, to date, being concerned and distressed about homosexual feelings and desiring to change them is still a condition warranting a diagnosis, and can still be treated in the nomenclature of 2000. (That persons would present

themselves as distressed over heterosexual orientation would be highly unlikely.)

The authors posit that reparative therapists only engage in reparative therapy because they believe that homosexuals are somehow inferior. But those who embrace reparative therapy as an option would not necessarily need to believe that those who call themselves homosexuals demonstrate more pathology than those who are heterosexuals. For example, most marital and family therapists would agree that men and/or women who are unfaithful in marriage, i.e., persons who have affairs, are not making a healthy choice. Yet it is not necessary to prove that people who have affairs are more pathological than people who are faithful to their marriage vows in order for the therapist to disapprove and not recommend such behavior. If a person presents with wanting to stop adulterous behaviors, the standard therapeutic response would be to help the person achieve that goal.

Perhaps homosexuals do have wounds that propel them toward the same sex erotically. Unfaithful heterosexuals also have wounds that propel them into their sexual behaviors. Measuring degrees of pathology is a problematic area in the science of psychology. Thus I disagree with the authors; I doubt that reparative therapists as a whole see homosexuals as inferior and pathological persons, when compared to heterosexuals.

It is also true that many heterosexuals and many homosexuals have severe pathologies relating to other symptoms and behaviors, unrelated to sexual preference.

Modern Reparative Therapy Has Not Been Proven Harmful

If it has been demonstrated that to offer clients healing through reparative therapy is harmful to them, then the authors would be correct in saying that the ethical standards of competence, integrity, respect for people's rights and dignity, and social responsibility have been violated.

However, reparative therapy *as it is currently practiced today*, has not been demonstrated to harm clients. There is an abundance of clinical data that suggests reparative therapy can help clients achieve more responsiveness to the opposite sex. There is also empirical data, albeit flawed, in that direction.

To not provide clients with what they request when the

request is a reasonable one is irresponsible and unethical. It is also our social responsibility to let people know that the development of homosexuality as we know it today has not been proven to be a genetic inevitability, and that alternatives to embracing the homosexual lifestyle do exist.

Should a Client be Terminated If He Seeks Change?

The authors recommend that if a client persists in desiring reparative therapy, then termination of therapy is a possible ethical action. I disagree.

A more ethical action would be to put the homosexual orientation issue aside, and pursue healing for that individual. What therapists can and should do for all clients is to focus on healing wounds from the person's past, affirming their self-esteem, providing support, helping them to move toward healthy relationships and away from toxic ones, correcting their self-talk, helping them to overcome "don't feel" messages, and helping them learn to be assertive and to set boundaries.

Increased Assertion May Lay the Foundation for Sexual Reorientation

A much-respected behavioral therapist, Joseph Wolpe (1969), made a clinical case report of an individual who worked at more assertiveness and independence in therapy; a surprise result was a change in sexual orientation (stable after a four-year follow-up). This result surprised the therapist and the client.

The debate over the efficacy of ethicality of reparative therapy is far from over. But those who are against reparative therapy may soften their stance if they could realize that this approach can be healing, client-centered, and does not resemble the homophobic and cruel methods of the past.

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Comments on the *Bulletin*?

The *NARTH Bulletin* editor welcomes comments and criticisms about this publication, or about the direction of our organization as a whole. E-mail Linda Nicolosi at www.narth@earthlink.net, or write to the address on page two.

Book Review: *Public Sex: Gay Space*

Edited by William Leap, Published by Columbia University Press / New York, 1999

Reviewed by by Steven Donaldson, M.A.

The reviewer is a Christian counselor in private practice in Portland, Oregon. He is the author of a 1998 article, "Counselor Bias in Working with Gay Men and Lesbians," which was published in the journal Counseling and Values.

This book is collection of papers by scholars who, among other things, defend the phenomenon of gay sex in public places. Editor William Leap labels as "sexual fascists" those who support public-decency laws. He claims such people seek to "curtail all forms of gay-related sexual experience," and says it is wrong for government to control sexual culture.

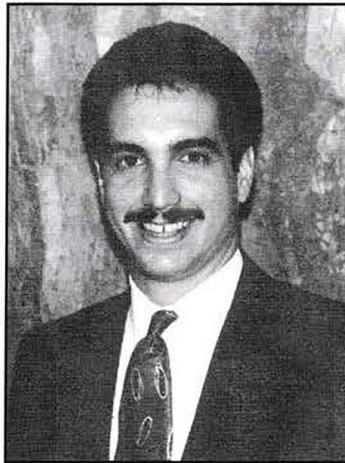
The book infers that because sex in public places occurs so commonly over time, place, and across cultures, then laws against it make no sense.

Yet the authors do not seek to answer the underlying question of *why* a man would wish to have such experiences—of compulsive, anonymous public sex—and instead they reduce the issue to one of repression forced on the gay community by outmoded right-wingers, paranoids, and religious fanatics.

In fact, the authors uniformly ignore the question of what that sort of behavior in fact can do to the individuals engaging in it. They equate sexual pleasure with happiness. But what brings us pleasure, does not always bring us happiness. And at no point in the book does any author consider the consequences of anonymous sex or marital infidelity on the individual or his family. The multiple medical consequences of homosexual behavior are also generally avoided with the exception of a few passing and insufficiently serious warnings about AIDS.

Like other books written from a gay-affirming perspective, this book discourages the homosexual reader from exploring the meaning of his erotic attractions, and takes what is called a "sex-positive" perspective—that is, all consensual sex is assumed to be good. Yet as psychoanalytic therapists have known for years, through their study of unconscious motivation, some erotic feelings are deficit-based, and there can be a significant change in sexual feelings when we come to understand the drive that fuels them.

For the homosexual male, we have learned that these impulses often represent a powerful drive for the male approval, acceptance, and affection that such a person missed in his childhood. Through a process of defensive detachment, the prehomosexual boy gives up on the developmental struggle to be fully male and identify securely with his own gender. He accepts as a substitute, *having* a man (homosexuality). But these needs can never be adequately fulfilled sexually. Relief from unconscious fears, via the homosexual act, is only temporary, and the behavior eventually takes on a compulsive quality.



Steven Donaldson, M.A.

On the surface, this work appears scholarly. The authors have been very effective in presenting arguments with a high degree of face validity. Thus this book's persuasive power is formidable, raising the following legal questions:

1. Does the state have the right to make laws against consensual sexual behavior in public places, as long as it occurs out-of-sight of other parties?
2. Does any group have the right to curtail the sexual pleasure of consenting individuals?

The ability of these authors to argue persuasively demonstrates the shift in our worldview during the last eighty years. The assumed, but unstated basis of all the arguments presented in this work is sociological law—i.e., the belief that law has no absolute basis in a God-given moral philosophy, but instead is founded on the public sentiment of the age.

This shift is a natural outgrowth of the philosophy of secular humanism, which has been the dominant worldview during the latter half of this century. This shift is exemplified in television personality Carl Sagan's trademark introduction to the popular PBS science series, "Cosmos," seen regularly by 140 million viewers. Sagan said, "The cosmos is *all that is, or ever was, or ever will be.*"

continued

This was not a shift in scientific understanding, as the public has come to believe, but a choice—a *leap of faith*—to see things from the point-of-view of materialism, which denies the possibility of a transcendent reality. If Carl Sagan was correct, then human life has no meaning other than what man creates for himself. Man becomes his own god, his own judge, and his own creator of truth. If man is his own final reality, then there is no reason for him to look outside himself to grasp a morality or law designed into the nature of the universe.

Yet the liberty and equality we enjoy in this country was produced not by a materialist model of the universe, as Sagan would advocate. Rather it was produced by a Judeo-Christian model that puts God at the center of the universe and places humanity, society, and government below Him.

As Francis Schaeffer so aptly states, "Humanism, with its lack of any final base for values or law, always leads to chaos. It then naturally leads to some form of authoritarianism to control the chaos."

Many of today's young people reading *Public Sex: Gay Space* will simply not understand the problem. Most will likely feel at least subliminal distaste at the ideas the book advances, but having adopted a materialist model of the universe, they will not know on what basis they could possibly argue against the book's "rights-based" mentality, which sees a civil right in every conceivable behavior and lifestyle.

After all, if man has no purpose outside of his own desires for pleasure, then sex, too, has no higher purpose or meaning than orgasm. Eroticism thus naturally becomes disconnected from love, from commitment, from fidelity, from procreation, and from any higher purpose other than what each man chooses to construct for himself.

John Witherspoon, one of the signers of our constitution, said, "A republic...must either preserve its virtue, or lose its liberty." By basing its laws on a natural-law understanding of what is virtuous and good—rather than creating a "rights-based" mentality which allows every man to pursue his own ends—a society has a philosophical basis for rejecting the public sex which this book is advocating.

Looking to this philosophical understanding of the "good," rather than focusing simply on "rights," we can determine that certain behaviors fly in the face of the common good, and can make and defend laws that contain them.

But within the prevailing academic philosophy of secular humanism, there is no objective basis for determining what is good and what is not. Nor, within psychology, is there any objective basis for understanding what is normal and what is abnormal. Following this reasoning, psychoanalyst and author Robert Stoller has called sado-masochistic sex "no more abnormal than dislike of zucchini." Prominent psychologist Michael Wertheimer agrees that when a person is anxious or depressed, or obsessive-compulsive, or suicidal, none of these are disorders *in the absolute sense*. They're only problems *if a society thinks they're problems*.

Because normality is now widely seen as socially constructed, then if a majority of the populace decides that sex at truck stops and in public bathrooms is a "civil right," then the authors of this book will be free to pursue their own lifestyles. If a majority wants to legalize adult-child sex, that too will become legal.

Most young people, thinking in today's "rights-based" mentality, will have no idea how to argue against this book's ideas.

If the academic community is to include *Public Sex: Gay Space* as a serious argument in the debate, we will further undermine the philosophical basis of our freedom and prosperity. Worse, our society starts down the road that will lead eventually to chaos—and then we will need an authoritarian government to contain the chaos that inevitably results when a citizenry cease to be virtuous and self-governing.

Instead, let us stand strong, even if we are opposed on all sides, for the truth that there *is* something higher than humanity; that there is a moral order to which we are accountable; and that there are things much more significant in life than the reflexive satisfaction of drives and appetites.

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Book Review:

Troubled Teenagers Urged to Self-Identify as "Queer Kids"

Cruelty to homosexually-oriented teens is a sad and very disturbing fact which schools must address. But is "coming out" the solution ----and is it a decision best made in adolescence?

by Louis A. Berman, Ph.D.

Meet the author of *Queer Kids; The Challenges and Promise for Lesbian, Gay, and Bisexual Youth* (Binghamton, NY: Haworth Press, 1998). He is Robert E. Owens Jr., Ph.D., who candidly tells the reader he is gay. The author is a specialist in language development and disorders. He is not a psychotherapist, although his publisher classifies Owens' book as psychotherapy.

Queer Kids has some bold and gay-friendly advice for teenagers troubled about their sexual identity. Along the way, the book also vividly illustrates the social ostracism and harassment experienced by many sexually confused teenagers.

Owens has some strong advice for counselors. He says school counselors dealing with troubled teenagers should get right to the point of their sexual orientation, and suggests that the non-directive approach is seen by teenagers as a sign of either evasion or stupidity. If a teenage client gives every sign that he is struggling with his sexuality, he says, help him deal with it openly.

Owens quotes a teenager who says he has been harassed by fellow students since the sixth grade. When he went into counseling, this young man was surprised and disappointed that the counselor would not bring up the topic of sexual orientation:

"I was obviously more effeminate than other people, so . . . it wouldn't take . . . a college degree to figure out, hey, we have somebody here who is struggling with their sexuality. . . . [I]f this group of sixth graders could figure it out, then why can't a professional counselor . . . ?"

And what should the counselor advise the troubled teenager? If the counselor adopts the premises set forth in Owens' book, this is what the teenager would learn about himself and his social world:

(1) **It's a cruel, heterosexual world out there and the sooner you leave it the better.** "Society would rather that lesbian, gay, and bisexual teens die than admit that they exist" (page 81). "Institutionalized heterosexism and homophobia are psychologically damaging in the extreme" (page 83). "[M]any gay and lesbian kids are told flat-out [by their teachers] that they're sick perverts" (page 85). One teenager laments (page 62): "My father would tear me apart if he found out I was gay." Owens (page 76) reports a newspaper story about parents "who battered their own son into insensibility" after finding homosexual literature in his room.

(2) **Cruelty to gays is not only the tactic of your elders—parents and teachers—but is also the perverse sport of your classmates.** Owens (page 110) quotes a 16-year-old's story of the

event that destroyed his will to succeed in school:

"I was in the locker room, and this guy who didn't like me starts going, "Brent sucks d—k," and soon the whole locker room was full of guys shouting this for . . . three minutes. And I had to pretend I didn't give a shit . . . but I really wanted to kill myself. That's when I started to cut school. I had a 4.0 grade average, and within months I went to Ds and Fs."

Owens (page 97) quotes a young suicide survivor:

"People used to pee on me in the shower. . . . People were slamming me into lockers. . . . I would be standing at a urinal and someone would come up and kick me in the small of my back . . . and had to hide in a stall in the bathroom. . . . I used to get punched a lot in the locker room. . . . I couldn't learn [at that school]."

These are only two of many, many incidents cited in the book, of physical abuse and emotional torment suffered by

**Truly, some teens do
endure unconscionable
cruelty.**

teenagers labelled as gays by their schoolmates. If one accepts as representative and accurate the book's many testimonies of unjustified harrassment, abuse and labelling, one must ask, Is this typical of what is going on in our schools? This kind of abuse not only shameful but intolerable. It is time for teenagers and their parents to demand that schools ban this kind of cruelty and enforce it.

Do not many schools sponsor art classes, drama groups, choral groups, bands, literary groups, debating societies, etc. where less-than-100-percent-macho boys find fellowship and gain recognition by the school as a whole? One piece of advice this reviewer would give to a teenager who faced repeated bullying, physical and emotional abuse at school, is: File a formal complaint, and then find another school.

(3) Mistreatment, oppression, betrayal, rejection, and ostracism can be damaging, and may lead to alcoholism, drug abuse and suicide attempts. But there is scarcely a mention of an inner conflict of values that burdens the troubled teenager; instead, Owens implies: "Put all the blame on social oppression."

(4) Gay teens: Your only salvation is to escape from your enemies and join your friends; you must not only be openly gay, but proud of it! (pages 39-40). He advises:

"For many, coming out is a 'rite of passage' into a well-adjusted adulthood. Although coming out can be social suicide in high school, more and more adolescents view it as a badge of honor or courage and as an expression of individuality. In the process, they are increasing the visibility of sexual minorities and making coming out easier for the next teen."

Owens encourages gay teens to actively advocate gay pride and awareness, and to get connected with other gay youths and adults through the internet and advertised social groups. But he fails to mention the problem of hardcore pornography aimed at teenagers found on some gay sites, and the subsequent problem of addiction to pornography which is often reported by therapists. He says:

"The personal computer offers unprecedented opportunities for queer kids to connect with others through the Internet, to declare their sexual orientation, to ask for advice, and to seek support (page 153).

"[Look for youth groups] outside the educational setting. One of the oldest, the Boston Alliance of Gay and Lesbian Youth, began in 1981. . . . Adults act as consultants. . . . BAGLY has a speakers service and sponsors dances, trips, outings, and other social services (page 155)."

(5) What are the rules for coming out? There aren't any, he says, and the trend is to come out as early as age 14.

"By all accounts," writes Owens (page 41) more and more youths are self-identifying as lesbian, gay, or bisexual at a younger age and remaining open as they get older. . . . Some youths are coming out as early as age fourteen. No rules exist for coming out, so each individual must improvise."

If it's advice troubled teenagers are looking for, Owen's main message is to "come out early." He makes a strong case for joining the gay community as a refuge from an oppressive heterosexual world, but not all his arguments are based on a balanced view of the facts. For example, one major study found that early self-labeling as homosexual or bisexual is one of the three top risk factors for gay teen suicide attempts. In fact, the risk of suicide decreases by 80% for each year that a young person delays homosexual or bisexual self-labeling (*Pediatrics* 1991:87:869-875).

There is also the very real concern—which the book evades—that teenagers are notoriously impulsive and poor at rational decision-making, and that encouraging a teenage boy to become part of the notoriously promiscuous environment of the gay community makes unsafe sex (and death from AIDS) a very serious possibility.

Misinterpretation of a Finding

The twelve chapters of Owens' book are heavily documented with a grand total of 1,174 footnotes. The author apologizes humorously for his penchant for documentation, saying, "I never met a fact I didn't need to pass along to others (page xii)."

For example, Owens advises gay and lesbian teenagers not to try "passing as a heterosexual," warning, "The overall result of this charade is a psychological tension which may lead to depression, shame, fear of disclosure, and anxiety." As evidence, he points to the research finding that "covert gay college men experience more psychological tension, social problems, and isolation than openly gay men." But when this reviewer took the trouble to trace back the author's documentation, he found the summary totally inaccurate.

Owens was referring to a 1965 *Genetic Psychology* Monograph by Braaten and Darling. This reviewer's curiosity was piqued by this 35-year-old reference. He had never seen this reference before, despite his wide familiarity with psychological research on homosexuality.

After locating the 1965 publication (in the storage section of a university library basement), a careful reading brought to light the fact that (1) The study was based on the records of a university mental health clinic. (2) The "covert homo-

continued

sexuals" were students who came to the clinic because they were troubled by "homosexually oriented . . . impulses, fantasies, and dreams, but . . . have *never engaged* in more than incidental homosexual behavior after puberty, or in no homosexual behavior at all" (p. 273, emphasis added).

At issue here is the fact that the investigators' unusual use of the term "covert homosexuals" could, indeed, mislead a hurried or superficial reader. In fact, "worry about homosexuality" is a familiar presenting problem to clinicians who work with adolescent boys, but these "worriers" are usually sexually inexperienced adolescents, not closet homosexuals. Owens' claim that his advice is supported by Braaten and Darling's research is totally unjustified.

It should also be noted that the Owens book includes 48 pages of gay-positive resources for youth, counselors and families: books, magazines, curricular materials, coming-out and parental-acceptance handbooks, pamphlets, videos, internet resources, telephone talk lines and hot-lines, national organizations, youth groups and support services listed state-by-state, and pen pal services.

The unintended message of this voluminous appendix is to demonstrate how exceedingly well-organized the gay community is, and how daunting is the task of counteracting its dubious message.

A Different Kind of Self-Help Book is Needed

Queer Kids is unabashedly a piece of gay advocacy, addressed to teenagers. To balance this sort of advice, I would like to propose the following: imagine a self-help book for teenage boys, written by a psychologist who would like to see young men grow into an adulthood worthy of their biological and spiritual heritage, and eager to enjoy the roles of husband and father.

This book would express a feeling of compassion for the teenager who is isolated, sexually troubled and confused. Such a boy is growing up in a world of all-too-easy answers to complex and subtle questions; of short cuts that ignore long-range aspirations; and of cynicism and immediate gratification.

Such a book would acknowledge that, thanks in large part to advertising and television, our culture is overloaded with eroticism and pornography, which makes growing up more stressful than it ought to be.

This book would remind teenagers and their parents alike to exercise the human gifts of humor and patience, but unlike *Queer Kids*, it would not direct young teenagers to "come out early."

Join the Union of Concerned Teachers

Gay activism is now having a profound impact on our public schools. Often, it is assumed that teachers are either willing allies, or that they will be silent witnesses to what is being said and done. We, as teachers, would like to change that.

Many of us have found that opposing gay and lesbian activism in our schools is a lonely, frustrating and fruitless mission. Therefore we have created the Union of Concerned Teachers.

Our concerns can be summarized in three ways:

1. Are these gay-affirming programs in the best interests of children—from the standpoint of their emotional and physical health?
2. Are parents being informed about one of the most

monumental decisions a child could make—the decision to enter the gay lifestyle? Are children and their parents fully informed about the risks of this lifestyle?

3. Does gay and lesbian activism in schools facilitate adults' access to children for sexual purposes?

We would like your help in reaching other teachers who feel alone, frustrated and hopeless in their efforts to provide what is truly best for the children they care for.

e-mail us at: uct@unionct.org

or visit our website at www.unionct.org. We will send you a questionnaire to help us understand what is happening at other schools around the country. Very soon, we expect to provide feedback via a newsletter and advice.

Homosexuality and Mental Health

By Dale O'Leary

In its October 1999 issue, *Archives of General Psychiatry* published two very useful studies on the relationship between homosexuality and suicide attempts as well as a broad spectrum of mental-health problems.

In an elegantly designed co-twin study, Herrell et al found that men with same-sex partners were 6.5 times as likely as their co-twins to have attempted suicide. The higher rate was not explained, however, by the subjects' mental-health or substance-abuse disorders.

The second article reported on a New Zealand birth cohort Study which followed 1007 individuals since birth. Fergusson et al found that, at age 21, the 28 subjects classified as gay, lesbian or bisexual were significantly more likely to have had mental-health problems than the 979 classed as heterosexual. In a commentary, J. Bailey, who has published a number of studies on homosexuality, wrote:

Several reactions to the new studies are predictable:

First, some mental health professionals who opposed the successful 1973 referendum to remove homosexuality from DSM-III will feel vindicated.

Second, some social conservatives will attribute the findings to the inevitable consequences of the choice of a homosexual lifestyle.

Third, in stark contrast to the other two positions, many people will conclude that widespread prejudice against homosexual people causes them to be unhappy, or worse, mentally ill.

Commitment to any of these positions would be premature, however, and should be discouraged.

After looking at a number of other explanations, Bailey concludes,

It is unlikely that any one of these models will explain all of the differences in the psychopathology between homosexual and heterosexual people. Perhaps social ostracism causes gay men and lesbians to become depressed, but why would it cause gay men to have eating disorders? Two things are certain, however.

First, more research is needed to understand the fascinating and important findings of Fergusson et al and Herrell et al.

Second, it would be a shame, most of all for gay men and lesbians whose mental health is at stake, if socio-political concerns prevented researchers from conscientious consideration of any reasonable hypothesis.

What can we learn from these studies?

First, they confirm previous research on incidence of homosexuality in the general population. In these studies as in many others, the percentage of homosexually active or gay self-identified persons is low – 2.8% of the 1007 subjects in the New Zealand study (20 people who self-identified as gay, lesbian, or bisexual and eight others who reported same-sex experience after age 16). Of the 6,537 men in the Herrell et al study, only 120 reported any same-gender partners (1.8%).

Second, homosexually active persons as a group appear to be less psychologically healthy than the general population. Even if these problems could be proven to originate solely from social oppression which created internalized homophobia, as claimed by gay activists, this question would remain: "What is the proper response?"

If homosexual attraction were an untreatable, unchangeable condition, then treating internalized homophobia would be the only remedy; but given the evidence that homosexual attraction may be preventable, and that homosexuality can in many cases (though certainly not all) be successfully treated in adulthood—then given the risks associated with homosexual attraction, shouldn't the public be fully informed of the options?

References:

"Sexual Orientation and Suicidality," *Archives of General Psychiatry*, Oct. 1999, Vol. 56, No. 10, pages 867 - 888, which included the following articles:

1. "A Co-twin Control Study in Adult Men" by R. Herrell, J. Goldberg, W. True, V. Ramakrishnan, M. Lyons, S. Eisen, M. Tsuang.
2. "Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?" by D. Fergusson, L. Horwood, A. Beautrais.
3. "Homosexuality, Psychopathology, and Suicidality," R. Friedman.
4. "Suicide and Sexual Orientation," G. Remafedi.
5. "Homosexuality and Mental Illness," J. Bailey. ■