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Therapists, Ex-Gays Gather for Annual Conference

"Exciting!" "Educational." "Uplifting and inspiring." These are some of the comments made by participants in the 2001 NARTH Conference held November 17-18 at the landmark Mayflower Hotel in Washington, D.C.

Psychotherapists, educators, clergy, parents and strugglers from around the world attended this important event. People came to learn, listen and share about their personal and professional experiences. "An individual may not choose his or her homosexual attractions, but there is choice in how one responds to those attractions," said Dr. Dean Byrd, Vice-President of NARTH. Dr. Byrd offered a lively and information-packed workshop, "When a Loved One Struggles: Homosexuality and Families."

On the first day, there was a wide variety of presentations—ranging from the origins of female homosexuality, to attitudes about gay issues within the schools and in the churches, and culture-changing laws recently instituted in several countries in Europe.

The day concluded with a powerful story of personal transformation by one brave man. Then on Sunday, attendees were treated to a rich offering of workshops by leading experts. The conference provided a format for both education and inspiration, uplifting spirits in a challenging new social era.

Cal Thomas, a leading syndicated columnist in America, gave the keynote address during the luncheon on Saturday. "I am delighted," Mr. Thomas stated, "to endorse the work NARTH." He spurred the attendees toward action by suggesting the following:

"Let's light some candles. First, support those in the media who agree with your position. Write letters to the editor and tell of your support. Tell them you like their column. Get to know the TV station managers and let them know you're available for interviews—that you're legitimate, educated specialists in a field that needs your point of view. Use the same language that others use – liberal, tolerance, and diversity.

"Second, write 500-word columns for your local newspapers. Be ready for the opposition. Write examples of people who have changed. Third, think small, not large."

Dr. Charles Socarides, past president and co-founder of NARTH, was honored for his lifetime achievements and important contributions to the understanding and treatment of homosexuality. Next, Dr. Richard Fitzgibbons was given the Sigmund Freud Award for his prolific writings and work in the field of reorientation therapy. Then author Dale O'Leary was given the Fellow Award for her effort in researching the current scientific literature on homosexuality.

NARTH Vice President Ben Kaufman opened the conference by describing the significant achievements of the organization during the nine years since its founding. He said,

"We now have over one thousand members from all over the world. NARTH has become a key player in the area of homosexuality in the political, educational, legal and therapeutic

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Change as *Progressive Freedom* from Same-Sex Attractions

by Joseph Nicolosi, Ph.D.

One mystery I've long been pondering is the source of the hesitation of some ex-gay men to tell their story.

Repeated assurance of confidentiality and guarantee of total anonymity—plus their own acknowledgement of the importance of documenting success—nonetheless is met, in many cases, with a deeply entrenched resistance to participate in studies measuring change.

This reluctance remains inarticulate, and is evidenced by familiar clichés such as, "Let me pray about it," "I'll let you know," "I'll have to give it some thought," "Let me see how I'll feel."

Yet it is these same persons who at other times, express their outrage that the mental health profession denies their ability to change—"How dare the APA's fail to recognize *our* reality—that change *has* happened!"

One reason for these persons' hesitation, of course, is distrust of authority, including—perhaps especially—psychiatric investigators. "That would be an 'invasion by surveyors,'" as one man expressed it. They fear a violation of personal boundaries and intrusion into their private world. This continues to be a preoccupation for many people.

And considering the psychiatric profession's declarations against reparative therapy in recent years, no wonder these ex-gay men remain suspicious. They wonder, "Can I expect the 'naysayers' to honestly and objectively evaluate my progress?"

But this "distrust of surveyors" can all too easily be used as justification for the ex-gay community to avoid taking responsibility for a very serious problem: the fact that they *remain* a hidden population.

I believe one answer to "Why won't they tell their story?" lies in residual feelings of shame (the underside of narcissism), unworthiness, and sometimes, difficulty in giving to others.

As a core issue—deeper than homosexuality itself—we see the psychological complex of the "Shamed-Defective Self." This "negative parental introject"—that is, the internalized voice of a parent—is, for some people, what lies at the core of their reluctance to claim the success they have legitimately achieved.

Left unaddressed, this failure to claim one's own success (explained by the person himself as "distrust of others") hinders full maturation and character development. Feelings of intrinsic unworthiness compromise the person's ability to acknowledge his hard-earned accomplishment.

Sadly, some people coming from a homosexual background have spent so many years in self-protection and self-absorption that they have difficulty in self-giving. This withholding of self can continue long after the person's same-sex attractions and behaviors have diminished, or even gone. Difficulty in giving is rooted in a residual self-preoccupation that traces to the early, traumatic experience of gender wounding.

Therefore, I think, the real reason for most people's reluctance to speak up and tell their story is not so much be "distrust of *them*" as a distrust of themselves.

What about the problem of having occasional "gay thoughts"? This can re-stimulate those old incriminating internal messages. "Who am I kidding?" some ex-gay men say to themselves. "Maybe what I've accomplished to change my life is *not* good enough. Could what those gay activists are always saying be true—no matter how we struggle, we're always going to go back to being 'one of them'?"

But should the man who still struggles with some unwanted feelings *really* consider himself unchanged and unworthy? In the most recently publicized study on change, Robert Spitzer speaks of change as occurring on a continuum—not "either/or," "either he did change or he didn't"—but as a diminishing of homosexual feelings and an

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THE NARTH BULLETIN

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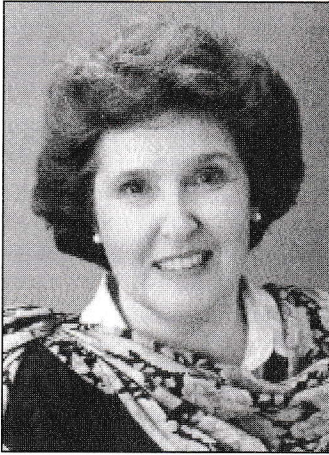
"Victory on the Bow of a Ship"

Gay Teens and the American Medical Association:

Why AMA Policy is Not in the Best Interest of Children or Families

By Dale O'Leary

(Adapted from an article in the online newsletter, HEARTBEAT NEWS #20, June 21, 2001)



Dale O'Leary

Last June, the American Medical Association voted into official policy a resolution that says it is a health risk to ban homosexuals from youth organizations such as the Boy Scouts because "discriminatory policies increase the risk of suicide and depression among gay-oriented youth."

It is true that boys who self-identify as gay are at high risk for a number of problems including suicidal

ideation and depression. But if discrimination is defined as believing that homosexual acts are contrary to a moral law and homosexuality is not equal to heterosexuality, then there is no question that significant "discrimination" exists within society.

The vast majority of parents do not want their children to become homosexual. In fact, research suggests that a significant percentage of homosexuals themselves do not believe homosexuality is as desirable as heterosexuality. (Shidlo 1994)

Unfortunately, the AMA appears to have accepted the unsubstantiated claim that the numerous psychological problems and self-destructive behavior found among persons who self-identify as gay, lesbian, or bisexual (GLB) are caused by social discrimination. It has ignored substantial evidence suggesting that the negative outcomes are related to the homosexuality itself.

High-Risk Lifestyles

Is it true that gay and lesbian-identified teenagers are just like straight teens—except for the problem of society's discrimination?

Garofalo et al (1998) documents the lifestyle factors associated with GLB adolescents in a study of 4,159 students from 9th to 12th grade students in Massachusetts, of which 104 (2.5%) self-identified as GLB.

The GLB students were more likely than non-GLB students to have engaged in 30 different high health risk behaviors, including the following:

	GLB	vs. non-GLB
Alcohol use (<age 13)	59.1%	30.4%
Cocaine use (<age 13)	17.3%	1.2%
Inhalant use (life)	47.6%	18.5%
Ever had sexual intercourse	81.7%	44.1%
Three or more sexual partners (life)	55.4%	19.2%
Alcohol or drug use at last sexual episode	34.7%	13.3%
Sexual contact against will	32.5%	9.1%

As for promiscuity, according to the study, "students with six or more sexual partners in their life were 7.62 times more likely to be classified as GLB than were students who had never had sexual intercourse." And the greater the number of lifetime sexual partners, the greater the risk of contracting an STD.

The authors clarify that their sample is not an aberrant group of "street" kids—all were in school. The study found that GLB youth that self-identify during high school are more likely, before age 13, to initiate sexual intercourse and engage in cocaine, marijuana, and tobacco use.

The authors concluded that:

GLB youth who self-identify during high school report disproportionate risk for a variety of health risk and problem behaviors, including suicide, victimization, sexual risk behaviors, and multiple substance use. In addition, these youth are more likely to report engaging in multiple risk behaviors and initiating risk behaviors at an earlier age than their peers.

The authors simply assume the politically correct perspective: that these teenagers' high-risk lifestyles are attribut-

able to social stigma—but they present no evidence to prove that this is in fact the case. They recommend educational programs, but present no evidence that such programs will actually prevent the problems cited.

Potentially Fatal Risk: HIV/AIDS

It is clear from the Garofalo study that boys who self-identify as gay are engaging in behaviors that put them at high risk for contracting HIV, and the latest testing reveals that these risks are in fact being realized. According to the Centers for Disease Control (MMWR 2001) study, among men who have sex with men (MSM):

- 5.6% aged 15 to 19 years are HIV positive
- 8.6% aged 20 to 22 years are HIV positive
- 13% aged 23 to 29 years are HIV positive.

Those educators who encourage boys to self-identify as gay at an early age argue that “coming out” will raise the boy’s self-esteem, allow him to receive safer sex (condom) education, and, therefore protect him from HIV infection. However, the figures show that, in spite of all the condom education and support for “coming out,” among young MSM the percentage infected with HIV is actually increasing. When an adolescent boy begins to have sex with men, he is much more likely to take risks and become infected than is a man in his later 20s and 30s.

Psychiatric Problems

The AMA blames gay teens’ suicidal feelings and depression on the Boy Scout policy and other familial and institutional forms of social discrimination. However, three new, well-designed studies cast doubt on that all-too-facile assumption. These studies reveal that psychiatric problems, including suicidal ideation and depression, are common among homosexual adults as well—not only in the United States, but also in New Zealand, and most significantly, in The Netherlands.

The Netherlands is noted for its broad and far-reaching tolerance of many forms of sexual deviation (including prostitution, which is legal; they are also known for a tolerance of pedophilia). Sandfort et al. (2001) compared lifetime prevalence of DSM-III-R Psychiatric Disorders in homosexual and heterosexual men in that country. The study found significant differences, as follows:

Lifetime prevalence of DSM-III-R Disorders

	Homosexual	Heterosexual
Mood disorders	39.0%	13.3%
Major depression	29.3%	10.9%
Anxiety disorders	31.7%	13.2%
One or more diagnoses	56.1%	41.4%
Two or more	37.8%	14.4%

Another study by Fergusson *et al.* of a birth cohort in New Zealand also found significant differences between GLB and non-GLB youth. The persons in this study were chosen at birth and followed to age 21. (This kind of study eliminates sampling bias.) At age 21, 2.8% of the cohort self-identified as GLB. When they were compared to the non-GLB group there were significant differences, as follows:

	GLB	Non-GLB
a) Suicidal ideation	67.9%	28.0%
b) Suicide attempt	32.1%	7.1%
c) 2 or more psychiatric disorders, ages 14-21	78.6%	38.2%

Herrell *et al.* studied twins in a group of male Americans who were part of a larger study and found that those who had had sex with a man were significantly more likely to have attempted suicide. The percentage of twins who actually had attempted suicide are as follows:

a) Twins who were both heterosexual	2.2%
b) Heterosexual twin with homosexual co-twin	3.9%
c) Homosexual twin with heterosexual co-twin	14.7%
d) Twins both homosexual	18.8%

Suicide Risks

According to Gary Remafedi (1999), six studies of homosexual youth compared attemptors and non-attemptors. They found that suicide attempts were significantly more common among gender-nonconforming (effeminate) males, those who had an early awareness of homosexuality, those with family problems, and those who abused drugs or had other psychiatric problems.

In one of the studies referenced, Remafedi et al (1991) studied 137 gay and bisexual males aged 14 to 21. Of that group, 41 reported a suicide attempt, and almost half of the attemptors reported multiple attempts. According to the article:

“Compared with non-attemptors, attemptors had more feminine gender roles and adopted a bisexual or homosexual identity at younger ages. Attemptors were more likely than peers to report sexual abuse, drug abuse, and arrest for misconduct.”

Here are a few of the key differences. **Notice that gender-identity problems are a key indicator;** also, note that the gay *non*-attemptors are themselves, *hardly* problem-free:

Suicide Attempters Non-Attempters

a) Sexual abuse	61%	29%
b) Prostitution	29%	17%
c) Illicit drug use	85%	63%
d) Classification: masculine	7%	26%

The differences between the attempters and non-attempters in the Remafedi study suggest that suicide attempts are related to specific problems — namely, **untreated Gender Identity Disorder (GID)** and also with **unidentified and untreated trauma associated with sexual abuse**. Adolescent prostitution is frequently a sign of previous childhood sexual abuse. Drug and alcohol use, suicide, and depression have also been linked to a history of childhood sexual abuse.

Real Solutions

The studies cited here represent only a small portion of the research on this subject. When the studies are taken as a whole, it is clear that a boy who self-identifies as “gay” is at high risk— first for infection with HIV or another STD, second for psychiatric problems including suicidal ideation, and third for self-destructive behaviors including drug and alcohol abuse and prostitution.

The AMA has presented no evidence that admission of a boy who self-identifies as gay into the Boy Scouts would in any way ameliorate the underlying problems associated with homosexuality.

Still, there is action which can be taken.

1) Aggressive diagnosis and treatment of boys with GID. These boys are at higher risk for almost every negative outcome. GID is easy to recognize; the child’s parents know, the neighbors know, the teachers know, and the pediatricians know that these boys have a problem.

Rather than blaming the Boy Scout policy for causing the problem, the American Medical Association can advise pediatricians to recommend treatment, because treatment—particularly when begun early—can be successful in eliminating the symptoms (Zucker 1995). Still, many parents report that even when they specifically express concern to their pediatrician, they are told not to worry—the boy will get over it. But this optimism is not borne out by the research, which suggests that boys with childhood GID are at high risk for a number of negative outcomes in adolescence and adulthood.

For example, boys with GID are extremely likely to be victimized by bullies and targeted by pedophiles. It has been estimated that without intervention, 75% will become sexually attracted to males and engage in same-sex behavior. Given the high rate of HIV among MSM, the parents’ con-

cerns are therefore fully justified. While there is no guarantee that treatment will prevent same-sex attraction in adolescence, it can alleviate the problems associated with GID in childhood. These are troubled children who need help.

Why has the AMA not promoted aggressive treatment of GID in boys when the negative consequences are so well-documented?

2) The A.M.A. can alert health-care professionals and educators to the link between sexual child abuse and various negative outcomes.

Gay activists have mounted a worldwide campaign aimed at encouraging adolescent boys experiencing confusion about their sexual attraction pattern to “come out.” Many of these boys have been victims of sexualized child abuse. Boys may think they are homosexual because they were targeted by a male pedophile, or because in spite of the humiliation, they also experienced pleasurable sensations during the abuse. Therapy directed at addressing this trauma could be beneficial.

While some adolescents may initially feel better when they “come out” because they feel accepted, the negative outcomes associated with homosexuality will not be resolved by such a declaration. Drug and alcohol abuse, unsafe sexual practices, and psychological problems are epidemic among MSM. The younger a boy is when he begins to have sex with men, the greater the risk.

Options

What are the options when a teenager experiences same-sex attractions—but he also wants to be a Boy Scout?

1) He could choose to self-identify as “gay,” but in doing so, he will identify with a community whose values and interests are antithetical to those of the Boy Scouts. The gay community aggressively promotes sexual liberation without guilt or restrictions. Their attitudes toward lowering the age of consent, prostitution, and extreme sexual behaviors are well-documented. Drug and alcohol abuse is also widespread in this community. This choice between these two worlds is a serious one, and no boy should be rushed into making it.

2) Or the boy could postpone self-identification as gay, not act on his attractions, continue his membership in the Boy Scouts, and hope that the attractions will diminish or disappear. In time they may; but even if they do not, and at a later stage he does choose to identify as “gay,” postponing self-identification will still have lowered his personal risk for contracting HIV and other negative outcomes.

3) The boy can seek help for these attractions. Counseling

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Thought Police At Work in The Journal of Pastoral Care?

—Reorientation-Therapy Article Called “Inappropriate”

by Linda A. Nicolosi

A well-documented and informative article recently appeared in the *Journal of Pastoral Care* (Spring 2001) making a scholarly and measured case for the ethics of reorientation therapy. Entitled, “Conversion Therapy: Parameters and Rationale for Ethical Care,” by Christopher Rosik, the piece was fair-minded and moderate in tone, and supported its thesis with meticulous documentation.

However, Dr. Rosik’s article (which is now available on the NARTH website) immediately prompted a complaint at the journal’s Board meeting.

At the Association for Clinical Pastoral Education’s (ACPE) Board meeting for Spring 2001, a motion was passed which judged the article “disrespectful” of gays and lesbians. It also called into question the editorial judgment of the journal’s editor, Rev. Dr. Orlo Strunk, for having accepted the article.

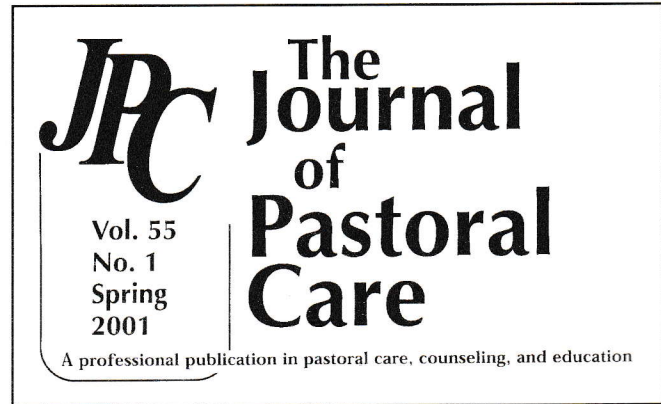
The ACPE’s board statement reads, in part,

“...the Board of Representatives is highly concerned about a recent JPC article entitled, “Conversion Therapy Revisited: Parameters and Rationale for Ethical Care,” by Christopher Rosik (vol. 55, no. 1, Spring 2001). This article appeared disrespectful of the worth and dignity of lesbian/gay persons.

“If the *Journal* chooses to publish such an article, which is both highly questionable in its premises and intimations, and is highly offensive to our constituency, we strongly recommend publishing it within a symposium to include other points of view.

“Furthermore, the Board seeks to engage the *Journal*’s editor, and/or a member of the Editorial Board of JPC, in conversation to assure that such inappropriate articles will not be published without balancing voices in future editions.”

NARTH’s Chairperson of the Committee on Interfaith Concerns, Russell Waldrop, immediately contacted the journal’s Board to express our concern about this restraint on the free communication of ideas and its apparent intent to suppress similar articles. The Board agreed to discuss the matter at their next meeting.



NARTH Ad Dropped

At about the same time the Board issued that statement, NARTH decided to place advertising insert in the *Journal of Pastoral Care*’s upcoming Fall issue. We asked our printer to lay out a tasteful ad which would announce hope for change, and make pastoral counselors aware of NARTH’s existence as a scientific support group.

Several months went by as we waited for the advertisement to appear in the Fall issue of the *Journal of Pastoral Care*, as scheduled.

Quite unexpectedly, we then received an e-mail from the journal’s advertising contact person saying that our ad would *not* run in the fall after all. It would have to be reconsidered by the Board—which subsequently voted not to accept NARTH advertising.

The return of our advertisement was followed by another phone call from the journal. Who, they asked, had given NARTH permission to reprint Dr. Rosik’s article on our website? Could we *prove* that we’d been granted permission? We could, but they wanted documentation and a copy of our e-mail correspondence.

These events—which seriously threaten the right of reorientation therapists to speak and advertise in a public forum—are especially ironic. Would not people or traditional faith be the most likely to seek therapy that supported their value system? Why should a religious journal exclude such information from pastoral counselors?

As of this writing, NARTH continues to attempt to **resolve** the above matters. ■

New Journal Article Makes the Case for Reorientation Therapy

By Linda A. Nicolosi

During this time when pressure by gay activists continues against reorientation therapy, few writers are bold enough to step up to the plate and make a case in its defense. Christopher Rosik has done so in his well-documented new article, which is posted on the NARTH website.

Dr. Rosik describes the mental-health associations' efforts to oppose reorientation therapy on the basis that it is unethical. The article then outlines several reasons why clients would seek such therapy. It reviews the data suggesting that change is possible and that psychotherapeutic assistance is indeed ethical. It closes by outlining a framework within which such therapy could be conducted.

One reason for the intellectual silence regarding sexual reorientation therapy is institutional disinterest in research projects that could provide supportive evidence for reorientation therapy. As Dr. Rosik states, funding for such a project can rarely be found:

"Institutions, which are designed to fund and conduct research, are simply not going to sanction any study of homosexuality that can be construed as falling outside the affirmative position. An academician who chooses to research homosexuality in this climate would be committing vocational suicide by investigating hypotheses or publishing findings of a non-affirming nature."

Another barrier is the unspoken rule that non-gay-affirming articles will generally not be published, so the author of such a study may very well discover he is wasting his time:

"Moreover, even were such research conducted, attempting to publish it in the vast majority of highly regarded professional journals is a herculean task. The publishing organizations and their affiliated manuscript reviewers are typically committed to an affirmative perspective and unlikely to be receptive to studies not in line with this."

This "unspoken rule" has created a situation in which it is often repeated that *little or no research exists* to support conversion therapy. In fact, the American Psychological Association blatantly states in its brochure, "Answers to Your Questions about Sexual Orientation and Homosexuality," that homosexuality is not changeable.

"Conversion Therapy Revisited: Parameters and Rationale for Ethical Care," by Christopher Rosik, Ph.D., *The Journal of Pastoral Care*, Spring 2001, vol. 55, no. 1, pp. 47-67.

Dr. Rosik says that this claim that "there is little contemporary research to support conversion therapy" is in fact "inaccurate and misleading."

In support of the claim that change in attractions is possible, Dr. Rosik cites the research of Lisa Diamond, who found that almost 40% of the women she studied had made shifts in their attractions between lesbianism and heterosexuality. Most of this change had occurred *without* psychotherapy;

in fact, 58% of 90 women in lesbian partnerships said they had made a conscious choice in assuming their sexual orientation.

In discussing the likely causal factors relating to homosexuality, besides conscious choice (which is more common in lesbianism), Dr. Rosik identifies childhood gender-identity disorder as a factor, and cites the success reported by clinicians working with gender-disturbed children.

He also points to the research linking childhood sexual abuse with development of a homosexual orientation in both men and women, and observes that these experiences could constitute "an important developmental influence on sexual orientation for a significant portion of homosexual men and women." In the studies he surveyed, sexually abused adolescent boys were up to seven times more likely to self-identify as gay or bisexual than their non-abused peers. One recent study of 110 gay and bisexual men found that fully *half* the sample had a history of abuse, with an average frequency of about 25 sexual contacts per child before the age of sixteen.

Should conversion therapy be banned because of the difficulty of achieving the therapeutic goal? If so, Dr. Rosik says, then there should be a similar ban on therapy to, for example, promote weight loss; in such a case, only affirmative counseling would be permissible.

Indeed, if psychology truly wishes to acknowledge (and celebrate) diversity and multiculturalism, it cannot exclude reorientation therapy.

Dissatisfied homosexually oriented persons "deserve to be treated with the same respect and dignity afforded to anyone in the human community," he says. "In a counseling setting, this translates into being given the freedom to select the type of treatment and identify the treatment goals." ■

The U.S. Surgeon General's Report on Sexual Health

by Dale O'Leary

(Adapted from an article originally published in
HEARTBEAT NEWS #22, JULY 13, 2000)

Last June, Surgeon General David Satcher released his long-awaited report on the nation's sexual health.

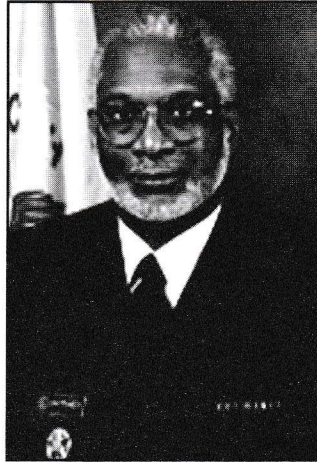
The report, titled "The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior," is grounded in the ideology of the sexual liberation movement which has, for the last forty years, dominated sex education in the United States.

The Satcher report was drafted by Eli Coleman, who is a gay activist, outgoing president of the World Association for Sexology, and author of articles describing gay-affirmative therapy with his clients.

In our public and educational policy, the sexual liberationist movement is promoted by SIECUS; Planned Parenthood; the Alan Guttmacher Institute; the heirs of Alfred Kinsey from Indiana University; and by gay activists. Their dominant influence on Surgeon General Satcher's report can be seen in the list of acknowledgments at the end of the report, and in the bibliography of books and articles referenced by the authors.

The ideology of the sexual liberation movement, as reflected in the Satcher report, can be summarized as follows:

- 1) Each person should feel free to do what they want sexually with any other person, with only one moral restriction—the sex act must be consensual. This is what it means to have "respect for diversity."
- 2) Any criticism that might make the parties feel guilty or ashamed of their sexual behavior is morally wrong. This is what it means to "stigmatize" people.
- 3) Religion makes people feel guilty and ashamed of their feelings. Making people feel bad about their lifestyles is "discrimination."
- 4) The problems experienced by persons who are sexually liberated is due to religious stigmatization. Religious teachings are the motivator for "hate" and its expression in hate crimes.
- 5) Without in any way inhibiting sexual expression, efforts should be directed toward making sex medically safe. That is, we should focus not on encouraging self-restraint,



Surgeon General David Satcher

but on minimizing the consequences that follow from the person's lack of restraint. This is called "responsible sexual behavior."

Dr. Coleman is the Surgeon General's expert on homosexuality (Satcher himself has admitted to having limited knowledge of the subject), so it can be assumed that the following paragraphs in the report were written by Eli Coleman. The section reads as follows:

"Sexual orientation is usually determined by adolescence, if not earlier (Bell et al, 1981), and there is no valid scientific evidence that sexual orientation can be changed" (Haldeman, 1994; APA, 2000).

Nonetheless, the report says, our culture often stigmatizes homosexual behavior, identity and relationships, and these anti-homosexual attitudes are said to have a negative impact on mental health, leading to a greater incidence of depression and suicide.

It is true, of course, that many of the world's religions consider same-sex behavior morally wrong, and it is also true that persons who engage in such behavior do suffer from a higher incidence of psychiatric problems. Interestingly, Coleman himself published an article on the treatment of homosexual clients who suffer from depression and suicidality. But his **own** cases do not support the contention that anti-homosexual attitudes were the cause of these problems, as the following examples taken from his article demonstrate:

"David was a 20-year-old college student who came in for counseling because he was 'depressed.' He told me that he had been 'out of the closet' for two years... he spent every weekend in the gay bars and baths. Most of his contacts with other gays were sexual in nature... Recently, however, he had been quite depressed. He began to doubt whether anyone was interested in him other than for sex." (Coleman 1982)

Coleman treated David's depression as a stage in the developmental 'coming out' process and encouraged him to dismiss his suspicion that his experience in gay bath houses was immature and wrong. Using his authority as a scientific professional to assure David that his moral convictions were in error, Dr. Coleman reports:

"He began to develop interpersonal skills in the gay community and developed a sense of personal

attractiveness and competence – to work on developmental tasks at the next stage. However, instead of feeling accomplishment, he felt shame. He cognitively construed his behavior as being immature and sinful. It was important for me to help him reconstrue his behavior as a healthy and important step in his growth and development.” (Coleman 1982)

There is another interpretation for David’s feelings about his experiences in the bathhouses, however—namely that his shame, feelings of immaturity and sinfulness were *reasonable* reactions to his unhealthy behavior. Given the date of the article, one has to wonder if David has in fact survived the AIDS epidemic.

In another case, a client’s suicide attempt was interpreted by Coleman as part of a necessary “evolution process.” Dr. Coleman said the client needed to learn that **he could not expect sexual faithfulness** within a committed relationship, because mature relationships are based on “freedom”:

“Gary was a 35-year-old graduate student who was referred to me by his physician after a serious suicide attempt. The suicide attempt was prompted by the fact that Gary’s lover had left him. This had been Gary’s first long-term committed relationship to another man. He went through the ‘bar and bath scene’ and finally decided that there had to be something more to being gay than that. He met another young man who felt similarly, and they fell in love, after only a few weeks, they decided to move in together. ...

“Gary became suspicious that his lover was seeing another man outside the relationship... [He] discovered that his suspicions were true. He took an overdose of sleeping pills and was found unconscious the next day. He was very disappointed that his suicide attempt did not work. He seriously questioned if relationships could ever work or that he could ever be happy being gay.” (Coleman 1982)

According to Coleman:

“Evolution can take place when gay men and lesbians begin to realize that the enormous expectations, the possessiveness, the lack of trust, all contributed to the breakup of their relationship. They recognize that mature relationships are based on mutual trust and freedom.” (Coleman 1982)

In other words, according to Coleman, homosexuals need to accept that their partners are going to cheat on them!

In summary, then, Coleman presents no evidence that the

serious psychological problems (depression and suicide) faced by his homosexual clients were caused by outsiders’ anti-homosexual attitudes. In contrast, he presents ample evidence that the cause was an understandable inability to accept as “healthy” the sexually liberated behavior common in the gay male community.

If outsiders’ “anti-homosexual attitudes” were the cause of negative outcomes among persons engaging in same-sex attitudes, then one would expect to see fewer negative outcomes in counties and cities where these attitudes were less prevalent. But a recent study from the Netherlands (Sandfort 2001) reports that prevalence of a number DSM-III-R Disorders, including mood disorders, anxiety disorders, and substance use disorders, was significantly higher among homosexuals than among heterosexuals—even though, as the authors admit: “Compared to other Western countries, the Dutch social climate toward homosexuality has long been, and remains, considerably more tolerant.” (Sandfort 2001)

Sources for the Satcher Report

The paragraph in the Satcher report on homosexuality includes a number of references which give the impression that the assertions are supported by data-driven scientific evidence. Four of the references used in the Surgeon General’s Report are analyzed below.

1) **Haldeman, D. (1994) “The Practice and Ethics of Sexual Orientation Conversion Therapy.” *Journal of Consulting and Clinical Psychology* 62, 2: 221-227.**

The Haldeman article was used as a reference for the Surgeon General’s claim that change of sexual orientation is not possible. Haldeman critiques the literature reporting change of orientation, impugning the integrity of therapists and the honesty of clients who report themselves as changed. Haldeman did no original research. But in 2001, Dr. Robert Spitzer did conduct a survey of men and women who claimed to have experienced change of sexual orientation. He found that while the extreme change of his subjects had been very difficult, the claim that change was *impossible* could not be sustained.

Haldeman thinks—in a very strange twist of reasoning—that *spontaneous* change of orientation does occur in many people, but *therapeutically assisted change* somehow does not. He writes:

“For many individuals, sexual orientation is a variable construct subject to changes in erotic and affectional preference, as well as changes in social values and political philosophy that may ebb and flow throughout life. For some, ‘coming out’ may be a process with no true endpoint. Practitioners assessing change in sexual orientation have ignore the complex variation in an individual’s

erotic responses and shifts in the social-cultural landscape." (Haldeman 1994)

Haldeman objects to therapy directed toward change because psychotherapeutic approaches to sexual reorientation have been based "on the *a priori* assumption that homoeroticism is an undesirable condition."

But this charge ignores a number of studies in which the therapists proceeded from a neutral point of view as to outcome. We can look to the work of Elaine Siegel, author of *Female Homosexuality: Choice without Volition— A Psychoanalytic Study* (1988). Because of her strong support for feminism, Siegel was asked to provide therapy for several lesbians. When the therapy began, Siegel did not view lesbianism negatively and the goal of therapy was **not** to change the women's sexual orientation. Nevertheless, as the clients addressed underlying conflicts, in many, same-sex attraction disappeared.

Haldeman dismisses the landmark study by Bieber *et al* (1962) for basing outcomes on "subjective therapist impression, not externally validated data or even self-report," and because some of the subjects were probably bisexual. He dismisses other studies because the outcomes were based on "patient self-report," but he offers no proof for his contention that the subjects must have been self-deceived or lying.

Haldeman reports on the early failures associated with religious ministries such as Homosexuals Anonymous and Exodus. He fails to mention that these groups addressed these problems and are still functioning—and that these groups do not claim that change of orientation will ever be *easy*, or even absolutely *complete*. For most people, these groups admit, some temptations will recur throughout their lives.

Haldeman insists "If a cure is offered, then there must be an illness" and that there is no evidence that homosexuality is an illness:

"Were there properties intrinsic to homosexuality that make it a pathological condition, we would be able to observe and measure them directly. In reality, however, there exists a wide literature indicating just the opposite: that gay men and lesbians do not differ significantly from heterosexual men and women on measures of psychological stability, social or vocational adjustment, or capacity for decision making." (Haldeman 1994)

This conclusion, of course, is outdated. New research — three well designed studies (Herrell 1999, Fergusson 1999, and Sandfort 2001) which have been reported previously by NARTH—conclude that persons classified as homosexual do have a higher prevalence of psychological disorders than heterosexuals.

In contradiction, gay affirming therapists argue both sides of this issue—saying on the one hand that gay men and lesbians have no more problems than heterosexuals, and on the other that gay men and lesbians **do** have many more problems, but they are all caused by societal oppression.

Haldeman's main objection to therapy directed toward change is grounded in his worldview and moral convictions. He quotes T. Murphy (1992):

"There would be no reorientation techniques, were there no interpretation that homoeroticism is an inferior state, an interpretation that in many ways continues to be medically defined, criminally enforced, socially sanctioned, and religiously justified.

"And it is in this moral interpretation, more than in the reigning medical theory of the day, that all programs of sexual reorientation have their common origins and justifications."

To which Haldeman adds: "*This morality is at work in all aspects of homophobic activity.*"

2) **Herek, G. M. (1993) "The Context of Anti-Gay Violence: Notes on Cultural and Psychological Heterosexism,"** in Garnets L.D., Kimmel, D.C., editors, *Psychological Perspectives on Lesbian and Gay Male Experiences*. NY: Columbia U. Press.

In this article referenced by the Surgeon General's Report, Herek blames violence against homosexuals on "heterosexism," which he defines as follows:

"Heterosexism is defined here as an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community. Like racism, sexism, and other ideologies of oppression, heterosexism is manifested both in societal customs and institutions, such as religion and the legal system (referred to here as cultural heterosexism) and in individual attitudes and behaviors (referred to here as psychological heterosexism)... Heterosexism derives in part from cultural negativity toward particular forms of sexuality." (Herek 1993)

Herek offers as his example of "heterosexism" a psychoanalyst's statement that normal sexuality "should ideally be heterosexual, marital, monogamous, reproductive, and non-commercial. It should be coupled, relational, within the same generation, and occur at home. It should not involve pornography, fetish objects, sex toys of any sort, or roles other than male and female." (Rubin, 1984)

continued

According to Herek, gay sexuality is radically different from Rubin's idea of healthy sexuality. It is "not reproductive by definition, and not marital by status. Many gay relationships are not sexually exclusive. Some homosexual men have staked out 'cruising areas' for sexual behaviors that are semi-public."

It would seem, then, that Herek would not be satisfied that heterosexism was eliminated until there was also an elimination of shame and guilt over promiscuity, anonymous sexual encounters, being treated and treating others as mere sexual objects, public sexual activity, and infidelity. In other words, getting rid of heterosexism—the valuing of heterosexuality over homosexuality—would require a complete overhaul of centuries-old morals and the establishment of a new worldview and value system.

Apparently, there will never be an end to hate crimes until this overhauling has been accomplished:

"Eradicating heterosexism, therefore, inevitably requires confronting violence against lesbians and gay men. Eliminating anti-gay violence, in turn requires an attack upon heterosexism." (Herek 1993)

It is clear that Herek's goal (and the goal of the Sexual Liberation movement) is for "heterosexism" to be categorized as an "ideology of oppression"—that is, made equivalent to racism.

The only way to eliminate heterosexism would be to force all of the world's major religions—Catholicism, Orthodoxy, Protestantism, Orthodox Judaism, Mormonism, and Islam—to change their theology to accept both gay relationships and non-monogamy as equal to marital relationships. Those religions which did not change their theology would be classified as "stigmatizing" and fostering hate, and their members would be subject to the same sanctions as racists.

3) Gonsiorek, J.C. (1982) "The Use of Diagnostic Concepts in Working with Gay and Lesbian Populations," in J.C. Gonsiorek, editor, *Homosexuality and Psychotherapy: A Practitioner's Handbook of Affirmative Models*. NY: Haworth.

The Surgeon General's report claims that "anti-homosexual attitudes...may have a negative impact on mental health." In support of this claim, it references an article by John Gonsiorek. But what the Gonsiorek article *actually* provides is ample evidence that behavior engaged in by homosexual men is sufficient cause for the problems they experience, as the following quotation demonstrates:

"Consider the following scenario: A gay man begins to frequent back-room bars, baths, public restrooms, parks or other public places for anonymous sex. He, on occasion, does have anonymous

sex, which may be reinforcing and perceived as a boost to self-esteem.

"On another level, it may elicit a variety of guilt and self-recrimination responses if the individual has beliefs that sexuality, or same-sex activity, or some forms of sexual activity in which he has been engaging are wrong, immoral, improper, etc...Also, lack of success at sexual conquest may elicit feelings of poor body image, low self-esteem and others." (Gonsiorek 1982)

Would it not seem reasonable that a person engaging in sex with strangers in public places—risking infection, assault, arrest, or public humiliation—might feel that what he was doing was "wrong, immoral" or at the least "improper"? Wouldn't trying to rationalize this behavior as acceptable put a strain on his psychological health?

4) Berrill, K. T. (1992) "Anti-Gay Violence and Victimization in the United States: An Overview," in Herek, G. M., Berrill, K.T., editors, *Hate Crimes: Confronting Violence against Lesbians and Gay Men*. Newbury Park, CA: Sage, pp. 19-45.

This book is part of massive publicity effort directed toward one end: linking hate crimes committed by hooligans with religious teachings that proscribe sexual activity outside of marriage. The authors do not prove that the hooligans who attack homosexuals outside gay bars spend their spare time reading the Scriptures, or attending religious gatherings. Neither do they offer evidence that people of faith in fact "hate" homosexuals. But by repeating that claim, they plant this idea in the public's mind: homosexuals will be safe *only* if people of faith affirm homosexual behavior.

In fact, it may be that they are trying to convince themselves that what they are doing is acceptable may be an effort to submerge their own serious doubts. In 1994, Ariel Shidlo published the results of a study on "internalized homophobia." He reported that a significant percentage of homosexuals he surveyed held negative attitudes *toward their own homosexuality*.

For example, 53% of homosexuals agreed with the statement "Homosexuality is not as satisfying (good) as heterosexuality," while 37% agreed that "Homosexuality is a sexual perversion." (Shidlo 1994)

Is this the voice of individual conscience, recognizing something inherently wrong with gay life? If so, then these men and women are not likely to find peace, even if people of faith are forced to revise their value systems.

The above analysis has dealt with only one paragraph of the Surgeon General's report. The rest is equally flawed. It is not enough for the Bush administration to push the report under the rug and wait for Satcher's term to end.

The entire piece must be exposed and condemned. ■

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Sociopolitical Diversity in Psychology

By refusing to acknowledge its own worldview bias, psychology avoids the challenge of having to engage in principled debate.

By Christopher H. Rosik, Ph.D.

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A recent article in *The American Psychologist* (Redding, 2001) makes an overdue challenge to our discipline to include sociopolitical values in the "diversity" lineup. I appreciate the APA for publishing this piece, and I hope that it will be a stimulus to real efforts within the organization toward ideological inclusiveness.

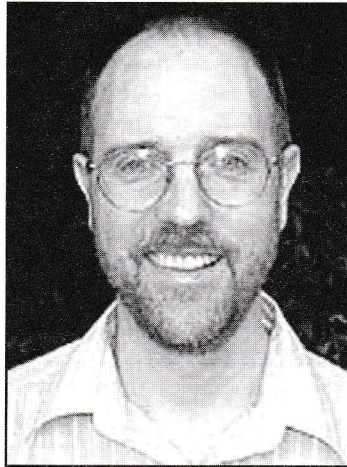
I would like to add a further example of the kind of concerns to which the *American Psychologist* article alludes. Next, I suggest an approach to addressing these issues that I believe may be even more fundamental to achieving a satisfying resolution.

A prominent example of sociopolitical values cutting short reasoned debate can be found in the popular term, "homophobia." Most of the research instruments used to measure the construct of homophobia include at least a few items that are overtly morally prescriptive, and many others than seem to pathologize a subject's responses that could, in many cases, actually be motivated from traditional moral convictions. The "Attitudes Toward Lesbians and Gay Men Scale" (Herek, 1984), for example, includes items such as "Female homosexuality is a sin" and "Sex between two men is just plain wrong." A subject who checks off those statements is considered by the tester to be homophobic.

Similar items are found in other scales (Larsen, Reed, & Hoffman, 1980). Some tests assume all *morally derived* discomfort is *psychologically deviant* (Hudson & Ricketts, 1980). Of course, endorsement of these items in a manner consistent with a traditional moral code is scored as being "homophobic." These instruments are heavily imbedded in an "ideological surround" (O'Donohue & Caselles, 1993; Watson, Morris, Hood, Milliron, & Stutz, 1998), yet this fact remains largely unnoticed due in part to the lack of sociopolitical diversity in our association, particularly within the peer review process.

To illustrate by way of contrast, imagine that fur-industry executives decided to take a similar path toward seizing the high ground against members of People for the Ethical Treatment of Animals (PETA). They could construct a psychological test instrument to measure "fur-o-phobia." This test would label as "phobic" (and thus irrational) all moral disagreement with the use of animal fur in human

apparel. Experiencing any discomfort around people who produce, sell, or wear animal furs would be also scored as implying pathology.



Christopher H. Rosik, Ph.D.

Should the test and its terminology end up gaining wide acceptance among psychologists, PETA sympathizers could be effectively marginalized without the annoying inconvenience of having to engage them in principled debate. The underlying moral, ethical, and philosophical implications of the fur industry's practices would not need to be scrutinized; all dissent could be reduced to a "psychological disorder."

If this comparison seems absurd to many, allow me to suggest that this is precisely *because our profession's lack of ideological diversity* has caused us to become dangerously unreflective about our worldview assumptions.

Redding (2001) advances several good suggestions for increasing sociopolitical diversity, including exploring conservative alternatives, expanding the domain of diversity, enriching the curriculum, and separating science from advocacy.

I also would see great value in more overt disclosure of sociopolitical commitments in our journal articles. We are all familiar with the practice in many medical journals where authors are required to openly state their interests and allegiances, usually understood in terms of financial underwriting. This statement is typically highlighted in regular print as part of the first page summary of the article. This practice could be adapted for our own journals.

In addition to disclosure of funding sources, a statement of interest might also include any division affiliations of the authors. Findings that did not support, but *contrasted* with the assumed advocacy commitments of the authors would carry special weight in the literature. I would like to see all of these cautionary measures implemented as a means of putting the authors' worldview and values in a clear and open context.

However, at the same time I am not sure these measures are sufficiently foundational to move us forward to a fuller understanding of the issues underlying our present diffi-

culty in achieving genuine sociopolitical diversity.

I am convinced that as doctors of *philosophy* in psychology, our scientific debates—especially concerning controversial social matters—need to be accompanied by forums in which the latent *philosophical* issues beneath our differences can be aired.

Unfortunately, little if anything positive has followed in the 25 years since Frank (1977) and Kimble (1984) exhorted psychologists to become better aware of the impact of differences in value orientations and belief systems. Would it not therefore be refreshing to see our journals have special issues wherein psychologists from divergent sociopolitical perspectives articulate their *a priori* assumptions?

Authors should be required to state their beliefs regarding such subjects as moral epistemology, the character of human nature, and what constitutes the good life. I believe that much of the lack of sociopolitical diversity in psychology traces back to a single-minded perspective on these kinds of issues.

Rather than surreptitiously advancing only one basic set of worldview commitments through demagoguery, advocacy, or scientific question-begging, I hope our association has the courage not only to promote real diversity, but also to encourage all of us to comprehend and be forthcoming about our own philosophical allegiances.

Only this type of undertaking can encourage pluralism at the deepest level of analysis. ■

Change as Progressive Freedom, continued from page 2

increase in heterosexual attractions. The expectation of complete change (with never again a homosexual feeling) is, Spitzer correctly notes, simply not realistic. Similarly, Love in Action Ministry's June 2001 newsletter points out that we must see change in terms of "progressive freedom" toward a desired goal, not asking simplistically, "Did he change, or didn't he?"

John Paulk made this distinction very clear in a recent interview with the *Charlotte World*. He said,

...I think that when you communicate in a media sound bite, and they ask you, "Have you changed and overcome homosexuality?" it's hard to answer that with a "yes" or "no" because sexuality is not a black-or-white issue. It runs on a continuum. I don't care who you are, there is a continuum to sexuality, sexual struggle, sexual temptation, and behavior.

I think what we have done in our movement is to respond the way the media wanted us to respond, by saying, "Yes, I have changed. It's all washed up,

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and I am done with it, and now it's packaged and pretty. Here's my wife and two beautiful children."

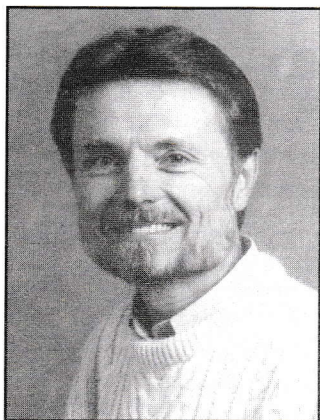
But in reality, John explains, many people still lead very satisfying and *victorious* lives while dealing with some persistent remnant of the old struggle that brought them to therapy in the first place. This doesn't mean their claim to change is an illusion. It only means they're human.

So, having been dubbed the "invisible population," ex-gays have, I believe, brought some of this invisibility upon themselves by continuing to perceive themselves as insignificant and unworthy in contrast to "the authorities" who will measure (and therefore "bestow validity") upon their life-changing achievement.

As we mature, we have an increasing obligation to give of ourselves for others. (This is an adult-making exercise in itself). When a man "hides his light under a basket," he has failed to credit himself with what he deserves for his remarkable achievement. I hope that more and more men whose lives have significantly changed will speak up now and allow themselves to be counted. ■

Father Hunger

By Gordon Dalbey



Gordon Dalbey

"The father wound is epidemic among us," says Gordon Dalbey. As a result, we see unfathered men growing up armored with a counterfeit of masculinity. But until their sons face the reality of their emotional abandonment, they may never seek the healing they need.

Not long ago, I polled a conference of 350 fathers with this question: When you first became a father, did your own dad reach out to you—maybe with a phone call, a letter or a visit—to give you encouragement, support, or advice?

Only five hands went up.

Is it any wonder we men withdraw from our children?

On another occasion, I asked 150 men, "When you were growing up, did your father talk helpfully to you about your sexuality?"

Only two said yes.

Is it any wonder men's sexuality is confused and out of control?

In both instances, the men polled were not marginal in any sense. The majority had jobs, families, and shared values representative of the society at large.

In almost fifteen years of speaking at men's events around the world, I've rarely seen those proportions change. The father-wound is an epidemic among us, snowballing down through the generations unto today, when its effects have become so destructive that we care not ignore it any longer.

Healthy civilizations have recognized the critical role of fathers since ancient times.

A Catholic priest I know tells of a nun who worked in a men's prison. One day, she said, a prisoner asked her to buy him a Mother's Day card for his mother. She did, and the word traveled like wildfire around the prison. Deluged with requests, she called Hallmark Cards, who obliged with huge boxes of Mother's Day cards as a donation. The warden arranged for each inmate to draw a number, and they lined up through the cell blocks to get their cards.

Weeks later, the nun was looking ahead on her calendar, and decided to call Hallmark again and ask for as many Father's Day cards, in order to avoid another rush. As Father's Day approached, the warden announced free cards were again available at the chapel. To the nun's surprise, *not*

a single prisoner ever asked her for a Father's Day card.

The father-wound is most often a wound of absence—emotional as well as physical. As such, it's harder to recognize than others.

You can kill a living organism in two ways. With a plant, for example, you can cut it down, smash it, or beat it up. Or, you can just leave it alone and not water it. Live requires input. Abandonment kills.

In the souls of men, the weapon of destruction is shame. When Dad doesn't embrace, encourage, guide, and protect him, a boy grows up thinking, "Dad doesn't value me. I must not be worth much." He doesn't feel like a real man, confident that he belongs in the world, with both a destiny and the power at hand to fulfill it. He feels tremendous shame and anger at being abandoned in his deepest need.

Distrusting himself and other men, he's easily suckered into a counterfeit masculinity, from fast sex and alcohol to isolation and violence. Hence, prisons are bulging. Yet even the average, law-abiding man today hasn't had a father who said, "You're my son and I love you," or who helped him discover his unique talents and abilities. As a small boy in a large world of men, he's imprisoned by bars of shame from father-abandonment, unable to fulfill his destiny. He misfocuses his muscles, intelligence and energies destructively instead of creatively.

One 32-year-old magazine editor, whose father had died two years earlier, put it this way: "I'm still waiting for my father to talk to me about sex and success, money and marriage, religion and raising kids. The shame of it is, I don't know a man my age who doesn't feel like he's navigating his life without a map."

A real man is a man who's real. He walks in the truth, even when it costs him his image of being in control. He doesn't want to hide his wound; he wants to heal it. He wants to face and overcome his inadequacies, so he can fulfill his calling as a husband, father, worker, and citizen. He's willing to confess, "I don't need a beer, my boss' approval, a sexual encounter, a gun, a race to hate, or a million dollars. I need a father!"

In fact, when Dad is absent, the boy looks to Mom to fill the gap—ultimately, identifying more with the woman than the man. Later, he may grasp onto his wife. But no woman, no matter how present, loving, and helpful, can be a father.

Until a man faces this deadly wound, he'll never seek healing. To break the crippling generational cycle of shame and destruction, at least two steps are necessary.

First, a man must forgive his father for wounding him. Often this happens as the man dares to see the awful brokenness in his dad which fueled the wounding. A boy cries FROM his father's wound; dad hurts you, and you cry. But a real man cries FOR his father's wounds, feeling his dad's pain instead of stuffing it and acting out inappropriately.

Secondly, we men need to begin fathering ourselves through a community of support. The fatherless man today can begin to trust himself and reclaim his destiny as a man among men by getting together with other men and talking honestly about his brokenness and strengths. The shame flees when you discover you're not alone, that

we're all in this together. The wolf loves the lone sheep.

However we choose to face it, we men are literally dying today for a father. But the good news is, you don't have to wait for a program. New life can begin with a simple handshake or phone call to say, "I need you, brother." Granted, it takes courage. It takes a real man.

Gordon Dalbey is the author of *Healing the Masculine Soul* and *Sons of the Father: Healing the Father-Wound in Men Today*. He lives in Santa Barbara, CA, and may be reached at www.abbafather.com.

Can NARTH Be Denied the Right to Advertise in APA Publications?

...APA Says Yes, It Can;
They Are "Exercising Their First-Amendment Right of Free Association"

NARTH wrote APA's president, Norine Johnson, to request that APA's declared commitment to "scientific openness" be extended to discussion of reorientation therapies. In response, we received the following letter from Dr. Clinton Anderson, the APA officer to whom matters relating to homosexuality are routinely assigned. Dr. Anderson is an openly gay man who opposes reorientation therapy.

August 22, 2001

Dear Drs. Nicolosi and Byrd:

I am responding to your letter of May 30, 2001, on behalf of American Psychological Association (APA) President Norine G. Johnson, Ph.D. In your letter, you request that your rights as members in good standing of the APA be restored. After consideration, we have concluded that there is no basis for complying with your request, because your premise, that your rights as members of APA have been denied in the past, is incorrect.

APA members have a right to submit notices and advertisements to APA publications and to propose continuing education workshops and programs for the APA Convention. There is no right, however, to have those submissions and proposals accepted. Proposals for workshops and programs are accepted or rejected through a process of peer-review by the Continuing Professional Education Committee and by the APA Divisions' program proposal review committees, respectively. Further, APA accepts advertising and notices consistently with its policies as published in its rate card.

In contrast to APA members, the National Association for

Research & Therapy of Homosexuality (NARTH) does not have membership rights, because APA does not have organization members. APA has denied requests from NARTH in the past. In denying such requests, APA has exercised its rights under the First Amendment of the U.S. Constitution to choose to avoid associating itself with an organization with which APA has fundamental differences on psychological issues. NARTH has as its founding premise the idea that homosexuality is a developmental disorder for which treatment is indicated.

APA chooses not to be associated with NARTH, because APA vigorously opposes NARTH's premise. APA opposes NARTH's premise because the psychological research does not support the premise and because the advocacy of such a position by NARTH contributes to the climate of prejudice and discrimination to which lesbian, gay, and bisexual people are subject.

Any organization may apply for APA approval as a sponsor of continuing professional education. In considering such applications, the Committee on Continuing Professional Education may consider such issues as the nature of the applicants' positions on psychological issues on which APA itself has taken a position.

Sincerely,

Clinton W. Anderson
Officer,
Lesbian, Gay, and Bisexual Concerns

Should Gay Activists Be the APA's Gatekeepers?

The following letter was sent by NARTH to the APA President after we received Clinton Anderson's letter (see previous page). Unfortunately, Dr. Johnson declined the proposed meeting with NARTH officers.

Norine Johnson, Ph.D.
President
American Psychological Association
750 First St., NE
Washington, DC 20002-4242

Dear Dr. Johnson:

This letter is written to request a brief amount of your time when you come to Salt Lake City on September 28th. We would like to discuss with you the concerns of a group of clients, particularly religious clients, who do not, at this time, receive representation or acknowledgment within A.P.A. discussion or debate.

In your capacity as A.P.A.'s president, you recently wrote an editorial calling for scientific freedom in research, debate and academia, regardless of the level of controversy involved. To quote you exactly:

"I am strongly supportive of open debate in the APA, regardless of the volume or intensity of the debate. Debate is healthy. Disagreement is healthy. ..

"The strength of psychology can be seen both in its support of colleagues, appreciation of their work, and the intensity of some of our debates."

In a recent letter to you, *we supported that call for open debate.*

In the interest of scientific freedom, we asked that NARTH therapists to be permitted to make a case in APA publications for therapy aimed at modifying unwanted homosexuality. We also requested that our meeting announcements be published—a right now freely granted to gay and lesbian groups—in the *Monitor*, and we also sought fair consideration our training courses for Continuing Education accreditation.

We received, however, a response not from you, but from Clinton Anderson, Officer of Gay, Lesbian and Bisexual

Concerns.

Unfortunately, however, Dr. Anderson represents a different group of people—gays who are satisfied with their orientation—and not the dissatisfied homosexually oriented people which our organization represents.

Dr. Anderson is not the person who will relate sympathetically to our request. In fact, Dr. Anderson's political-philosophical convictions are *completely at odds with the convictions of the clients we represent*. His motivation is, we believe, to exclude reorientation therapists from the scientific debate, and to impede a client's right to find therapists who are supportive of the client's personal goals and his own deeply held personal values.

Scientific freedom and simple fairness, we believe, require the inclusion of those with different understandings of the meaning and significance of human sexuality. *We believe these clients have the same right to recognition of their goals and values as do satisfied gays and lesbians.*

If differing opinions had been excluded by A.P.A. thirty years ago, simply because they were at odds with the prevailing view, how would homosexuality ever have been removed from the DSM in 1973? A healthy scientific dialogue must not, *a priori*, exclude any group. As you have said:

"APA is committed to fostering a vigorous science of psychology through the open exchange of ideas and data. A productive and healthy science requires freedom of inquiry and freedom of expression."

As A.P.A.'s representative of *all psychologist-members*, we hope that you, as President, will give us a few minutes of your time to discuss these concerns. We ask for the opportunity to briefly make our case to you, at your convenience, during your upcoming Salt Lake trip.

Sincerely,

A. Dean Byrd, Ph.D.
Joseph Nicolosi, Ph.D.

Keep Us Informed

NARTH members are respectfully requested to submit original articles for publication in the *Bulletin*, and also keep us informed by alerting us about relevant news items that would be of interest to our membership.

Thank you!

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Book Review:

The Kid: What Happened After My Boyfriend and I Decided to Get Pregnant - An Adoption Story,

by Dan Savage
(Plume, 1999, New York)

Reviewed By:
James E. Phelan, LCSW

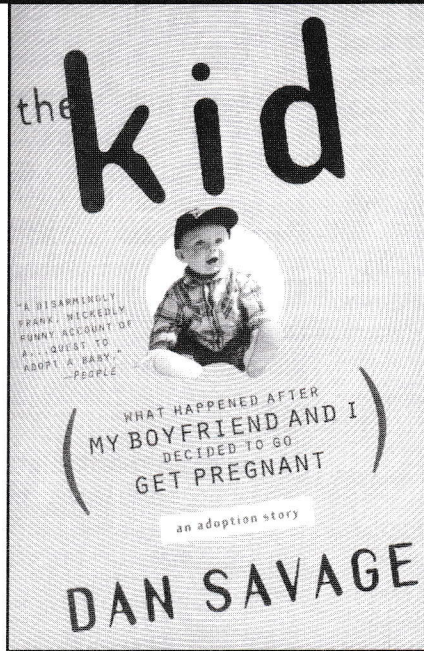
Considering the current legal controversy surrounding the issue of gay parenting, one would expect that the first autobiographical book about two gay men adopting a baby would be written from a perspective that would reflect well on this issue—which is, after all, a very sensitive one for the gay community.

Can two gay men be both mother and father to an infant? This heartbreaking account certainly does nothing to promote the cause of gay adoption.

The American Psychological Association has stated, "Not a single study has found children of gay and lesbian parents to be disadvantaged in any significant respect relative to children of heterosexual parents." The author of this book, Dan Savage, will certainly not be able to buttress that A.P.A. statement with any supporting evidence from his own experience.

Savage made the news during the last presidential campaign by volunteering to work on conservative Gary Bauer's staff by making calls to supporters. On the last evening, Savage admits, he had the flu and so he deliberately coughed on phones and licked doorknobs in an attempt to spread his infection, making a point to hand Bauer a pen he had just put in his own mouth in the hope this would make the presidential candidate sick and unable to continue campaigning.

Savage talks about how he and his boyfriend Terry have adopted a boy whom they call "D.J." Savage is a freelance writer and the author of "Savage Love," a syndicated sex-advice column. His advice is often graphic but cleverly written, and is blended with self-deprecating wit and dry humor. For example, he describes how he, his boyfriend and a homeless expectant mother waited for their interview at the adoption agency: "...the three of us—two fags and a gutter punk—sat reading *Parenting* magazine while we waited..."



Dan Savage is not shy about explaining how he and his boyfriend found each other. Like many gay men, they met at a bar and had their first intimate encounter in the bar's bathroom stall. Dan summed up the pairing process: "...slowly, gradually, over two days I fell in love."

Raising Children as a "Hobby"

Throughout the book, Dan is often sexually graphic. His writing style is such that is hard to discern when he is joking and when he is not. For example, you would *hope* he'd be joking when he gives the following reason for wanting to adopt: "Having children is no longer about propagating the species...[it is] something for grownups to do, a pasttime, a hobby. So why not kids? Gay men need hobbies, too."

So what exactly prompted the pair to adopt? They had considered the possibility but when the book deal was offered, so they decided to get serious and go ahead and do it. "One day I was minding my own business, writing my column," Savage explains, "when along came an agent, an editor, and a book publisher. They offered me a book deal and I accepted. I signed a contract, and then I cashed an advance check with a lot of zeros before the decimal point." This book, Savage said, would be landmark because no other gay men had actually adopted a child and then written about it.

Oregon Okays Gay Adoption

The couple had first contemplated impregnating a lesbian or the straight women who lived next door, but finally settled on an open adoption. In open adoption, the birth mother gets to pick from a pool of potential parents whom she wishes to raise her child. The agency that Dan and Terry used to help them throughout the adoption process is located in Oregon, where the rules do not restrict adoption based on the sexual orientation of the adopting parents. In an open adoption, the birth mother is encouraged to maintain ongoing contact with the child throughout his life.

Dan and Terry were not in the adoptive-parent pool very long before they were chosen by a pregnant girl named Melissa, who was homeless. Melissa was a "spare-changing gutter punk" with a nose ring—that is, a street girl who lived in urban areas asking passerbys for money. Melissa was young and felt it would be "cool" for her child to be adopted by gay men who she identified with, as they too were "outsiders."

Dan admitted that he and Terry had fears about adopting Melissa's child because she had admitted to using drugs and alcohol during the pregnancy. Melissa had twice been rejected by potential adoptive parents because of this

continued

lifestyle, so Dan figured that she wasn't compatible with "suburban Christian couples, so why not two fags?"

Overcoming their fears that the child could be at risk for Fetal Alcohol Syndrome, they stuck with Melissa, even paying her rent and other expenses until the baby was born. Although it became a struggle in the end, Melissa handed the boy over to the gay pair and signed away her parental rights.

Dan talked about giving up some of their uninhibited lifestyle when they became parents. Having "a kid meant no more Amsterdam," at least "not for a while," he said (referring to a one-night stand he had had in Amsterdam while on business.) "Terry and I had talked about having a three-way sometime...but once we had a kid in the house, it was unlikely we ever would....[p]robably, neither of us would ever have a good ol'-fashioned big-gay-slut phase again. I got sad when I thought about that, because I'd enjoyed my last couple of slutty phases quite a lot."

As a clinical social worker, and knowing human behavior, I have seen many couples who thought that having a child would erase previous habits or impulses, but I have found that this is not solid insurance. In fact, the stress and pressure of raising a child (especially a non-biological child) adds strain to a relationship and can actually worsen a preexisting problem.

Savage admitted that he frequented the PDX Eagle, a "leather" bar in Seattle. He also admitted to surfing gay porn sites on the Internet, particularly when he is under pressure, such as during the time when he had to write his biography as part of the adoption process.

Dan admitted he did not feel affection for the baby when the adoption first went through. On Melissa's delivery day he held the baby and felt "nothing": "I was not the baby's biological father. This was not my baby. This was not flesh of my flesh, blood of my blood. This was flesh of my paperwork, blood of my checkbook."

Dealing With the Stress of Parenting

After he found out that the baby had a small heart murmur, Savage relieved the stress by going to a gay bar and watching a porno movie. Not only did he have difficulty bonding with the child, but when under pressure, Savage diverted his stress into sexual acting-out, which leads the reader to ask, what type of role model could he be?

Two weeks before the birth of their adoptive son, Savage said, "We had more bondage stuff in the house than baby stuff." Savage figured he would admit to the book's readers that he "dug" bondage so that, if found out by the "religious right," he wouldn't be caught in a lie. Anyway, S&M is not really "depraved," he said, but rather it is just "cops-and-robbers for grownups."

A Priest Praises the Adoption

There was no problem about the adoption from their families, nor from the Catholic Church in Chicago—where a priest baptized the baby and at the same time commended the two men for adopting him. But there was some backlash from other gay men. One gay man accused the couple of acting "hetero-normative," and "selling out" gay culture by becoming domesticated. Another gay man said (wisely, indeed) that it was inappropriate for those living in the "urban gay lifestyle" to adopt a child, and he pointed out that Dan and Terry had not been together long enough to be in a stable relationship.

Melissa told Dan that her mother had "messed [her] up" and said that if her mother cared about her that she would have come and looked for her after she ran away. She only saw her biological father once a year. Therefore her homeless friends and other "punks" were her only family. Since Melissa clearly despised her mother, Dan concluded that she must have picked two gay men to adopt her baby because that way, the baby would never have to deal with a mother.

Dan and Melissa also felt a mutual connection because both were rebels; she had run away from home and been arrested several times, and he had been arrested for disorderly conduct during ACT-UP demonstrations.

Savage admitted to having an over-enmeshed and over-protective mother. He so highly identified with her that he joked, "one day, I will *be* my mother." His parents divorced during Dan's late adolescence but they had always had a rocky relationship. His father, a Chicago homicide detective, had little interaction with Dan when he was younger and was aloof, not only geographically, but emotionally as well. (In psychoanalytical terms, these characteristics are hallmarks of male homosexuality.)

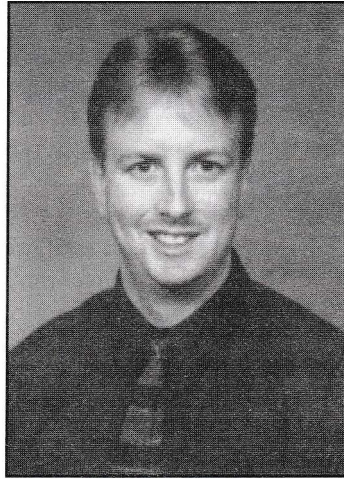
Dan recalled harsh words spoken by his father of gays. One remark in particular was Dan's father telling his mother that, "gays should be tolerated, but they couldn't be trusted with kids." After learning this and the other dynamics, the reader is left to wonder if perhaps somehow Dan sought to adopt in order to prove something to his father.

Dan and Terry's relationship appeared to be a strange and uneven match. There was a considerable age difference and a huge part of Terry's life revolved around dance music, all of which Dan literally despised. This caused much dismay and frustration on Dan's part and was the issue of many arguments. Terry was the more passive partner, allowing Dan to make most of the decisions regarding the adoption. Dan even wrote up Terry's biography for the adoption process. Not surprisingly, the domestic arrangement was for Terry, the more passive partner, to stay at home and be the primary caregiver

while Dan remained the primary breadwinner.

Dan said the reason he wanted to be a dad, besides the desire to show the straight world that two gay men could parent, was so he "could take the kid to ball games and McDonald's and on camping trips" (p. 183); in other words, do the things he didn't get to do with his dad. One can empathize with Dan on this, but to fill an emotional void by using a motherless child is not the way to go about it. Furthermore, to join with a secondary parent of the same gender does not fulfill a child's normal need for genuine mothering.

There are many sacreligious comments throughout the book and Dan makes it clear that first, he is an atheist and does not want any part of religion; second, he does not have anything good to say about the so-called "religious right"; and lastly, he does not want "the kid" to have a religious faith. "We worry about DJ falling in with the wrong crowd and becoming a fundamentalist Christian," he notes ironically.



James Phelan, LCSW, Reviewer

Still, Dan did have his adopted son baptized, saying this was done under pressure from family members.

"What the religious right fears most about adoption is not that we'll be bad parents, or that we'll have sex with our kids, or that we'll try to make them gay," he says. "What they fear is that we'll be pretty good parents. I've done drag. I did Barbie drag, dominatrix drag, nun drag, and glamour drag. Now I'm going to do dad drag."

Dan says that "few gays and lesbians will subject themselves to 'reparative therapy' quacks, and the vast majority of us have no interest in becoming 'ex-gay.'" "Homosexual behavior cannot be eliminated," he says, "without eliminating homosexual people."

"Quack therapists who claim they can 'repair' gay men believe poor relationships between father and son are the root cause of homosexuality. If only I'd bonded properly with my father in childhood, they argue, I wouldn't spend so much time fantasizing about bondage with Matt Damon today...These quacks fail to take the obvious into consideration: gay boys sometimes have strained relationships with their fathers *because* they're gay. My homosexuality damaged my relationship with my father; my damaged relationship with my father did not create my homosexuality." (He is referring to the theory, popularized by psychiatrist Richard Isay, that certain males are born gay; as they grow up, their fathers "sense" the son's inborn gayness and reject them due to their own dislike and fear of homosexuality; this is said to explain the poor father-son relationship.)

When doing a research project at Marywood University I looked at two groups—one of gay men and the other, straight men—and compared their recollections of their fathers. In line with the previous research done on this matter, the gay men had poorer recollections of their fathers compared to the heterosexual men. My study's findings supported decades of psychoanalytical evidence which has found the same family dynamics. But to suppose the poor father-son relationship is due to the father's rejection of the son because of his perceived feminine qualities and "inborn homosexuality" is an unlikely explanation because it relies on the discredited "born that way" theory.

Adoptive Dads "Feel No Joy" When Reality First Hits Them

After the baby was finally and officially "handed off" to the guys, Dan writes, there was a time of very ambivalent feelings. Guilt about taking Melissa's child away and panic about their responsibility as fathers had evidently overwhelmed them:

"As soon as the door was shut, Terry and I locked eyes for an instant then looked away...we were alone. We looked at each other again for a split second. "That was so hard—" I said. "Shut up don't say anything," Terry said.

"...Terry opened the van; we locked the car seat in place, shut the door, and climbed into our seats. Then we folded up, sobbing, hands on heads... finally a family, we felt no joy at having become fathers."

Now, one year after adopting the infant, Dan and Terry say they've spent lots of time "laughing and laughing and laughing," but after reading *The Kid*, I didn't know if I wanted to laugh or cry. How funny can it be that two gay men adopt a baby? The reader cannot help but feel deep concern for the child's future, as well as anger that an adoption agency would approve this couple as parents.

Will they "live happy ever after? Dan sums it up this way: "My Irish Catholic God...is a murderous and psychotic God, the O.J. Simpson of Higher Powers. I don't want to tempt Him by predicting that any of us....is going to live happily ever after." ■

New Film Portrays Pedophile in Sympathetic Light

(Excerpted from a Traditional Values Coalition Opinion Editorial released on November 7, 2001; reprinted by permission.)

An NC-17 film released in theaters last week has been getting rave reviews from film critics and homosexuals. "L.I.E." just won two awards at the Los Angeles Gay and Lesbian Film Festival, giving the award to Paul Franklin Dano, the young boy who is pursued by a middle-aged child molester.

"L.I.E." stands for Long Island Expressway, and tells a sympathetic story of Howie, a 15-year-old boy who is pursued by Big John Harrigan, a former Marine and child molester. Harrigan is played by British actor Brian Cox.

Film critic Rex Reed, writing in "The New York Observer," says, "Resist all temptations to avoid this exceptional film because of its subject matter (pedophilia) and see 'L.I.E.' fast. Trust me on this. You will experience one of the most profoundly moving motion pictures this year."

Guide magazine, a mainstream homosexual publication, has criticized the Motion Picture Association of America for giving this film an NC-17 rating. A *Guide* editorialist noted that

"'L.I.E.' is being muzzled because it suggests that the relationship between an adult man and a teenage boy—a relationship first sparked by sexual interest but never consummated—need not be monstrous."

That a boylover might have an interest in a boy that transcends sex, that he might act responsibly, that he might provide the love missing in an adolescent's life, that he might be something other than the predatory monster everywhere else depicted—these are the ideas that so offend the MPAA."

Guide magazine employs as its feature editor Bill Andriette, the former editor of the North American Man-Boy Love Association's *NAMBLA Bulletin*.

One of "L.I.E.'s" screenwriters is Stephen Ryder, who teaches writing at New York University. Ryder was recently asked in an Internet interview how he managed to make the child molester character so charming. He explains that he considers the relationship between Big John and Howie to be "consensual," and that men like Big John are "just regular, ordinary, non-felonious people."

Big John is the most likable character in the movie. He is both cultured and patriotic. Howie's father is a womanizer who ignores the boy. Big John comes along and "helps" Howie when his life falls apart.

"L.I.E." is an infomercial for NAMBLA, and homosexuals

and "sophisticated" film critics are applauding it. Step-by-step, homosexual activists are softening up public opinion on the issue of adult/child sex, which is euphemistically referred to in their publications as "inter-generational intimacy." We are unaware of any mainstream homosexual group condemning this film. Will PFLAG (Parents and Friends of Lesbians and Gays) condemn this? Will GLSEN (Gay, Lesbian, and Straight Education Network) teachers and parents condemn it?

—Traditional Values Coalition

Film Critiques Orthodox Jewish View of Sexuality

A new documentary film, "Trembling Before God," relates the real-life stories of Jews from Orthodox backgrounds dealing with their homosexuality.

After the Jerusalem Film Festival this past fall, Sandi DuBowski's film quickly became the subject of a massive international promotional campaign.

But a reviewer writing in The Jerusalem Post explains the film's omissions. That reviewer, Adam Jessel, explains what "Trembling Before God" left out:

No one would deny the film's power. DuBowski captures the pain and loneliness of his subjects in a series of intense, heart-wrenching interviews. Those interviewed desperately miss the lifestyle, community and family closeness of the traditional Orthodox world.

Had DuBowski sought only to sensitize us to the torment of those torn between their religious beliefs and their same-sex attractions, he would have performed a valuable service.

But DuBowski does more than that. "Trembling Before God" is a polemic arguing that the Orthodox community should not just be more accepting of people with homosexual attractions, but that it should also be more accepting of homosexual behavior.

The film assumes that same-sex attraction is irreversible, and therefore cannot be morally proscribed.

DuBowski conveys the impression that those with same-sex attractions are uniformly rejected by a cold, unsympathetic Orthodox society...While it is true that the Torah and halacha unequivocally prohibit homosexual acts, there are a growing number of Orthodox rabbis, educators and therapists who offer encouragement and support to struggling homosexuals. Anyone who doubts this should read "Letter to a Homosexual Ba'al Teshuva," published in *Jewish Action* by a prominent rosh yeshiva and distributed widely on the Internet.

DuBowski denigrates the possibility that people can change

the nature of their sexual attractions. The therapies mentioned in the film range from the draconian to the ridiculous - electric shock treatments, libido-controlling drugs, snapping oneself with a rubber band, and eating figs. Ignored are all the conventional tools of psychotherapy.

Many individuals have benefited greatly from such therapy. In a paper presented at this year's annual convention of the American Psychiatric Association (APA), Columbia University professor Robert Spitzer presented a study of 200 men and women who have experienced a significant shift from homosexual to heterosexual attraction and have sustained that shift for more than five years. At the time of the study, three-quarters of the men and half the women were married.

Spitzer's conclusion: "Contrary to conventional wisdom, some highly motivated individuals, using a variety of change efforts, can make substantial change in multiple indicators of sexual orientation." Lest Spitzer be suspected of being a homophobe, it was he who spearheaded the 1973 removal of homosexuality from the APA's list of psychiatric disorders.

Spitzer's message, however, was not one DuBowski was interested in presenting. Jewish support groups that help people deal with and overcome homosexuality, such as JONAH (Jews Offering New Alternatives to Homosexuality), are not even mentioned in the film, and are conspicuously absent from the resources listed in the film's credits and at the film's promotional web site.

"The film was done completely out of a love of Judaism," DuBowski told an interviewer. "Let the film open hearts. There's no ideology being served that you have to follow."

But if so, why did he not show us those who seek to overcome their same-sex attractions—those who have grown disillusioned with homosexual relationships, those who wish to marry and have children, those who are already married and wish to eliminate the interference of same-sex attractions? What about those who simply feel that sexual desire is not a license to ignore a Divine imperative? The voices of these strugglers appear to have been censored out.

DuBowski claims that he was unable to find any who have overcome their same-sex attractions, or who are striving to do so, who were willing to be interviewed. Yet I attended the movie with one such person, now married. He told me that DuBowski interviewed him, but that the interview was cut from the final product.

Another man, Sam, who describes himself as a recovering homosexual, explained, "I spoke with DuBowski on the phone when he was making the film, and he told me he doesn't believe in change. He didn't seem interested in meeting any Jews who were in the process of change, either."

Where are the stories of all those who don't view acting on their homosexual attractions as an option? Are their strug-

gles not heroic and inspiring? A film including **their stories** should be shown **together** with DuBowski's. **Much of that** footage may, in fact, **have already been shot. It's lying on** DuBowski's cutting room floor.

(Source: "THINK AGAIN: Half the Story on Homosexuality," by Adam Jessel, *The Jerusalem Post*, September 7, 2001)

should be directed toward helping him identify and deal with the childhood conflicts and traumas. The Boy Scouts is not equipped to provide this kind of therapy, and unfortunately, therapy of this kind for adolescents is not universally available. But if the attractions abate and he does not identify himself as gay, he can still be a part of the Boy Scouts.

Blame

If blame for the problems associated with homosexuality among adolescent males is being handed out, the AMA deserves a share.

By failing to encourage aggressive treatment of gender-identity disorder and by failing to alert professionals to the link between sexual child abuse, homosexuality, and suicide, it is the A.M.A. who puts these children at risk. When the A.M.A. endorses the unsubstantiated claim that discrimination is the sole cause of problems associated with homosexuality—and when they shift the blame to the Boy Scouts—their culpability is compounded.

Given that the age at which a male homosexual begins to have sex with men directly correlates with his risk for HIV infection, physicians should be doing everything possible to prevent infection by preventing same-sex behavior among adolescents—or at the very least, delaying it as long as possible.

“Give us your children,” they say, “and we will make their lives safer and happier.” The result is predictable: education doesn’t solve the problem. In fact, the problem increases. Activists then call for *more* money, *more* power, *more* programs, *more* education. And the media has utterly failed to challenge this misguided strategy, or to hold the A.M.A. accountable. ■

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Robert Bork on Gay Marriage

Excerpted from "Stop Courts From Imposing Gay Marriage: Why We Need a Constitutional Amendment," by Robert Bork at www.opinionjournal.com, August 7, 2001. Judge Bork is a former Supreme Court nominee, and is now a fellow at the American Enterprise Institute. As he explains:

Of all the contested terrain in the culture war, the subject of homosexual rights is the most awkward to discuss. Almost all of us know homosexuals who are decent, intelligent and compassionate people, and we have no inclination to wound them.

Yet "gay rights" have come to the fore and we must have a discussion, free of *ad hominem* accusations, about whether homosexual acts and relationships are to be regarded as on a par with the marital relationship of a man and a woman. The immediate problem is the homosexual activists' drive for same-sex marriage.

The activists want it as an expression of moral approval of homosexual conduct. Many Americans have no desire to impose criminal sanctions on homosexual sodomy. Nevertheless, it is clear that most Americans do not want to create special rights for homosexuals or to consider their behavior morally neutral.

For that reason, the activists have concentrated their efforts on courts, knowing that judges have pushed, and continue to push, the culture to the left. One of the last obstacles to the complete normalization of homosexuality in our society is the understanding that marriage is the union of a man and a woman.

Traditional marriage and family have been the foundations of every healthy society known in recorded history. Only in the past few decades of superficial liberal rationalism has marriage come under severe attack. The drive for same-sex marriage ordered by courts is the last stage of the assault. The Federal Marriage Amendment is an attempt, and perhaps the only hope, to preserve marriage as an institution of incalculable value.

Many court watchers believe that within five to 10 years, the U.S. Supreme Court will hold that there is a constitutional right to homosexual marriage, just as that court invented a right to abortion. The chosen instrument will be the Equal Protection Clause of the 14th Amendment. After all, if state law forbids Fred to marry Henry, aren't they

continued

denied equal protection when the law permits Tom and Jane to marry?

To head off the seemingly inexorable march of the courts toward the radical redefinition of marriage, the Alliance for Marriage has put forward the proposed Federal Marriage Amendment: "Marriage in the United States shall consist only of the union of a man and a woman. Neither this Constitution or the constitution of any state, nor state or federal law, shall be construed to require that marital status or the legal incidents thereof be conferred upon unmarried couples or groups."

We would hope that if people understand the principle behind the amendment, they would not try to contrive counterfeit forms of marriage. If courts are prevented from ordering same-sex marriage, or its equivalent, the question of arrangements less than marriage is left where it should be—to the determination of the people through the democratic process.

Traditional marriage and family have been the foundations of every healthy society known in recorded history. Only in the past few decades of superficial liberal rationalism has marriage come under severe attack. The drive for same-sex marriage ordered by courts is the last stage of the assault. The Federal Marriage Amendment is an attempt, and perhaps the only hope, to preserve marriage as an institution of incalculable value.

Will the APA Applaud the Spitzer Study? *A Call for Freedom of Scientific Inquiry and Publication*

(Unpublished letter sent by NARTH members to the A.P.A. Monitor.)

To the Editor of the *Monitor*:

A.P.A. President Noreen Johnson (President's Column, July/August, 2001) makes an ardent defense for freedom of scientific inquiry. She uses as an example, a study purporting to show little or no harm in pedophile relationships. Such research recently elicited a firestorm of controversy.

Let's truly embrace this freedom that APA's president champions. Would APA provide an open letter of support to Dr. Robert L. Spitzer—the prominent psychiatrist who crafted the 1973 decision to remove homosexuality from the DSM? Spitzer's recent research is very controversial and concluded that homosexuality is not invariably fixed, and some people can and do change.

If Spitzer's research is not too controversial for the scientific community to acknowledge, then let's move yet farther forward into a full and open discussion which should

include the viewpoint of sexual-reorientation therapists before Gender-Identity Disorder is removed from the DSM. A similar full and open discussion should take place before "Footnote 4" (universities with religious sponsorships) is disallowed for the accreditation of APA-approved programs.

There is a growing body of psychologists who share our view and who want to send a clear message to APA: "Let's open an active debate on controversial issues like abortion, affirmative action, religious diversity and sexual orientation." We need to be inclusive not only of controversial research, but of the broad spectrum of value systems that reflects the client populations we serve.

—A. Dean Byrd, Ph.D.
—Joseph Nicolosi
—Christopher H. Rosik, Ph. D.

communities. Over thirty thousand people visit our web site monthly, with an average usage time of almost eleven minutes per visit. Our publications are used in schools. Those who oppose our work have tried to marginalize us as a 'hate' group, in order to silence us. Instead, after nine years of opposition and very limited funding, NARTH is still alive...and growing!"

After lunch, psychotherapist Janelle Hallman-Burleson described her clinical experience with women who have same-sex attractions. She identified the common factors in lesbianism as 1) a strained or disrupted attachment with mother, 2) a feeling of lack of respect and protection from men, or a fear of men, 3) a history of few close girlhood friendships, and 4) a sense of gender emptiness and identity emptiness. She said that treatment begins with the issue of therapist-client trust and moves through the subsequent stages of developmental issues, as identified by Erikson in his eight developmental stages.

Psychoanalyst Sander Breiner, M.D., a noted psychiatrist and prolific author of many books and journal articles, also presented on the treatment and etiology of female homosexuality. Using a developmental, psychodynamic approach, Dr. Breiner supported Ms. Hallman-Burleson's explanation about the roots of lesbianism as a disrupted or impaired attachment with the mother. When a lesbian client enters therapy in adulthood, it is often as a result of a traumatic relationship breakup. In their lesbian clients, therapists see more borderline personality disorder; a tendency to attach herself to men who appear impotent; and various compensatory behaviors to ameliorate depression. "Homosexuality is a complex condition," Dr. Breiner said. "Trying to take away homosexual behavior is contraindicated. We must provide some healthy alternative in its place."

Psychologist Mark Yarhouse spoke on "Obtaining Informed Consent for Treatment of Same-Sex Attractions and Behavior." Therapists should use a disclosure statement, he said, which clarifies that the American Psychological and Psychiatric Associations do not classify homosexuality as a mental illness, and which states that the client has decided that he would rather make changes in his same-sex attraction than accept the other therapeutic option available, which is to increase his comfort with those attractions. Dr. Yarhouse provided attendees with samples of the detailed Consent form that he believes is necessary to meet ethical requirements.

Attorney William Duncan of the Marriage and Law Project spoke about the homosexual issue as it applies to our legal system. Some legal trends he noted: parents who want help to modify their child's homosexual orientation are sometimes threatened with the accusation of "child abuse," and many gay activists charge that not even an adult client is capable of freely giving his informed consent to enter sexual-reorientation treatment. The legal rights of

those who seek change, he said, have been ignored. Mr. Duncan noted the importance of soliciting the help of a legal committee to protect the right of therapists who wish to help those who want to change.

After a sumptuous luncheon accompanied by Cal Thomas's rousing speech, Rev. Russ Waldrop of the Interfaith Committee on Theological Concerns made a presentation on homosexuality and the church. He described some recent incidents in which NARTH members' rights to publish and advertise in pastoral counseling journals has been jeopardized by gay-activist committees within those organizations, and detailed NARTH's response. He offered suggestions for local church involvement—pass out NARTH literature to church leaders and members, donate NARTH literature to the church library, and provide NARTH literature for schools.

Dr. Dick Carpenter, a former school principal and education policy analyst with Focus on the Family, told his audience about the alarming flood of pro-homosexual materials in schools today. Teachers and staff are adopting "Safe Schools" programs which teach that homosexuality is normal because they have been told that they have no other choice if they are to reduce student harassment. Many teachers disagree with school policy, yet are required to teach it nonetheless.

Dr. Carpenter described activists' strategies in the schools: 1) they equate "safety" with a requirement to accept homosexuality, 2) they work as volunteer counselors in schools, 3) they proclaim myths about homosexuality as if they were fact; 4) they encourage gay teachers to come out to their students as role models, and 5) they are working to introduce as many Gay-Straight Alliances (GSA) into the schools as possible (there are now over 1,000 chapters nationwide).

Dr. Carpenter stated, "This shouldn't be a win-lose situation. No one should be harassed; we *do* want kids in a safe school environment. But there shouldn't be special policies for those students who are dealing with homosexuality."

Next we heard from pediatrician Dr. Christl von Holdt, a citizen of Germany who works for the German Institute for Youth and Society. Dr. von Holdt spoke about the European political situation. The mayor of Berlin is openly homosexual and there is much public support for him. Since August 1, 2001, German law has endorsed gay civil unions which are legally nearly equivalent to traditional man/woman marriage. Some churches also now say they will officially bless same-sex unions. Young people see this as a new model for relationships. There are 80 million citizens of Germany, and fewer than 2,000 are gay activists, yet those 2,000 activists were able to organize this stunning legal victory.

In the Netherlands, as of April 2001, there have been full

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marriage and adoption rights for homosexual couples. Several Scandinavian countries also have domestic partner rights. Currently in Austria, there is a legal battle underway by gay activists to lower the age-of-consent for homosexual acts down to 14 years of age.

A new study published by the University of Zurich, Dr. von Holdt said, forecasts that every fourth man who has same-sex sex will contract HIV and subsequently become infected with AIDS. Another study conducted by a gay group at the University of Munich, conducted with government funding, found that typical initiation into sexual activity for heterosexuals takes place between two inexperienced people, while typical homosexual initiation takes place between a young boy or teen and an older, sexually experienced man.

After Dr. von Holdt's presentation, Rich Wyler gave a powerful and moving story of his personal transformation in a talk entitled, "A Change of Heart." Rich is the inspirational founder and director of a website called peoplecanchange.com. Looking back, he noted that gay life had not been satisfying for many reasons. Besides the promiscuity and the conflict with his religious values, the dream of acceptance by the gay community had proven to be more of an illusion. "I found more rejection in the homosexual lifestyle than in the heterosexual lifestyle because I wasn't young enough, buff enough or good looking enough." He said he had used sex to fulfill basic masculine identity needs through anonymous sexual encounters, and to anesthetize himself against negative emotions.

After reading several books about the causes and treatment of homosexuality, including Joe Nicolosi's works, Mr. Wyler finally went into therapy. "At last, something made sense to me, and I received hope amidst a crisis. I learned to fulfill my needs in healthy relationships. I realized that I was looking at men through the eyes of my critical mother - 'don't trust them.' Finally, I could see men through my own eyes, and that was a huge turning point for me. I found lasting and meaningful friendships, and eventually I graduated from therapy."

Rich stated that an important issue for those who struggle with unwanted same-sex attractions is touch deprivation. He found many fulfilling, healthy relationships, as well as men who understood the healing importance of non-erotic touch and embrace, with the New Warrior Weekend and other support groups.

Dr. Dean Byrd concluded the day by describing Dr. Robert Spitzer's new study, and furthered Mr. Wyler's comment on the need for touch within the family. He stated, "A father asked me, 'Should I hug my son?' I told him, 'If you don't, someday another man will.'"

On Sunday, attorney Arthur Goldberg, co-founder and director of JONAH (Jews Offering New Alternatives to Homosexuality) moderated a panel discussion of those

who had lived in a gay lifestyle and now help others to make the change. The panel included Alan Medinger, author of *Growth Into Manhood: Resuming the Journey* and founder of Regeneration Ministries; Rich Wyler, founder of the website peoplecanchange.com; Martin Pressman, a volunteer support group leader with JONAH; and Richard Cohen, director of the International Healing Foundation. The panel addressed the questions about their healing and how to help others, the effectiveness of faith-based therapy, helpful tools for change, and directive vs. non-directive approaches to treatment. The panelists had many pearls of wisdom to share.

Regarding treatment, Richard Cohen said: "After twelve years of counseling others, I have learned people need ESP to the 'n'th degree. E = Encouragement: Four of the most important words that helped me heal were, 'I believe in you.' There were so many negative messages communicated to me while growing up and while trying to change. But 'I believe in you,' touched my soul and gave me fuel to continue. S = Support: Two are better than one. We need a net of support around us, experiencing healthy love and limits, bonding and boundaries. Healing is about getting legitimate needs met in honest and loving relationships. P = Plan: We need a systematic approach to grow and heal. N = Never Give Up: Whether you feel good or bad, keep 'showing up' in life. Get up when you fall down, brush yourself off, find others to affirm you, and learn new lessons and then carry on."

The day finished with three information-filled workshops. Dr. Joseph Nicolosi taught on "The Intensive Therapeutic Technique," outlining a method to expedite healing. "This technique focuses on the individual's feelings and impulses first, getting him to experience affective expansion. When the person is emotionally open, then intellectual insight is much more likely," he said. "By joining with the client's resistance, and entering into his personal experience of never having been genuinely 'seen' by others in his life, the therapist helps the individual break through the characterological armor to find release from the image of himself as unlovable and 'defective' which is preventing him from moving forward." Dr. Nicolosi also described his new book, *Preventing Homosexuality: A Parent's Guide*, to be released in 2001.

Dr. Dean Byrd's workshop, "When a Loved One Struggles: Homosexuality and Families" was filled with practical suggestions. Dr. Byrd advised parents as follows:

- 1) Moderate your reaction to the news of your loved one's homosexual struggles. This is still your son or daughter; fall apart in another room, not in front of him or her.

- 2) Become informed about the genesis and treatment of unwanted homosexual attractions. Read literature and find out what is helpful. Don't blame your child, yourself, or one another.

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3) Be prepared to talk about the choices available: an individual may not *choose* to have his or her homosexual attractions, but there *is* choice in how that individual *responds* to those attractions. Homosexual attractions can be diminished, and homosexual behaviors can be eliminated.

4) Reiterate your own value system, and allow your family member to explore his or her own value system. It is one thing to accept and love a person, but quite another to accept every choice that he or she makes. An individual is much more than his homosexual attractions. Practice using "homosexual" as a descriptive adjective, not as a noun that defines who the person is.

5) Encourage the individual to seek help, know where the good resources are, always stay involved and maintain contact.

6) Avoid the temptation to try to take control or fix the situation.

7) Avoid blame. Focus on solutions instead of problems.

8) Keep the communication lines open.

9) Be prepared for anger. Keep in mind that anger is better than depression. The former provides the opportunity to work on issues. The latter avoids issues. Underneath anger are pain, hurt and fear.

10) Seek the help of others such as ecclesiastical leaders and appropriate support groups.

11) Do not encourage heterosexual dating or marriage as a "cure" for unresolved homosexuality. This makes the situation worse.

12) Never give up!

Dr. Byrd asked several panel members to share their personal experiences with loved ones. One mother gave a moving account about reconciling with her son before his death of AIDS. "I blamed myself for his homosexuality after reading the literature. I went into depression. Then Dean helped me to deal with all these feelings. The isolation of a family dealing with this can be so great."

Arthur Goldberg concluded with comment which put NARTH's position in perspective: "This is not just a conservative issue. Liberals, too, believe in human rights. This is a broader human rights issue, because people have a choice – to stay in the homosexual lifestyle, or to change."

The 2001 NARTH conference offered a powerful platform for the possibility of change, and provided direction for those seeking to take the road less traveled. Later this Spring, the Collected Papers will be available from presenters at this year's conference. ■

—by Richard Cohen, M.A.
and Linda Ames Nicolosi

Former APA President Rebukes Psychology For Suppressing Reorientation Therapy

At the recent 2001 Annual Conference of the American Psychological Association, past presidents of the APA offered their prescriptions for change. One, Dr. Robert Perloff, made a startling denunciation of APA policy.

Dr. Perloff, 1985 President of the Association, said of reorientation therapy: "It is considered unethical...*That's all wrong.*

"First, the data is not fully in yet.

"Second, if the client wants to change, listen to the client.

"Third, you're barring research."

Another former APA President, George Albee, called on psychologists to help get rid of organized religion.

"It doesn't matter which religion, they are all patriarchal...Every major religion puts women down."

—"Same Office, Different Aspirations," *APA Monitor on Psychology*,
December 2001, P. 20.

APA Defends Scientific Freedom: *NARTH Says Freedom Must Include the Right to Sexual Reorientation*

Scientific journals must be free to publish findings that are "surprising, disappointing, or controversial."

—Norine Johnson, APA President

The American Psychological Association Council of Representatives issued a strong statement in August 2001 defending scientific freedom, and APA's President Norine Johnson immediately signaled her complete agreement.

Writing in the *Monitor in Psychology* (July/August, 2001) President's Column, Dr. Johnson stated:

"I am strongly supportive of open debate in the APA, regardless of the volume or intensity of the debate. Debate is healthy. Disagreement is healthy. ..The strength of psychology can be seen both in its support of colleagues, appreciation of their work, and the intensity of some of our debates."

The 2000 statement by the A.P.A. Council of Representatives made the same case for scientific freedom:

"APA is committed to fostering a vigorous science of psychology through the open exchange of ideas and data. A productive and healthy science requires freedom of inquiry and freedom of expression. Researchers must be free to pursue their scientific investigations...

"[E]ditors, too, must be free to publish that science in their journals even when the findings are surprising, disappointing, or controversial."

APA Defends Pedophile Researchers

What was the reason for APA's new interest in scientific freedom? APA's defense of scientific freedom was issued after Congress censured them for publishing a controversial study on pedophilia. The uproar began when NARTH published a 1999 fact sheet, "The Problem of Pedophilia," which brought public attention to the APA study. Radio talk-show host Dr. Laura Schlessinger then carried the issue onward to the major media. Subsequent embarrassing, broad public exposure of the pedophilia article "threatened to shake the APA at its core," according to *The National Psychologist*, provoking a "three-month public relations nightmare." Determined not to stifle research on pedophil-

ia, the A.P.A. made its call for openness.

Scientific Openness for All?

NARTH's President Joseph Nicolosi welcomed the A.P.A.'s new support for openness, but he issued a call for the Association to extend it to discussions of sexual orientation.

Said Dr. Nicolosi, "APA defended its right to publish a pedophile-friendly study that will, unfortunately, be used in our courts to show that 'consensual' molestation is not substantially harmful to boys. We support scientific openness—as long as APA is willing to admit that such a study does not 'prove' that there is nothing harmful about child molestation. Nothing of the sort has ever been 'proven.'"

"But at the same time," he said, "we call on APA to extend its scientific openness to the study of the ways in which sexual orientation can be modified.

"NARTH members have been excluded from APA panel discussions, and NARTH has never been permitted to announce its national conferences in APA publications."

A few years ago, NARTH member Dr. Mark Stern was rebuffed in his efforts to gain program time for our association at the upcoming APA Convention. In a letter from the APA's Board of Convention Affairs, Dr. Stern was told,

"The premise of your organization that homosexuality is a treatable disorder is in conflict with APA's position on sexual orientation. For that reason, we cannot comply with your request."

Said NARTH's Joseph Nicolosi: "If APA truly wants scientific openness—even when, as APA's president Norine Johnson says, scientific findings are surprising, disappointing, or controversial—then our association must be invited to participate in APA's discussion of sexual orientation issues."

Call for Papers

NARTH invites all mental-health professionals to submit papers for consideration for our next annual conference, to be held in November 2002—
(location to be announced).

Is Male Protectiveness Sexist?

On Gender Distinctions

A February 2001 article published in *The American Psychologist* critiqued the traditionalist view of the man as head of the household and family protector.

Joseph and Linda Ames Nicolosi submitted the following Commentary to the journal.

In your lead article of the last issue of the *American Psychologist*,⁽¹⁾ the authors criticize the "benevolent sexism" and "chivalrous ideology" in a marriage where the husband serves as the protector and provider.

Given that the authors' radical feminist view is at odds with the traditional view of our society, it is surprising indeed that there is so little resistance to it. We see little objection—in this journal or others—to the relentless deconstruction of the traditional family, and to the related assumption that children do just as well, *if not better*, in nontraditional families.

Perhaps this view is so prevalent in intellectual circles because we Americans love democracy so much—along with its cherished individualism and equality—that we easily tend to slip down the slippery slope into radical egalitarianism. Radical egalitarianism, some philosophers have noted, leads to a denial of the foundational social distinctions of gender, generation, and hierarchy.⁽²⁾

But when gender distinctions are denied, and the subtle, hierarchical distinctions of traditional marriage are deemed merely laughable, there is reason for concern for the continuation of the foundational institution of marriage, upon which democracy itself depends.

As Stanley Kurtz of the Hudson Institute has noted,⁽³⁾ the success of marriage actually seems to depend on gender distinctions—particularly, the innate complementarity of the sexes, although "even to mention it [complementarity] these days is to invite ridicule." Male-female physical and emotional complementarity is, Kurtz astutely observes, biologically-based and thus "not about to disappear." Women help to domesticate the man's typically more aggressive, sexual and risk-taking nature.

Innate gender differences may help to explain why gay male relationships, for example, in contrast to heterosexual marriage, characteristically turn out to be "open," while lesbian relationships are more often socially exclusive and tend to be possessive. Neither of the latter two types of relationships possesses the strength inherent in gender complementarity.

Does a man's protectiveness toward his family translate into anything like "sexism," or worse, a form of despotism? Perhaps quite the opposite; in fact, one very important factor that works in favor of marriage, as Kurtz notes, is a man's sense that his home is his "castle" and he its

"king." Even so, the reality, he observes, is that "a rough sort of equality" exists in the way a husband-wife relationship actually plays out. But still, "what the Promise Keepers has the audacity to say out loud about a man's authority within the marriage bond remains, in subtler form, the formula of heterosexual marital success."

Nevertheless, the authors of the *American Psychologist* article would obliterate gender distinctions and even subtle forms of hierarchy, while the distinction between the generations is now also slowly deteriorating. And so we also see arguments now being made in favor of "inter-generational intimacy"—a euphemism for man-boy sex—which are published on a regular basis in the *Journal of Homosexuality*. That journal deconstructs generational distinctions by arguing that children are an oppressed minority who possess a natural right to their sexual autonomy.

The next frontier for deconstructionists is the obliteration of the distinction between human and animal—a project of the animal-rights movement.

Where, we are asking, is the intellectual resistance to these movements? Other than within journals of religion and public policy like *First Things* and *Commentary*, its intellectual opponents have largely fallen silent.

Some of this silence can be attributed to the powerful "censoring role" of the media which prefers to promote its favorite causes; some, we believe, to the fact that a small group of deeply committed ideologues (particularly, radical feminists and gay activists) can impose social and career costs on their ideological adversaries.

"But one also senses," says Kurtz (and we agree), "that the silencing of the majority would never have been possible were the majority itself more certain of its ground."

Endnotes

(1) "An Ambivalent Alliance: Hostile and Benevolent Sexism as Complementary Justifications for Gender Inequality," *The American Psychologist*, February 2001, p. 3.

(2) Weaver, Richard, *Ideas Have Consequences*. Chicago, Ill.: U. of Chicago Press, 1948.

(3) Kurtz, Stanley, "What is Wrong with Gay Marriage," *Commentary*, September 2000, pp. 35-41. ■



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