

NARTH BULLETIN

Vol. 12, No. 2

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

April 2003

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Sexual Reorientation Supported in *Journal of Marital and Family Therapy*

By Linda Ames Nicolosi

A special section of articles in the January, 2003, issue of the *Journal of Marital & Family Therapy* (JMFT) has examined the subject of psychotherapy for clients seeking to develop their heterosexual potential.

Psychologist Christopher Rosik, Ph.D., authored the lead article in the JMFT special issue. His paper provides a rationale for the right of the client to determine how his same-sex attractions are addressed in therapy.

Rosik first outlines four motivations often reported by clients seeking change-oriented treatments:

- Religious/moral conflict,
- Seeking opportunity for heterosexual marriage and family;
- Maintenance of existing marriage and family;
- Desire to avoid the non-monogamy and risky sexual behaviors that create serious risk for HIV infection.

Rosik next outlines the literature that supports the possibility of increasing heterosexual potential, concluding with a call for research efforts to identify the key criteria that determine success or failure of reorientation treatments.

In a third section, he presents critical ethical guidelines for therapists. These concerns include obtaining informed consent, not coercing clients into therapy, and respecting their autonomy and diversity.

A Worldview Difference is at the Heart of the Controversy

Rosik argues that it is a fundamental difference in the source of moral values that is behind the controversy over reorientation therapy. This difference plays a powerful role, but ironically, its influence is rarely acknowledged.

Building off of existing research and theory, Rosik suggests that liberal opponents of reorientation therapy emphasize a sexual morality that sees the individual as his own autonomous source of moral truth. This is the "ethic of autonomy" (EOA), which envisions people as having the right to do as they choose sexually, provided they do not hurt others.

By contrast, argues Rosik, conservative and religious proponents tend to approach the subject more from within a moral domain emphasizing the "ethic of divinity" (EOD) and/or

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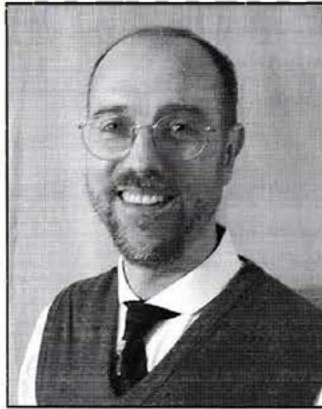
Published quarterly
By the
American Association for
Marriage and
Family Therapy
AAMFT
www.aamft.org

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"ethic of community" (EOC), both of which assume a universal moral order typically grounded in religious values given to man by God or community, rather than originating from the autonomous self.

Using these distinctions, Rosik examines how these moral value differences result in very different conclusions regarding several issues central to reorientation treatments. For example, he looks at the concept of "homophobia." Both sides have very different views of the actual source and meaning of that term, depending on whether one is liberal or conservative.

He also examines the unspoken moral assumptions that underlie our society's application of sexual-orientation nondiscrimination codes.



Christopher Rosik, Ph.D.

"Listen to the Client"

Rosik then discusses our mental health associations' current position statements on reorientation therapy.

But without the input of reorientation therapy clients, as well as the perspective of their therapists, Rosik cautions, the conclusions these associations draw about reorientation therapy "may merely reflect suppression, rather than consensus, of opinion among therapists and their clients" (p. 24).

Next, in a critical response to the article, respondent Robert-Jay Green, Ph.D., contests Rosik's analysis, implying that Rosik has authored a political diatribe rather than a scholarly treatise.

Green also questions the efficacy of reorientation therapies, citing a recent study by Shidlo and Schroeder (2001) to suggest that only 4% of exclusively gay/lesbian clients obtain a significant degree of movement toward heterosexual attractions. It should be noted, however, that the Shidlo study did not measure success rates of reorientation therapy. It specifically sought out dissatisfied reorientation-therapy clients by advertising in gay publications for former clients who considered themselves "harmful," and therefore his study does not reflect a representative sample of

consumers.

Green elsewhere asserts that elevated levels of psychological distress among gay/lesbian people are minimal, and best resolved when the person accepts and live out his sexual orientation.

Throughout his response, Green implies that clinicians involved in change-oriented therapies have compromised their neutrality—conducting therapy with the idea that clients must accept the therapist's own preferred resolution (i.e., giving up homosexuality).

Opponents of Therapy Fail to Acknowledge Their Own Values

While noting some areas of agreement, Rosik observes in a final published rejoinder that Green has failed to be forthcoming about his own sociopolitical and moral framework.

Rosik says Green's critique provides evidence of an unacknowledged "ethic of autonomy," which tends to be the dominant ethic of moral discourse for mental health professionals when they evaluate sexuality and reorientation therapies.

Rosik argues that the implicit moral values in the current literature should be openly disclosed, and not allowed to masquerade as "neutral" psychological science.

Rosik also provides a critique of the Shidlo and Schroeder research, concluding that the methodological limitations of this study have likely led to a serious underestimation of the reports of successful change.

Finally, Rosik challenges Green's claim that it is only reorientation therapists—not gay-affirming therapists—who possess a values bias that they must monitor carefully. The "ethic of autonomy" assumption (i.e., that all consensual sexual behaviors are morally equivalent) will likely be experienced by some clients as a welcome environment in which they can evaluate their same-sex attractions—but not by all, observes Rosik.

Because religiously conservative clients often operate pri-

continued

THE NARTH BULLETIN

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Staff Writer: ROY WALLER

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



"Victory on the Bow of a Ship"

marily out of an "ethic of community" or "ethic of divinity" framework, they will likely experience these gay-affirmative approaches as a mismatch of moral values—seeing such approaches as actually hindering their ability to explore same-sex feelings within their own, fundamentally different evaluative framework. (p. 43)

Since the publication of the JMFT series, the journal's editor, Karen Wampler, Ph.D., has been under intense criticism from gay-rights groups and the Lesbian and Gay Caucus of the American Association for Marriage and Family Therapy, which publishes the journal.

Even the journal's governing board appears to be leery of Wampler's decision to publish the article. The board is reported to be under pressure by the Association's influential Lesbian and Gay Caucus to issue a statement that explicitly declares reparative therapies "unethical."

All of this, says Rosik, saddens him; and he particularly expressed concern at the harsh treatment that the editor is experiencing. "My article was peer reviewed," Rosik told NARTH, "and was accepted by three of four JMFT reviewers." He added that "I hope therapists who want to hear diverse views on controversial subjects will make a point of supporting Wampler in her decision."

Reference to NARTH Deleted During Editorial Process

Rosik added that pre-publication pressure apparently forced Wampler at the last minute to delete an appendix listing contact information for several organizations—including NARTH—which assist clients in the development of their heterosexuality.

The last-minute duress under which this contact information was eliminated might be demonstrated by the fact that Rosik's own reference to the appendix was never removed from the body of the article, Rosik noted.

This unwillingness of the journal to make readers aware of several change-affirming organizations stands in stark contrast to the fact that several gay-affirmative resources were featured in an October, 2000, special issue of the JMFT journal on therapy with gay, lesbian, and bisexual clients.

A Call to Keep the Debate Civil and Respectful

Rosik said he wants to make clear that he repudiates any religious incivility toward gay and lesbian people, and he insists that therapists who engage in reorientation therapies need to disclose potential risks of treatment. Over the years, he says, he has had occasion to interact with gay and lesbian colleagues whom he respects and with whom he has periodic contact. In his article, he urged supporters of reorientation therapy to avoid any demonization of gay-affirmative therapists and instead, to remember that they are sincere individuals who are simply acting from very different moral premises.

However, many opponents of Rosik's views do not appear to be so charitable. "It was hard to recognize my article in some of the descriptions of it presented in the gay media," observed Rosik. "It's unpleasant to wade through disagreement so steeped in *ad hominem* attacks, emotional appeals, and inferences of guilt by association.

"I think such conduct is unbecoming," he added, "whether it is displayed by liberals or conservatives."

Rosik encourages people to read the series of articles and make up their own minds about the honesty, fairness, and scholarly presentation of his perspective. Interested readers are invited to contact him at christopherrosik@linkcare.org.

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Spitzer Study to be Published

The October, 2003 issue of the *Archives of Sexual Behavior* will publish the controversial Spitzer study which was first announced at the annual conference of the American Psychiatric Association in 2000. Commentaries by NARTH members will also appear in that issue.

Continuing Fallout from the JMFT Article

by Linda Ames Nicolosi

A client's religious beliefs about the meaning of sex and gender are to be considered "sacred," says the Association. Yet the Association claims it is "unconscionable" for the therapist not to challenge their validity.

After Christopher Rosik's article was published in the *Journal of Marital and Family Therapy*, the Board of Directors of the Association of Marriage and Family Therapists issued a cautionary statement.

Sexual Orientation Equated with Race

The statement agreed to "honor the diversity" of all the Association's members, including those of traditional religious faith. But the statement equated a homosexual orientation with inborn, unchangeable and morally neutral factors such as race.

The Association implied that sexual liberation ought to override the belief systems of traditional Christianity, Judaism and Islam; it would be "unconscionable," the Association said, not to challenge a client's traditional belief system about homosexuality.

The Board's statement said, in part:

"Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation. Therefore, as marriage and family therapists, and as an organization, we hold values of openness and inclusion, and the freedom of our clients to hold their own moral perspectives. . .

"Certainly our client's moral perspectives and understanding of right and wrong are a critical component of therapy, and those perspectives should be held in many respects as sacred themselves by therapists as part of treatment. At the same time, for example, if a person of color had been taught and came to hold the belief that he or she was deficient specifically and only because he or she were a person of color, we believe that it would be unconscionable not to address that conviction, whether as a moral, philosophical, religious, or scientific issue, as part of treatment.

"To take a client's current perspective or belief system as being the only legitimate perspective to be used as part of treatment would in many cases leave the therapist and the

client without the knowledge, research, or possibility of new insight and /or behavior which might lead to needed change—as defined by the client's presenting issues or goals of treatment. We believe this analogy is also useful in regard to issues of unwanted homoerotic attraction as well.

"...the larger and perhaps more personal question for the AAMFT is whether individuals who are gay or lesbian have a place in the organization, or are welcomed here. Conversely, perhaps, there may be those who hold certain religious views who would raise the same question.

"In conclusion, as an association, we also want to acknowledge that some of our members may not have historically felt the sense of welcome that we aspire to convey...we deeply regret that the publication the Rosik article in the JMFT exacerbates feelings of alienation or questions about the AAMFT and our value of inclusion. For that, as a Board, we make the commitment to continue our work toward embodying a sense of excellence, openness, and honoring of all of our members."

NARTH Criticized for Publishing Article

Another published letter by Mary Hotvedt, president of the Association, took NARTH to task for announcing the Rosik article on the NARTH web site. She also reiterated the Association's analogy of sexual orientation with race:

"...we are concerned about any therapy that would take at face value a client's sense of self deficiency, as defined by a societal prejudice, and base the treatment on that premise. This would be considered outrageous if a therapist were seeing a person of color who felt uncomfortable in the dominant society and then the therapist focused the work on helping them pass as white. We believe this analogy holds when the issue is unwanted homoerotic attraction.

"The board also recognizes the article is not merely an academic publication. It causes real pain for many of us within the organization, as well as in the public. NARTH has sought to exploit the publication on its website, thus compounding the damage."

Referral Therapists Sought

NARTH continues to seek referral therapists in all areas of the U.S. as well as Canada. If you are a licensed, insured psychotherapist in good standing with your professional association, please contact us for an application.

The Erosion Of Heterosexuality: Psychiatry Falters, America Sleeps

*"Heterosexuality has self-evident adaptive value...
Our sexual patterns are a product of our biological past,
a result of man's collective experience in his long,
biological and social evolutionary march."*

Charles W. Socarides, M.D.

The following article first appeared in NARTH's 1994 Collected Papers. Because that issue is now out-of-print, and we believe that Dr. Socarides' article makes an important contribution to the annals of psychohistory, we are reprinting it here.

A significant portion of society today is of the belief that homosexuality is a normal form of sexual behavior; different from, but equal to, that of heterosexuality. Many religious leaders, public officials, educators, social and mental health agencies—including those at the highest level of government, departments of psychiatry, psychology, and mental health clinics—have been taken in by a widespread sexual egalitarianism, and by accusations of being "undemocratic" or "prejudiced" if they do not accept assertions thrust upon them; as if deprived of all intellectual capacity to judge and reason.

This revolutionary change in our sexual mores and customs has been ushered in by a single act of considerable consequence: the removal of homosexuality from the category of aberrancy by the American Psychiatric Association (1973). It is, furthermore, a fateful consequence of our disregard for established psychoanalytic knowledge of human sexual behavior.

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

At the social, group, and community level, it proved to be the opening phase of a two-phase sexual radicalization: the second phase being the raising of homosexuality to the level of an alternative lifestyle—an acceptable psychosexual institution—alongside heterosexuality as a prevailing normal behavior.

The motive force for this movement was the wish to protect the homosexual against injustices and persecution which could, for all intents and purposes, have been legitimately effected by the demand for equal rights for the homosexual—a demand arising from humanitarian motivations so deeply embedded in our humanistic science.

Instead, the false step of removing homosexuality from our manual was substituted. This amounted to a full approval of homosexuality and an encouragement to aberrancy by those who should have known better, both in the scientific sense

and in the sense of the social consequences of such removal.

To many American psychiatrists, this action remains a chilling reminder that if scientific principles are not fought for, they can be lost—a disillusioning warning that unless we make no exceptions to science, we are subject to the snares of political factionalism and the propagation of untruths to an unsuspecting and uninformed public, to the rest of the medical profession, and to the behavioral sciences.

The devastating clinical fallout from this decision was to follow. Those who would wish to retain homosexuality as a valid diagnosis have been essentially silenced by lectures, meetings, and publications, both originating within our association and from other sources. Political parties and religious leaders have been utilized to reinforce this silence. The press has been influenced as well as the media; television and movies promote homosexuality as an alternative lifestyle, as well as censor movies which might show homosexuality as a disorder.

Homosexual sex education has entered our schools and colleges—and pro-gay activists—homosexual or otherwise—portray their way of life as "normal as apple pie" and intimidate others with different views.

In essence, this movement has accomplished what every other society, with rare exceptions, would have trembled to tamper with: *a revision of the basic code and concept of life and biology, that men and women normally mate with those of the opposite sex and not with each other.*

This psychiatric nonsense and social recklessness bring with it many individual tragedies, as men and women who no longer care for their appropriate sexual roles create confusion in the very young for generations to come. Gender-identity disturbance is bound to increase, and more true homosexual deviations result as parents distort the maleness or femaleness of their infants and children.

Homosexuals who are in therapy have developed tremendous resistance, which retards their progress, while others are dissuaded from seeking appropriate help. Other medical specialists such as pediatricians and internists are baffled by psychiatry's folly. Residents in psychiatry have very little interest in going into an area of psychiatric research where they will be attacked, belittled, and demeaned, and their knowledge of sexual development will cease to grow.

Above all, however, it is the individual homosexual wishing to change who suffers the most.

Adolescents, nearly all of whom experience some degree of uncertainty as to sexual identity, are discouraged from assuming that one form of gender identity is preferable to another. Those persons who already have a homosexual problem are discouraged from finding their way out of self-destructive fantasy—discouraged from learning to accept themselves as male or female, discouraged from all those often painful but necessary courses that allow us to function as reasonable and participating individuals in a cooperating society.

After all, homosexuality cannot make a society or keep one going for very long. It drives the sexes in opposite directions, and no society can long endure when either the child is neglected or when the sexes war with each other. Those who reinforce the disintegrating elements in our society will get no thanks from future generations.

Forces whose spokesmen adamantly insist that homosexuality is an alternative lifestyle have not been stopped by appeals to tradition, enlightened self-interest, or even the established findings of psychoanalysis. Threats about what would happen to society do not have much effect: nobody considers himself society's guardian. The average citizen says he doesn't quite know what these social interests are, and, after all aren't personal decisions about sex a private matter? The answer to that question, contrary to popular opinion, is NO.

Psychoanalysis reveals that sexual behavior is not an arbitrary set of rules set down by no-one-knows-who for purposes which no one understands. Our sexual patterns are a product of our biological past, a result of man's collective experience in his long biological and social evolutionary march. They make possible the cooperative coexistence of human beings with one another. At the individual level, they create a balance between the demands of sexual instinct and the external realities surrounding each of us.

Not all cultures survive—the majority have not—and anthropologists tell us that serious flaws in sexual codes and institutions have undoubtedly played a significant role in many a culture's demise. When masses of people think similarly about previous customs their collective behavior will, in the last analysis, have a profound impact on the whole of society.

Scientists, psychologists, psychiatrists, political leaders, public officials, and others with vested interests today ransack literature for bits of fact and theory which can be pieced together into a prohomosexual or bisexual concept of nature and society.

But no society has accepted preferential homosexuality. Nowhere do parents say, "It's all the same to me if my child is heterosexual or homosexual." Nowhere are homosexu-

als more than a small minority at the present time. Nowhere does homosexuality *per se* place one in an enviable position.

Some prohomosexual proponents within the behavioral sciences state that mental illness is simply a product of social definition, and that sexual behavior considered normal in one society may be deviant in another. Examination of the facts shows that this is not true of all illness and all behaviors. Some behaviors are universally deviant and every society thinks them destructive. Incest, rape, psychopathic (apparently unmotivated) violence are considered taboo in all societies. So is predominant or exclusive homosexuality or even bisexuality. While homosexuals can and should be protected by all the laws of society, homosexuality should not be encouraged.

The forces allied against heterosexuality are formidable and unrelenting. Charges of being "undemocratic," "cruel and inhuman," or "irresponsible, homophobic and prejudiced," are leveled at those who would question the normality of homosexuality. These accusations are then reinforced by the media, motion pictures, and the press, and render the ordinary citizen, who disapproves of such practices (as well as faint-hearted members of the psychiatric and psychological professions) mute before their onslaught.

The counter for such forces is the knowledge that heterosexuality has self-evident adaptive value: decades and even centuries of cultural change are not likely to undo thousands of years of evolutionary selection and programming. Man is not only a sexual animal, but a care-bonding, group-bonding, and child-rearing animal. The male-female design is taught to the child from birth and culturally ingrained through the marital order. This design is anatomically determined as it derives from cells which, in the evolutionary scale, underwent changes into organ systems, and finally into individuals reciprocally adapted to each other. The male-female design is thus perpetually maintained, and only overwhelming fear or man's false pride and misdirected individual enterprise can disturb or divert it.

All of this is enough "to make angels weep." I borrow the phrase from one of William Shakespeare's bitter comedies, *Measure for Measure*. One of my patients brought the quote to my attention some time ago, as he himself mused about his condition. (He is a homosexual and a distinguished scholar, but he is learning about the dynamic forces behind his homosexuality and learning to gain control of them.) Here is the entire quote:

*But man, proud man,
darest in a little brief authority,
most ignorant of what he's most assur'd,
his glassy essence like an angry ape
plays such fantastic tricks before high heavens
as make the angels weep.*



A Tribute to Harold M. Voth

by A. Dean Byrd, Ph.D.

One of the founders of NARTH, Harold M. Voth, M.D. died on January 20, 2003 after a courageous battle with cancer.

Dr. Voth was a member of the Governing Board of NARTH and also a Menninger Foundation Faculty member for 26 years, where he participated in groundbreaking research in personality organization and family dynamics. He was a highly regarded professor in the Menninger School of Psychiatry and received the Teacher of the Year Award in 1970.

Dr. Voth also had a distinguished career in the United States Navy and Naval Reserve where he achieved the rank of Rear Admiral and was the Medical Officer to the Commander-in-Chief of the Atlantic Fleet. For his work in the development and implementation of the Naval and Marine Corps anti-drug program, Dr. Voth received the Legion of Merit, the highest peacetime medal.

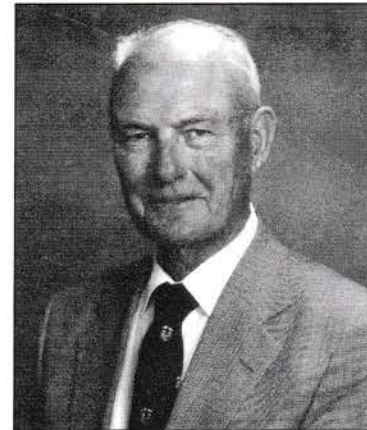
Harold was a wonderful colleague, esteemed mentor and personal friend. My association with him spanned more than a decade, while my familiarity with his work extended for more than three decades. Though he was a formidable discussant, a brilliant thinker and a passionate teacher, Harold's love of family was center stage in his life. Stories about his children and grandchildren always found their way in his presentations which were often accompanied by a sense of humor.

He was a strong advocate of patient self-determination. Regarding the right to seek therapy to change one's sexual adaptation, Harold could be heard to say with an attitude of indignation, "Just listen to the patient!" He considered the right to treatment to be self-evident and inalienable.

There are no words that describe Dr. Harold Voth better than tenacity and integrity. He was a champion of the underdog and the downtrodden. He took many public positions on controversial issues and was secure in his opinion and forceful in his presentation. He had impeccable integrity—he was a trustworthy friend.

During his illness, Harold had a dignified presence even on the phone. In one of my conversations with him in early January, while noting that the "curtain was about to close," he seemed preoccupied with the love of family and friends. "I have had a good life," was his closing comment. In my mind's eye, I reflected how my own life had been enriched by our friendship.

Perhaps there's no better tribute to Dr. Harold M. Voth than that penned by Alfred Lord Tennyson, as follows.



Harold M. Voth, M.D.

Crossing the Bar

Sunset and evening star,
And one clear call for me!
And may there be no moaning of the bar,
When I put out to sea.

But such a tide as moving seems asleep,
Too full for sound and foam,
When that which drew from out the boundless deep
Turns again home.

Twilight and evening bell,
And after that the dark!
And may there be no sadness of farewell,
When I embark;

For though from out our bourne of Time and Place
The flood may bear me far,
I hope to see my Pilot face to face
When I have cross't the bar.

Dr. Harold M. Voth was one of a rare breed of men whose convictions were reflected in his everyday life and in his relationships with others. His contributions to NARTH will continue through those who knew him, who admired him, and who loved him. ■

Prominent Gay Public Figure Gives Up Homosexual Lifestyle

By Roy Waller

David Bianco, a 32-year-old gay media mogul, recently announced that he has discontinued his homosexual lifestyle for religious reasons.

The founder of the Q Syndicate, which supplies gay-oriented material to a variety of international media outlets, says that homosexual lifestyle was inconsistent with his Jewish religious beliefs.

He Believes Gay Sex is “Not Natural”

Asked in a recent interview with gaycitynews.com why he decided to change his sexual identity, Bianco replied, “I have believed for at least 15 years that the Jews are in a special relationship with God... About 13 months ago, I asked myself, where am I falling short? ... Where am I not living up to the demands that I believe God has made of Jews through His Torah and through Jewish law?”

One of the three major ways he was falling short in Jewish life, he said, was in having sex with men.

Also, the gay community has “overly glorified sex to the point that it’s expected to be the most important piece of our lives... I don’t accept that it’s natural for us, or that it’s what God wants for us.”

“The Liberal Approach to Homosexuality,” Bianco Believes, “is Bankrupt”

“All along,” Bianco said, “I had a belief that God had given the Torah to the Jewish people ...I took my situation to a rabbi, who I trusted and admired, and asked for advice—and the rabbi propositioned me.”

The rabbi’s homosexual overtures to him represented a key moment for Bianco, in which he came to the conclusion that “the liberal... approach to homosexuality and Judaism was completely bankrupt.”

Although Bianco has sold most of his Q Syndicate to a New Jersey marketing firm, he continues to write his somewhat politically conservative “Over the Rainbow” column. In one recent column, he came out strongly against gays and lesbians having families. This decision deprives their children of an opposite-sex parent, he said, and is ultimately, he believes, “selfish.”

Bianco’s decision to leave gay life was also facilitated by the fact that he also feels some attraction to women. But

when he was told by gay friends that his new, religiously motivated lifestyle will not work, he responded, “Was what I was doing before...did *that* work?”

Bianco said he wants to “let those who may be facing a similar conundrum understand that it is a reasonable way to go. And I get letters all the time from people like that.” He said the gay community’s “narrow definitions are as constricting and as oppressive as the norms that the gay community was rebelling against in the first place.”

“Judaism Can’t be Reconciled with Gay Theology”

Bianco views heterosexuality as an integral part of the teachings of Judaism. “I rejected all the unsuccessful attempts to reconcile traditional Judaism with gay sex and gay relationships. And I decided to take more seriously the demands that I believe God has made on the Jewish people in terms of how we live out our sexual feelings.”

He also says that, although he doesn’t “give speeches urging all Jews to follow my lead,” he does believe that “the Torah is for all Jews—Reform, Conservative, Orthodox, secular.”

“Trying to Rise Above Base Impulses”

Bianco acknowledges that there are married Jewish men who are involved in homosexual activity, and he has a word of advice for them. “Actually, I would advocate that someone in that situation should talk to his rabbi and figure out how to handle it. It’s tricky...I acknowledge that it’s very difficult but also very important. I’m trying, and I think it’s working.” He added that he is “trying to be better than my base impulses, to rise above them.”

Asked point blank if he intends to become “an ex-gay activist” who would “embarrass the gay community,” Bianco stressed that he still remains sympathetic to the homosexual community, and said he hopes to help bridge the gap between the two groups, with his main thrust being an outreach towards the Jewish community.

He acknowledged that his work might be seen as threatening to gays, and he noted that “I don’t relish that.” But if they keep listening, he said, he believes they’ll come to a “general respect” for what he’s doing.

“I might even win you someday,” he added.

To read the complete interview with David Bianco, from which the above quotes were taken, please refer to: gaycitynews.com/takingthegayout.html ■

GLSEN and Its Influence on Children

By Linda Harvey

In the previous issue of this Bulletin, Linda Harvey described the ongoing work of P-FLAG (Parents and Friends of Lesbians and Gays) and its recommendation of books which promote obscenity and underage sexual activity to teenagers.

Now, Ms. Harvey takes a look at another gay organization: GLSEN, which—like P-FLAG—promotes obscenity and the occult to children. Remarkably, however, GLSEN remains a respected group which is routinely invited to present its programs in public schools



Linda Harvey

The Gay, Lesbian and Straight Education Network—known as GLSEN—is a rapidly growing and well-funded pro-homosexual organization. Using the schools as its primary platform, GLSEN conveys its message of cultural change through a web site, books and curricular material, teacher-training workshops, and in after-school homosexual clubs for students.

There is growing support for this organization's cause, as demonstrated by its newly publicized ties with many educators on the local level, and some very powerful national allies including the National Education Association.

Behind its promotion of "tolerance" and "safety," however, are the sordid realities of what GLSEN actually supports. Just about every type of sexual practice imaginable is "celebrated" and even graphically described in first-person stories by students in GLSEN's recommended literature. GLSEN also supports gender distortion through cross-dressing, even in books recommended for elementary school children.

Criminal, underage sexual contact between adults and minors is a frequent, casual theme in these materials. For listings of these resources, consult the group's web site at www.glsen.org.

Warning: Graphic sexual content follows. The following are just a small sample of the situations, opinions and themes depicted in the books GLSEN recommends as "resources" in its materials and on its web site. However, these selected examples are representative of the whole.

1. GLSEN's recommended literature implies the early sexualization of children can be beneficial. This means that virtually any consensual sexual activity, as well as exposure to graphic sexual images and material, is permissible as part of the process of discovering one's sexuality. Example:

"I released his arms. They glided around my neck, pulling my head down to his. I stretched full length on top of him, our heads touching. Our heavy breathing from the struggle gradually sub-

sided. I felt —"

...and then follows a graphic description (unprintable here) of a homosexual encounter between two *ten-year-old boys* who are playmates, in a childhood recollection by Malcolm Boyd, an Episcopal priest, in *Growing Up Gay/Growing Up Lesbian*, ed. Bennett Singer, New Press, 1994, p.100. This book is recommended by GLSEN for 7-12th grade students.

The president and founder of GLSEN, Kevin Jennings, wrote the foreword for a book for educators called *Queering Elementary Education* (William J. Letts IV and James T. Sears, eds., Rowman & Littlefield Publishers, 1999.) One chapter is written by a woman who says she and her male partner have raised their daughter "queerly." She then goes on to describe Stephanie's attendance at several gay pride parades by the time she is eight.

Stephanie already has a detailed familiarity with her own female genitalia "because it gives her pleasure when she masturbates." And the mother describes one incident where she and her daughter, while observing a group of twelve-year-olds, decide they are *both attracted to the same girl.* (pp. 71-81)

From another book, in a story describing a boyhood sexual encounter:

"One day, on the bus to shop class, this ugly f—k of a man sat behind me....he managed to get me to follow him to a nearby restroom...[a graphic description of homosexual sex follows]... I spent a good deal of time locked in the stall, trying to clean up.... This incident should have soured me on men, but it only made me more confused and needful... The whole world of restroom sex had opened itself up to me..."

(From *Queer 13: Lesbian and Gay Writers Recall Seventh Grade*, Clifford Chase, ed., Rob Weisbach Books, 1998, pp.43-44. Book recommended by GLSEN for adults, presumably including teachers.)

continued

Some rather unorthodox advice is also given in the book *Queer Kids: The Challenges and Promise for Lesbian, Gay and Bisexual Youth* (Robert E. Owens, Jr., Ph.D., Harrington Park Press, 1998). These tips are for the "special" needs of homosexual youth who are runaways or have been kicked out of their homes, and therefore live in group homes. Teen sexual behavior is implied to be fine in these group homes, as long as it is consensual:

"Agency policies must recognize the sexual behavior of adolescents... Residential facilities should distinguish clearly between normal, healthy and harmful, exploitative sexual behavior regardless of the gender or orientation of the youths involved.... Within Child Protective Services Guidelines, youths should be allowed privacy and dignity regarding sexuality." (pp.157-158)

The above book is recommended for adults on the GLSEN web site.

2. "Coming out" (calling oneself homosexual) and beginning homosexual sex practices at a young age, is a normal and positive experience for youth which should be encouraged by teachers and parents, according to GLSEN:

"Despite my best efforts, someday the artifice of 'normality' had to fall away. It did, early one Sunday afternoon when I was twelve. My cousin was sixteen."

The author then recounts his homosexual activities with his cousin.

(In *Queer 13: Lesbian and Gay Writers Recall Seventh Grade* [cited above], pp.86-87).

"I am a fifteen year-old dyke artist and activist. I've got flaming pink hair and a passion for gender-f—ing in both directions."

(Young girl writing in *Revolutionary Voices: A Multicultural Queer Youth Anthology*, p.28).

Then Kevin Jennings, a former teacher and the current president of GLSEN, describes his interaction with a male student, in *One Teacher in Ten: Gay and Lesbian Educators Tell Their Stories* (Kevin Jennings, ed., Alyson Publications, 1994, p.25.):

"Toward the end of my first year, during the spring of 1988, Brewster appeared in my office...'Brewster has something he needs to talk with you about,' [a student accompanying the boy] intoned ominously....On a hunch, I suddenly asked, 'What's his name?' Brewster's eyes widened briefly, and then out spilled a story about his involvement with an older man he had met in Boston. I listened, sympathized, offered advice. He left my office with a smile on his face...."

3. Bisexuality, "fluid" sexuality and sexual experimentation is encouraged by GLSEN as a right for all students:

"Curtis flops over the side of his bed and looks underneath....he browses his modest library of soft to medium-core pornography....Image upon image, man upon woman...Upon *woman*...Upon *man*...Curtis swims in a sea of bodies..."

There follows a very graphic story of masturbation, fantasy and actual sex in this tale about a teen boy who, after viewing homosexual porn, has homosexual fantasies and believes he's gay. His girlfriend, with whom he has been having sex, convinces him otherwise after he visits her in her bedroom.

She confesses that she likes lesbian pornography, and his arousal results in their sexual encounter.

("The Cure for Curtis" in *Love & Sex: Ten Stories of Truth* [cited above], pp.109-126. Book recommended by GLSEN for students in grades 7-12.)

Another book describes a group-sex encounter between a girl and two homosexual men (p.37) which occurs in the novel *Weetzie Bat*, part of a collection of several books, *Dangerous Angels*, by Francesca Block (Harper Collins Publishers, 1998). The heroine, Weetzie Bat, is trying to get pregnant, and turns to her two gay housemates when her live-in boyfriend doesn't want a child.

A child is conceived by this teen girl and one of the three men. *Dangerous Angels* is recommended by GLSEN for students in grades 7-12:

"Weetzie changed into her lace negligee from Trashy Lingerie and went into Dirk and Duck's room and climbed into bed between Dirk and Duck....And that was how Weetzie and Dirk and Duck made the baby—well, at least that was how it began, and no one could be sure if that was really the night...."

In a lesson plan for students in middle school and up ("Bisexual Basics," manual published by GLSEN for educators entitled, "Tackling Gay Issues in School: A Resource Module" by Leif Mitchell. Co-sponsored by GLSEN, 1999, Planned Parenthood of Connecticut and Leif Mitchell, p.78) we read:

"Each of us should have the freedom to explore our sexual orientation and find our own unique expression of lesbian, bisexual, gay, straight, or any combination of these."

4. In GLSEN material, the "cool" adults—parents, teachers and counselors—are those who encourage students to embrace homosexuality and cross-dressing. These "cool"

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adults also permit adult-level freedoms and let children associate with questionable teens or adults.

For example:

"The first time I said anything, I was fourteen. I told this social worker. I told him I had feelings for women....He was really cool. He ran around giving me all this information and he gave me the number for the gay and lesbian center. He helped me a lot. He opened the door."

(From *Free Your Mind: The Book for Gay, Lesbian and Bisexual Youth—and Their Allies*, p. 35).

"I first met Danny in my seventh year of teaching....I said I was planning to go to Santa Monica Boulevard to watch the [gay] 'parade'...Suddenly Danny said, 'Take me along!'... We made plans and waited for the day.... I took Danny to dinner at a nice, gay café. We made quite an entrance with Danny looking all of fifteen and I looking all of thirty-one...."

(Gay, HIV-positive teacher Gary Dowd writing about his mentoring relationship with one of his "sexually questioning" students in *One Teacher In Ten: Gay and Lesbian Educators Tell Their Stories*, pp. 65-67.)

5. GLSEN resources contain many hostile, one-sided, anti-Christian vignettes and opinions, as well as misleading information about Christianity and the biblical position on homosexuality:

"In fact, the Bible says very little about homosexuality. Amidst the hundreds of thousands of other teachings, responsibilities, laws and prohibitions, there are only a handful of statements that might possibly apply to sex between men—and none that address lesbian sexuality."

(From *Free Your Mind: The Book for Gay, Lesbian, and Bisexual Youth-and Their Allies*, p. 279.)

"'God will punish you!' was my mother's favorite saying to me.... I remember going to Sunday school at a very early age—it was a 'must.' Sunday school can be heavy for a child....If you do anything that isn't right, you are terrified you'll be struck by lightning or go to hell...."

(From the recollections of a girl named 'Whitey,' who ran away from home at age thirteen to Greenwich Village, in *Growing Up Gay/Growing Up Lesbian*, pp.44-45)

6. The spirituality that is presented positively in GLSEN resources is not traditional religion, but witchcraft, goddess worship, and the occult:

"The creature came into the light. It had thin, pale, slightly bluish skin....'Who are you?' La felt a slice of fear, remembering her mother's tub of blood. Had her mother seen this creature? Had this been the demon who told her mother to cut herself?"

(From the story "Blue" in *Girl Goddess #9*, Francesca Block, Harper Trophy, 1996, p.17. Recommended by GLSEN for students in grades 7-12).

"...What I really noticed was his aura....'One day you can be like me,' he whispered...'You saw how that girl looked at me? I'm going to have her tonight. I can get any woman I like—or any man, if I was that way inclined....You know why? Because I was born with The Power. Power over things seen and unseen, power over folk and field, power over wind and water....You've got to keep it charged up. You've got to use it, boy! You have to feed The Power!'"

(From *Love & Sex: Ten Stories of Truth*, p.46,48. Recommended by GLSEN for students in grades 7-12)

"Alex...did his astrology bit. He was a believer like a lot of actors: superstitious, fascinated by the occult. "

(From *Hello, I Lied*, by M.E.Kerr, pp. 70-71. Recommended by GLSEN for students in grades 7-12)

Because of its potential for the corruption of minors, it is our opinion that GLSEN staff and volunteers should not be permitted to have any contact with children. Schools and organizations that utilize GLSEN materials, list its web site or other contact points as resources, or allow GLSEN representatives to address students or educators may find themselves ultimately exposed to criminal liability for corruption of minors or for facilitating contacts that lead to child sexual abuse.

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Mentorship of Men Who Struggle with Same-Sex Attraction

by

Steven Donaldson, M.A., L.P.C.

Abstract

It is the author's experience that mentoring relationships have been helpful for men who strive to decrease Same-Sex Attraction (SSA). This article discusses the father injury commonly present in men who struggle with SSA, and the ways in which the mentoring process reenacts the father-son family dynamic.

The creation of such relationships is discussed, as well as the role of the mentor and ideal characteristics of such men. Activities are suggested that can be shared in the mentoring relationship, and pitfalls are warned against that may arise in the relationship.



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Many Protestant churches have lay counseling programs called Stephen's Ministries. In these programs, lay counselors are well-trained to be empathetic listeners and to understand their role as being supportive rather than therapeutic. This appears to be ideal training for the mentor role when working with people who struggle with SSA. We see some potential in coordinating local Exodus Ministries (Christian ex-gay ministries) with churches that offer Stephen's Ministries to create mentoring relationships.

Introduction

For most men who struggle with Same-Sex Attraction (SSA), altering their sexual responses will require tremendous effort. To improve success, these men need as much support as can be afforded them. Therapists have long acknowledged the value of multi-modal approaches to psychological problems (Lazarus, 1988). Experience in our clinic informs us that this also applies to men who seek to alter their sexual orientation. They appear to benefit from individual psychotherapy, couples therapy, bibliotherapy, support groups, 12-step programs, psychotherapy groups, and mentoring relationships.

This paper is designed to describe some important aspects of the mentoring relationship. It is my hope that this paper will be useful for people in the position of creating mentoring programs or mentoring relationships for men with SSA. In addition, my hope is that other people who have experiences in mentoring relationships will share their experiences with the author so that further information can be accumulated for educational purposes.

We have very little information about mentorship programs. Indeed, it appears that they are very rare. The best possibility for developing such a program may be in church settings, and in our local area, the Church of Jesus Christ of Latter Day Saints (LDS) has had some success with creating successful relationships. In this situation, the leaders of the church body select men they believe are qualified and assign them the task of mentoring a young man as a part of their obligation to the church. This arrangement has some inherent advantages. Since the mentors are selected rather than volunteer, the men can be evaluated for both character qualities and masculine identification before the assignment is made.

Another option would be for the man who struggles with SSA to create his own mentoring relationship. One therapist informed me about a client who accomplished this by joining an organization that offered assistance to senior adults. Over time, he developed relationships with a number of the men for whom he did volunteer work. He eventually concentrated his time and efforts onto one of the men, and both men found the father-son dynamic very gratifying.

But an important and often missing element in creating these relationships and ministries is information about the role of the mentor.

Mentoring is a process in which an emotionally and spiritually mature man befriends and walks beside a younger man who struggles with SSA. A mentor is not a therapist and so does not need to have special knowledge of SSA. He should not be in a position of ecclesiastical authority over the mentee. He needs only to act as an adult father figure to an adult son. The purpose of mentoring is to help in healing the father wound of the mentee's childhood.

The Father Injury

Men who struggle with SSA have not achieved a complete internalized sense of masculinity; they feel they lack some essential part of masculinity that other men have. This leaves them feeling unacceptable and ultimately inadequate and unsafe in the society of men. Although feeling inadequate is a common feeling to all men, those who struggle with SSA apparently feel it more intensely and have established a defense of emotional and /or physical withdrawal from the world of men and masculinity (Moberly, 1983, Nicolosi, 1991).

These men inevitably suffer from some sort of injury in

continued

their relationship with their father. Either the father did not achieve his own sense of competence and strength in the world, or he rejected the son (covertly or overtly) and failed to share his masculinity with him. In either case the boy did not form an intimate relationship with a strong and moral father figure. Since young children never perceive their parents as flawed, the young boy naturally assumes that the reason the father does not seek him out and love him is that he, the child, is inadequate in some way. This leaves him longing for affection and attention from his father (or father figure), yet hurt and fearful of further rejection. For the boy who will later develop SSA, there is a fear of men and sense of alienation from them (Moberly, 1983, Nicolosi, 1991).

At a very early age, before choice is a factor, the child begins to protect himself from rejection by defensively detaching from his father, who later comes to represent all men (Moberly, 1983, Nicolosi, 1991). He tells himself that he doesn't need his father's love or approval; that he doesn't care about his father. At this point the child begins to develop an identity in which he simultaneously rejects his own masculinity and longs for the love, affection and approval of a strong and confident man. The boy dis-identifies with his father; he in essence says to himself, "My father is bad, I don't want to be like him." This often leaves the boy with no one to identify with outside of his mother.

Since parental systems function in unison, where the father vacates, the mother overcompensates. Often, the marriage is compromised and the mother devalues the father. If this happens, a bond is formed between mother and son based on their shared rejection of the father. Since the boy has no one else to depend on, he must modify himself in any way necessary to maintain his relationship with his mother. This inevitably includes joining the mother in devaluing (dis-identifying with) the father (Bieber, et al., 1988, Socarides, 1978).

The Fantasy Idealization

When a young man is left fearful of adult men and not understanding how to interact with them, yet desiring a powerful emotional connection, commonly a fantasy idealization of men emerges. For the young man who will develop SSA, this idealization becomes sexualized. This sexualization begins as a way to create a feeling of safety and stop the fear/panic response that is triggered by things that remind him of his own masculine inadequacy. The sexual fantasy provides the young man with two things that he needs: it allows him to remain safely detached from identifying with men, while providing him with a powerful emotional connection with men.

His dis-identification with men protects him from his fear of masculine incompetence; in addition, it protects his bond with his mother. But the sexual fantasy or behavior allows the struggler to have connection with a man with-

out the overwhelmingly frightening obligation to become a man. He forfeits becoming fully male, which he fears he cannot achieve, in exchange for having the love and approval of a man. He becomes sexually attracted to the characteristics of other men that he feels he cannot achieve in himself.

Healthy Development

In a healthy family setting, a boy naturally internalizes masculinity when he is pursued and loved by his father, whom he perceives as strong and good. It is the father's job to go into the maternal nest and literally take his son away from the security of his mother. Boys are always frightened and cling to their mothers, but this fear does not make them mama's boys—it is natural. When the father aggressively claims his son as his own, the boy feels scared on the one hand and excited on the other. He learns to use scary and noisy tools, he learns to ride his bike without training wheels, he learns to catch a baseball, and he learns to dive into deep water. Each triumph with father forms a powerful bond between the father and son. The father's natural pride and interest in his son mirrors the boy's own growing sense of masculine competence. This sense of competence can then be taken into the world of his peers and confirmed further. When the process works, the boy naturally feels like a member of the world of his peers (the society of men).

For the man who struggles with SSA, something went wrong in this process. He does not develop a complete internalized sense of masculinity; he does not feel like a member of the society of men. He feels different and alienated from men. Homosexual enactment can be viewed as the young man's unconscious abandonment of the pursuit to become a man; instead, he accepts the compromise of having another man love and value him sexually.

The mentor serves to work toward healing this wound. But mentors must understand that this wound will never be healed completely. Even a perfect mentoring relationship will not make up for a lost childhood when an affirming father would have made the real difference.

The Characteristics of a Good Mentor

To be effective, a mentor must have several characteristics. No one can be the perfect embodiment of these characteristics; nonetheless, the mentor must be very strong in this set of characteristics. A good mentor must demonstrate self-confidence and good moral character. That is, he must have achieved a sense of masculine competence of his own.

A good mentor must have strong gender identity. That is, he must feel good about himself as a man. This does not mean being "super macho." Hyper-masculinity can actually be a sign of weak gender identification. Evidence of sound gender security includes the lack of defensiveness

or the need to prove anything to anyone, and active participation in his masculine roles—e.g., as father, husband, provider, and ecclesiastical leader, with male friendships and participation in some typical male activities. In addition, males with good gender identification relate respectfully and well to women. Such a man respects and likes women, and it shows. In essence, he should enjoy every aspect of being a man.

A good mentor will have good ego strength. What this means is that he does not get his feelings hurt easily and has no problem setting limits with his mentee. Mentoring can be very trying, and requires tenacity for the long haul. Same-sex attraction did not form overnight and even with highly motivated clients, it will not go away overnight. Furthermore, the mentor's self-esteem cannot depend on the success of his mentee. He must remain positive, loving, and encouraging no matter how badly his mentee fails.

Men who struggle with SSA can be at the same time emotionally needy and defensively detached. This means they long for emotional contact with men, but fear being hurt. At the first sign of abandonment they can become defensive and even reactive which can easily be interpreted as condescendence. The mentor can never take the defensiveness personally and must be able to set limits on the emotional neediness.

A good mentor must be emotionally available. He must be comfortable with his own feelings and able to share these with the mentee. He must also be comfortable with his own weaknesses, failures, embarrassments, and fears, and be able to share these with the mentee during times when this type of disclosure would be helpful. He must be able to hear the mentee talk about his own fears, anger, feelings of inadequacy, and pain without becoming anxious or needing to minimize or "fix" them.

Emotional Support, Not Problem Solving

It is not the job of the mentor to know what the mentee should do, or to fix his problems: this is very important. The mentor's primary job is to be present over the long haul and to remain emotionally supportive. The mentor is neither the mentee's moral authority nor his therapist and does not need to take responsibility for him or direct him in these ways. Men who struggle with SSA badly need both spiritual direction and therapeutic help, but this is not the mentor's role.

The mentor must be emotionally available, but he in turn should not lean on the mentee for his own emotional support. In this respect, the mentor relationship ideally mirrors the relationship of a healthy father-son dynamic, in which the father provides for the son, but the son does not provide for the father. Fathers get their needs met in the adult world, while children seek their emotional support from their parents.

Physical Affection

A good mentor must be physically affectionate. Many people believe that being physically affectionate with men who struggle with SSA will exacerbate their symptoms, but nothing could be further from the truth. Men who struggle with SSA are afraid of male affection. It is precisely this fear that makes male affection so intensely sexually interesting. As long as the mentor has a strong gender identity, there is no chance of the encounter becoming sexual. This is exactly the kind of safe situation in which the mentee needs to experiment with allowing himself to genuinely love and need nonsexual male affection. The deepest longing of the man who struggles with SSA is not for sex; it is for love and affirmation.

Finally, the mentor is the one who must pursue the relationship. The mentee at the core does not trust that the mentor could ever be genuinely interested in him and, at the same time, not need something from him. This is a continuation of the father-child injury. For this reason, the mentee will not (and should not) be the initiator in the relationship. Developmentally it is the father's role to initiate and maintain the father-son relationship.

In addition, when there is any confusion or conflict, the mentee is very likely to assume that he did something wrong and to withdraw or devalue the relationship. The mentor must remember that the withdrawal from, or devaluing of, the relationship is a defense (usually unconscious) against the intense need and longing for the love and affirmation of an idealized male. The mentor must not take anything personally and continue to gently but actively pursue the other man.

Suggested Activities

Men who struggle with SSA long for a non-anxious connection with men. Therefore the mentor needs to take the initiative in identifying activities that will be fun for both, and yet not too anxiety-provoking. He should explore their shared interests such as art, music, theater, cars or sports, with each introducing the other to things they individually enjoy. Over time, the relationship will develop in a way that will allow the mentee to take more risks without fearing embarrassment or humiliation.

Some men who struggle with SSA have so strongly defensively-detached from masculinity that almost any male-typical activity will trigger a fear/inadequacy response. In the beginning, even watching a basketball game together may be stress-provoking. Defensive detachment is rarely, however, expressed as fear: the mentee will probably never say, "I'm afraid of appearing stupid if I watch a game with you." He is much more likely to express disinterest, saying, for example "I have never seen the point of football. It is nothing but egotistical male aggression!"

The mentor must see through this defense and slowly encourage his mentee to be a part of the world of men. This can only happen over time and when trust is established. Clearly, it is not necessary for all men who struggle with SSA to become NFL fans; they must, however, develop to the point that they can attend a Super Bowl party or a church softball game without feeling overwhelmed with anxiety and inadequacy.

Fear Can Trigger Sexual Acting-Out

Learning to play team sports and be competitive at them is often a problem for men who struggle with SSA. Although they should be encouraged to do so, this should be approached with extreme caution. Mere encouragement in this area can trigger significant fear, which leads to compulsions to act out sexually.

It is typical for these men to gravitate toward individual sports such as track, swimming, diving, and ice-skating to avoid being a member of a team. They feel inadequate to perform in a situation where other men rely on them in competition. Even minor failures in a team sport can be experienced as devastating inadequacy and overwhelming humiliation. It may be wise to consult with the mentee's therapist before approaching this issue.

It is important to include the mentee in family events when possible, since any men who struggle with SSA come from dysfunctional families and so have a distorted view of family life.

The mentor may want to encourage church-based activities. This too must be handled with caution, because in addition to feeling inadequate socially, some men who struggle with SSA feel an overwhelming sense of moral guilt about their sexual orientation. They may not feel like they "fit in" at church either morally or socially. In some cases church attendance can increase anxiety, which in turn can lead to increased sexual compulsion.

Humility in Leadership

A mentor should seek feedback, since mentees often know what they need. Being open to the other man's suggestions can be trust-building. If at any point a mentor hurts or disappoints his mentee, a sincere apology without excuses can be a powerfully healing event. It may be the mentee's first experience of humility from an authority figure.

A mentor should use the mentee's talents. Men who struggle with SSA are often excellent decorators, florists, and gardeners, to mention only a few areas (this is not

merely a stereotype). The talents should be used, praised and celebrated.

It is important however that the mentor never evaluate the mentee's talents in terms of the masculinity of the activity. All men are completely masculine. Their preferences, talents, and feelings are completely masculine. Everything about them is completely masculine. What is lacking in men who struggle with SSA, however, is an internalized sense (feeling) of masculine adequacy. The last thing they need, is to have a man they respect imply—even indirectly—that they are in some way less than completely male. This can be hurtful and humiliating and worse, it replicates the original father-son injury.

Summary

Mentor relationships can be very helpful to men who struggle with SSA. It is important that the mentor understand and maintain a father-like role in the relationship. He also should be strong in ego-strength, character development, and gender identity, and should have some understanding of the father-injury common with these men and the way they use defensive detachment to protect themselves.

Well-informed mentors should understand that they need to be the initiators in the relationship; that their mentees can experience a fear/panic response to childhood masculinity wounds; and that they may respond to these wounds defensively. This type of understanding will aid the mentor in maintaining a positive and encouraging role through the turbulent episodes of this challenging relationship.

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The Muslim View Of Homosexuality

Islamic web site cites NARTH as a Scientific Resource

By Roy Waller

In an article entitled, "Homosexuality in a Changing World: Are We Being Misinformed?" the Health and Science editor of the web site *IslamOnline.net* describes the Muslim view of homosexuality and the ways in which recent, politicized scientific research has attempted to undercut the force of Islamic doctrine.

The February 17, 2003 edition of the site features an article incorporating both the religious and cultural basis of Islam's stance against same-sex relationships and support for its position by the work of Drs. Joseph Nicolosi and N.E. Whitehead, as well as other material published by NARTH.

The informative piece was written by the website's Health and Science editor, Dr. Nadia El-Awady, who opens an important window into the views held on this subject by the one-seventh of the world's population that adheres to the Muslim religion.

The article begins with the fact that there are gay Muslim groups just as adamant as their Christian and Jewish counterparts in declaring that their holy Scriptures do not in fact oppose homosexuality. This argument is directly challenged by Dr. Yusuf Al-Qaradawi, described by El-Awady as a highly esteemed Islamic scholar.

Dr. Al-Qaradawi states that Islamic beliefs are squarely against gay relationships because Allah created opposites to attract, including the attraction between man and woman which was designed to continue the existence of the human species. He then goes on to quote several passages from the Koran:

"Of all the creatures in the world, will ye approach males, And leave those whom Allah has created for you to be your mates? Nay, ye are a people transgressing (all limits)!" (26: 165-166).

"Would ye really approach men in your lusts rather than women? Nay, ye are a people (grossly) ignorant!" (27: 55).

"For ye practise your lusts on men in preference to women: ye are indeed a people transgressing beyond

bounds." (7:81). "And we rained down on them a shower (of brimstone): Then see what was the end of those who indulged in sin and crime!" (7: 84). "He said: "O my Lord! help Thou me against people who do mischief!" (29: 30).

These passages refer to the People of Lut in the Koran, whose behavior and the condemnation of God upon it are remarkably similar to Sodom and Gomorrah in the Biblical Book of Genesis.

Other points of interest covered by Dr. Al-Qaradawi include:

- Regarding the vocal nature of the gay Muslim groups, Islam teaches very strongly that sexual acts are to remain a matter of strict privacy, not to be discussed with other persons.
- Sins are to remain a matter for private repentance between God and the one who commits them.
- Sodomy is prohibited between men and women, thus it stands to reason that such activities between males would also be precluded.

Science, however, is the major focus of Dr. El-Awady's article. In addition to her citation of Dr. Nicolosi's work on psychological and sociological factors as the probable major origins of early same-sex attraction, she also addresses Neil Whitehead's work on the genetic study of twins, as well as NARTH studies on the biological and moral aspects of homosexuality as an abnormal condition.

The author also discusses important medical factors involved in the homosexual lifestyle, including HIV-AIDS, other sexually transmitted diseases, and such illnesses as cancer and Hodgkin's Disease as caused by AIDS.

The combination of the religious and philosophical point-of-view from a quarter not usually included in either side of the issue, as well as the rather comprehensive psychological and scientific studies quoted and discussed, make this a very useful contribution to the ongoing dialogue on homosexuality. ■

Major Scientific Study Examines Domestic Violence Among Gay Men

By Roy Waller

The *American Journal of Public Health* has published a detailed study of battering victimization in the male homosexual community (December 2002, Vol. 92, No. 12). The probability-based sampling of "men who have sex with men" focused on four geographical areas (San Francisco, Los Angeles, Chicago, and New York) and resulted in 2,881 completed telephone interviews.

Based on these responses, this first-of-its-kind study determined that the rate of battering victimization among gay men in the target group (men over 18 who had engaged in homosexual activity since age 14, or who identified as gay, homosexual, or bisexual) is "substantially higher than among heterosexual men" and also possibly higher than the rate for heterosexual women, according to the study.

The researchers report a high rate of battering within the context of intimate homosexual partnerships, with 39% of those studied reporting at least one type of battering by a partner over the last five years.

In contrast, only about 7.7% of heterosexual men of all ages report physical or sexual partner abuse during their entire lifetimes. (Lifetime rates of abuse are generally higher than those within a five-year period.)

Figures were also compared with studies on heterosexual women who had been victims of violence within marriage or while cohabiting with men, also within five-year periods. Victimization for homosexual men (22%) was also substantially higher than for heterosexual women (11.6%).

The study, conducted by researchers with the Center for AIDS Prevention Studies (University of California, San Francisco), Whitman-Walker Clinic (Washington, D.C.) and Prevention Research Center, School of Social Work (University of Washington, Seattle), examines three specific types of gay-male-to-gay-male assault: psychological/symbolic battering (verbal threats, ridicule in front of others, forced substance abuse, destruction of property, stalking), physical battery, and sexual battery (forced sexual activity).

Demographic information collected included each respondent's age, educational level, race/ethnicity, employment status, income, sexual self-description (gay, homosexual, bisexual, etc.), HIV status, and city of residence.

The research interviews covered the most recent five years of the respondents' lives, revealing that, within that time frame, 34% of the urban males interviewed had been vic-

tims of psychological/symbolic abuse, 22% had been physically victimized, and 5.1% had experienced sexual abuse. Overall, 39.2% reported one or other type of battering, of which 18.2% reported being victimized by more than one type of battering over the five-year period.

In terms of personal statistics concerning the victims, it was found that homosexual males age 40 or younger were much more likely to be the victim of abuse by a same-sex partner than those age 60 or over. Those with graduate and professional degrees were also less likely to be the target of such violence than men with a college degree or lower.

HIV-Infected Men Most Likely to be Sexually Battered

Men infected with the AIDS virus were more at risk for psychological and physical abuse than their HIV-negative peers. HIV-infected men were also more likely to be victimized in a sexual manner.

According to the study, none of the battering outcomes appeared associated with racial or ethnic identity, income level, or the city of residence.

The study states that the most significant factor in male same-sex partner violence is age: a 3.8% rate for 18-29 year olds, 3.9% among those between the ages of 30 and 39, and 2.7% in the 40-49-age bracket. Men under the age of 40 were found to be six times more likely to report abuse than those 60 or older, with subjects between 40 and 50 being four times as likely.

"A Very Serious Public Health Problem"

The conclusion arrived at by the researchers, based upon these figures, is that the rate of abuse between urban homosexual men in intimate relationships "is a very serious public health problem."

However, a brief article in the January 29, 2003 edition of the [365Gay.com](http://www.365Gay.com) Newscenter—a gay news outlet—omitted mention of the abuse comparison between homosexual and heterosexual males. Instead, it highlighted the finding that men with the HIV virus are more likely to be targets of abuse than non-infected men, and it stated that the study reports that gay men "are as likely" to be the victims of domestic violence as heterosexual women.

The complete study may be found at <http://www.ajph.org/cgi/content/full/92/12/1964>. ■

Canadian Court Ruling May Expose Pre-School Children To Homosexual Literature

by Roy Waller

Public schools cannot ban books with gay-friendly themes from kindergarten classes, said Canada's Supreme Court in a December 2002 ruling.

The ruling was the result of a lawsuit brought by a gay kindergarten teacher who wanted to introduce a book entitled "One Dad, Two Dads, Brown Dads, Blue Dads" to kindergarten and first-grade students. The story appeared on Reuters news service.

The school board of Surrey, Vancouver, British Columbia, was criticized by a group of parents – including Catholics, Protestants, Hindus, Sikhs, and Muslims – who objected to the book's contents on the moral grounds of their respective faiths.

Supreme Court Chief Justice Beverly Mc Lachlin, writing for the majority, acknowledged while "religion is an integral aspect of people's lives, and cannot be left at the (school) boardroom door." However, she went on to say that "what secularism does rule out, however, is any attempt to use the religious views of one part of the com-

munity to exclude from consideration the values of other members of the community."

The Surrey School Board had argued that five- and six-year old children are too young to be exposed to literature dealing with sexual themes, to which Mc Lachlin replied, "Tolerance is always age-appropriate."

On the other side of the issue, Justice Charles Gonthier noted that the books went beyond expressing tolerance because they imply that all relationships are morally equivalent.

Judge Gonthier added that Canadians should not be banned from expressing moral disapproval of homosexuality. He said that pluralism should not transform tolerance into "mandated approval or acceptance."

A group that argued on the side of the parents, the Catholic Civil Rights League, maintained that the ruling denies a voice to parents of conservative, traditional moral values in shaping what is essentially public policy.

"Sexual Variety" and S&M Are Part of What Makes Gay People "Distinctive and Valuable," Says Psychologist

A revealing review of gay psychiatrist Jack Drescher's new book, "Psychoanalytic Therapy and the Gay Man," was recently published in the *Archives of Sexual Behavior* (Aug. 2002, vol. 31, no. 4, pp. 380-383, untitled). The reviewer is Kenneth Lewes. Like Drescher, Lewes is an openly gay man and a noted gay advocate.

Lewes says that Drescher's book fails to recognize the very real differences between gay men and straight men.

Drescher's book does not, Lewes says, address such common issues as gay men's —

"amazing search for sexual variety and frequency, the importance to them of fantasy and sado-masochistic scenarios, the abuse of drugs to heighten sexual experience, their apparently adolescent narcissistic physical display...Therapists working with gay men hear about these behaviors frequently (p. 383)."

Why does Drescher's book fail to acknowledge these commonalities of gay life? Perhaps, Lewes says, because of "political reasons for not wishing to discuss these issues at the present time; but I, for one, cannot agree with them."

Lewes thinks it's a mistake to whitewash the differences between gays and straights, because by ignoring or denying these proclivities to make homosexuality more acceptable to the straight world, gay advocates risk "erasing identities and styles" that really do characterize gay men.

In fact, Lewes says that these, "very 'asocial' traits of our patients"—and he places quotes around the term "asocial," implying that promiscuity and sado-masochism are not necessarily contrary to society's interests at all—"are aspects of what historically has made gay people distinctive and valuable."

Regent University Law Review

Challenges Mainstream Gay-Rights Perspective

Regent University Law Review
Volume 14, Number 2
Spring 2002
"Homosexuality: Truth Be Told"

In a rare demonstration of unstinting support for the traditional model of the family, a law review has been published which offers principled legal scholarship challenging gay activism.

"There is a dearth of legal scholarship being published that critiques homosexual rights," said David Mundy, editor in chief of the *Regent University Law Review*. "Since a debate necessarily entails the presentation of both sides, this issue is dedicated to voicing the traditional, conservative side of the debate—a side that has been silenced in academia by misguided political correctness and the power of the gay rights lobby."

"Homosexuality: Truth be Told" contains articles by scholars and researchers that were originally slated to appear in the *Stanford Law & Policy Review*, but were subsequently rejected at the last minute due to their challenging nature, according to Mundy.

The articles are written from a wide perspective by authors from the fields of in clinical psychology, psychiatry, marketing, politics, and the law.

Regent University is a Christian graduate school offering master's and doctoral degrees from a Judeo-Christian perspective. To obtain a copy of this issue, contact 757-226-4333 or lawreview@regent.edu.

Articles in the Issue:

"Fairness, Accuracy and Honesty in Discussing Homosexuality and Marriage," by Lynne Kohm & Mark A. Yarhouse, is an introduction to this issue. It explains the link between the social-science literature and the law.

"Studies of Homosexual Parenting: A Critical Review," by George Rekers & Mark Kilgus, describes the weaknesses in the leading social-science studies on homosexual parenting—studies which are relied upon by courts, legislators, and lawyers in advocating changes in our laws that relate to the adoption of children.

"Crafting Bi/Homosexual Youth," by Judith Reisman, critiques the work of sexologists and sex educators, and details the effect that the media and gay-rights organizations have in influencing sexually-questioning youth to experiment with homosexuality or to self-identify as gay.

"Child Molestation and the Homosexual Movement," by Steve Baldwin, addresses issues such as the international effort within the gay movement to lower or remove age-of-consent laws, and the campaign to marginalize and defund the Boy Scouts of America.

"Selling Homosexuality to America," by Paul Rondeau, explores how gay-rights activists use rhetoric, psychology, social psychology, and the media—the elements of modern marketing—to position homosexuality favorably in the debate about social change.

"Homosexuality: Innate and Immutable?" by Dean Byrd & Stony Olsen, challenges the research that purports to show that homosexuality is biologically determined.

"Why NARTH? The American Psychiatric Association's Destructive and Blind Pursuit of Political Correctness," by Ben Kaufman, describes the political influence of gay-rights activists in the APA's decision to redefine homosexuality, and the way this decision has been utilized in the promotion of gay-rights objectives.

"Gay Orthodoxy and Academic Heresy," by Ty Clevenger, reveals the controversy behind the Stanford Law & Public Policy Review's refusal to publish materials that question or criticize orthodox gay-rights views.

"Defending Marriage: A Litigation Strategy to Oppose Same-sex 'Marriage'" by Dale Schowengerdt, suggests strategies that may be used by those who support the traditional view of marriage.

Authors:

Steve Baldwin was elected to the California State Assembly in 1994, where he chaired the Assembly Education Committee.

Professor Dean Byrd is a Clinical Professor at the University of Utah and Vice President of NARTH.

Ty Clevenger, a graduate of Stanford Law School, is currently serving as a clerk to Judge Morris S. Arnold of the U.S. Court of Appeals, 8th Circuit.

Benjamin Kaufman, a Clinical Professor of Psychiatry at The University of California School of Medicine with a practice in psychiatry and psychoanalysis, is a founding officer of NARTH.

Lynn Marie Kohm is the John Brown McCarty Professor of Family Law, Regent University School of Law.

Mark D. Kilgus is a board-certified child and adolescent psychiatrist who presently serves as the Medical Director of Northpointe Behavioral Healthcare Systems in Michigan.

Stony Olsen is a recent graduate of J. Reuben Clark School of Law at Brigham Young University.

Dr. George Rekers, a Professor of Neuropsychiatry and Behavioral Science at the University of South Carolina School of Medicine, is author of *The Handbook of Child and Adolescent Sexual Problems*.

Dr. Judith Reisman, president of the Institute for Media Instruction, has served as consultant to three U.S. Department of Justice administrations, The U.S. Department of Education, and the U.S. Department of Health and Human Services.

Paul E. Rondeau is Director of Development for Regent University.

Dale Schowengerdt is a doctoral candidate at the Regent University School of Law.

Mark A. Yarhouse is an assistant professor of psychology, Regent University School of Psychology and Counseling.

Alarming Number of HIV-Positive Gay Men Sought Infection, Says Health Official

by Linda Ames Nicolosi

The Director of Behavioral Health Services for San Francisco County, Dr. Robert Cabaj, has told *Rolling Stone* magazine that about one-quarter of newly infected gay men may have actively sought out the fatal disease.

There are no hard numbers to back up his estimate, Cabaj said, but men known as "bug-chasers" are alarmingly common in the gay community—both men who consciously seek the virus, and those who are in denial about their wish to become HIV-positive.

Cabaj charged that gay organizations are actively covering up about the problem because "it's a difficult issue that dredges up some images about gay men that they don't want to have to deal with."

Some gay men say being HIV-positive "opens the door to sexual Nirvana" because they need no longer worry about safe sex, the *Rolling Stone* article noted, while others say they choose to become infected because they can't stand the idea of being different from their HIV-infected lover.

The magazine's article, entitled "In Search of Death" (February 6th) tells the story of Carlos, a man who considers HIV-transmission "the most erotic thing I can imagine."

Carlos estimates that he has already had several hundred sex partners; he eagerly awaits the day when he tests HIV-positive—at which time his erotic interest, Carlos says, will then turn toward infecting another person—which is known as "gift-giving."

"As sick as it sounds," Carlos said, "killing another man slowly" is exciting.

The thrill of unsafe sex is further heightened for Carlos by his own duplicity as a volunteer at the offices of the Gay Men's Health Crisis (GMHC), where he teaches other men how to protect themselves with condoms.

At the GMHC, an assistant director of community outreach, Daniel Castellano, admitted that "bug chasing" does exist. But Castellano told *Rolling Stone* that although he would try to "work with" a counselee who said he wanted to get infected, if that's a decision a man wants to make, he would ultimately respect that decision.

The Director of the office of HIV/AIDS at the Miami-Dade Department of Health confirmed that deliberate HIV infection is a "definite problem" in the Miami-Dade area as well.

The author of the *Rolling Stone* article, Gregory Freeman, said representatives of some gay organizations "actively dissuaded" him from writing the article.

In a follow-up to the *Rolling Stone* report, the Sunday Herald (www.sundayherald.com) described internet sites dedicated to bug-chasing, where "conversion parties" are celebrated, in which HIV-positive and HIV-negative men gather with the goal of having the HIV-positive men infect the others.

The *Sunday Herald* mentioned that a new film, "The Gift," would be shown at the prestigious Berlin International Film Festival in February. It features Doug Hitzel, a 21-year-old gay man from San Francisco who chose to become infected with the "gift" of HIV. Dealing with the day-to-day reality of the illness, Hitzel now says he regrets his decision. ■

Women: The Next Frontier (for the Ex-Gay Man)

Book Review: Changing Homosexuality in the Male,
by Lawrence J. Hatterer, M.D. (McGraw-Hill., 1970)

Reviewed by Thomas Phillips, MBA

Reviewer Thomas Phillips is a reparative-therapy graduate who was employed for many years in marketing and finance, and is now a real estate investor in Sonoma County, California.

(Editor's Note: Dr. Hatterer's advice to men in recovery will not be relevant to those men whose faith traditions uphold the Scriptural model of premarital celibacy.)

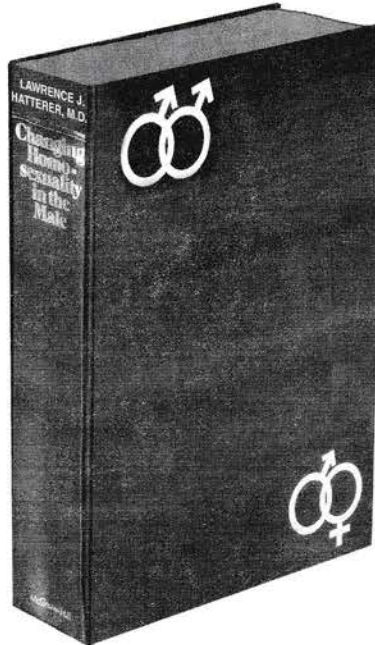
Changing Homosexuality in the Male is a classic text that was published over thirty years ago. The author, Lawrence J. Hatterer, M.D., is a psychiatrist who concentrated on treatment of homosexuality.

During the 1950's and 1960's at the Payne Whitney Psychiatric Institute and the Cornell University Medical Center, both in New York, Dr. Hatterer worked with over 625 homosexual males. This review focuses on his clinical experience and his suggestions for the man who wants to transition to heterosexuality and develop close relationships with women. The book explains three phases in the transition from homosexuality to heterosexuality.

Phase 1 - Beginning of transition: In order for a man to change, he must identify the triggers that stimulate and perpetuate his homosexuality. Triggers include homosexual imagery, personal associations, behaviors (including bars and cruising places), and use of drugs and alcohol. Since his natural inclination is to "go with" these triggers, he must go the opposite way for recovery.

The man in transition begins removing himself from homosexual stimuli. He is no longer swept up in the gay scene, and his gay fantasies begin to subside. He becomes aware of how distortions in his interpersonal relationships (preoccupation with sex, often leading to emotional detachment to mask anxiety, depression, or guilt) have contributed to his homosexuality.

Phase 2 - Middle of transition: The man in recovery must fill the void created by ending his gay life with new contacts, this time with straight men and women. In place of the tenuousness and superficiality of gay relationships, he will now need to develop a close relationship with a



woman. Usually, he has a series of relationships with women in order to gain perspective and experience. Often his initial tendency in these relationships is to focus on sex (replaying his gay pattern). Ensuing difficulties with women will include being overly sensitive to rejection, waiting too long to make contact, and insecurity in planning a date.

Dr. Hatterer identifies some women as undesirable because they can thwart the client's recovery. A dominant woman who asks *him* out, tells him where she wants to go, calls him, and initiates sex should be avoided. He warns against women who are competitive, aggressive, dominant, possessive, moody, masculine, manipulative, emasculating, sexually obsessed, bisexuals, lesbians, career- and income-oriented women, and those with greater

wealth and power than he. Some men compensate for their insecurity in their transition by dating less desirable women (older, motherly, physically challenged, lower socioeconomic and intellectual levels).

According to Dr. Hatterer, "The more religious the man is, the greater likelihood of denial and guilt complicating his behavior. With a loss of guilt, the easier it is for the man to be assertive, aggressive, hostile, and emotionally free." On the other hand, in this reviewer's experience, it is clear that religion and spiritual beliefs can be a valuable motivator for a man in recovery.

Our man in transition is beginning to feel less isolated. He learns to express a wider range of emotions, including affection, assertion, aggression, hostility, and anger. For a successful transition, he's got to reclaim his "testosterone," because that's what women want, and that will lead him to the relationship he wants. His masculine juices begin to naturally lead him to the life and the woman he wants.

The man learns that he must take the initiative with appropriate women. He must not place sex before communication, getting to know a woman, and the social aspects of dating (meeting new people and going to fun places). He must permit both the woman and himself to reject each other, and also permit independent activities. He does not

continued

have to declare his past to his present partner; this can sabotage the relationship, especially in the beginning.

The man is becoming more and more interested in women, physically and emotionally, and looking less and less at men. He wants to see and be seen with attractive women. It becomes easier to relate to women emotionally, sexually, and intellectually. He is stimulated by a warm and responsive woman. As he gets more experience, he can choose women who are good for him and who relax him. Success breeds success.

Phase 3: Transition complete: He's ready for a sustained heterosexual relationship. He has few thoughts, feelings, and associations with homosexuality. He masturbates little or not at all. He's very interested in adapting heterosexually, and is spending more and more time with women. He is beginning to see his blind spots and inappropriate perceptions, reactions, and interactions with women, which occur because of memories and associations from prior, unhealthy relationships with the women in his life.

The quantity and quality of his heterosexual contacts increase. He'll probably go through a number of relationships before he feels sexually gratified and adequate. He becomes more and more aware of a women's nature. He picks up clues about a women's nature by noticing how she relates to himself and others. More and more women are available to him.

His relationships with women move beyond sex; his consciousness is less focused on sex, as he displays a growing awareness of a woman's many facets. He can give of himself to her, and make her feel valued, rather than being concerned solely with himself. He'll like certain aspects of the relationship more than others, as is true with all relationships.

Occasional, brief and limited dates give way to spending more and more time with a woman he likes. He is beginning to sense what kind of woman he wants. He begins to accommodate and deepen the relationship through her moods and the ups and downs of the relationship. He becomes more flexible as he "dances" with her. He now has developed the skills to attract the woman he wants, and to create a deeply loving attachment.

Dr. Hatterer recommends that the client pursue the woman the man is most attracted to (physically and emotionally). His desire to be seen with and possess a beautiful woman is not always narcissistic and superficial, because the selection of a particular woman by her appearance is valuable, in that the man gains a stronger sense of his maleness in attracting and holding a desirable woman. Skills can be developed to attract the women he desires more, because with confidence and a sense of well-being, and the financial success that such confidence may bring as well, he'll be rewarded with more desirable women. This can boost his confidence in his erotic attractiveness and effectiveness.

The woman who makes a man feel comfortable and is warm, accepting, and responsive is the most desirable for him. She can articulate her own needs in a loving manner. The woman who is warm, sensitive, and giving, rather than dominant, binding, possessive, and over expectant, will love him and treat him as a real man.

A significant change has taken place when erotic contact with a woman and heteroerotic fantasy are part of the man's life. With a good relationship with a woman he likes, he completes his transition.

Ultimately, his former homosexual side will seem alien, inappropriate, and unreal.

Author's Addendum: When I spoke to Dr. Hatterer on the phone recently, his suggestions to men in recovery were: Stay away from emasculating (castrating, depriving of masculine spirit) women. The U.S. is a hyper-sex-oriented culture which puts pressure on gender identity. Asian and European women may be more compatible, less hostile to men, and more likely to accommodate to men's needs. In addition, Dr. Hatterer said, there is no scientific evidence for a "gay gene." And speeches to high school students by Gay/Straight Clubs are dangerous, he says, because the speakers don't make clear the consequences of claiming a gay identity.

Readers are invited to email the reviewer at tommy@sonic.net with comments.

**2003 NARTH Conference
Scheduled for November in Salt Lake City, Utah**

Exact date to be announced.

Prospective speakers are invited to send proposals for papers or workshops.

Goal: Belonging to the Team

by James Mark Sanks

A feeling of "not belonging" in the company of other males is a common, if not universal, childhood memory for men who struggle with same-sex attractions.

The following is a first-person account by a NARTH member who is personally familiar with the struggle.

I had never played football before. Not for real. But I did in eighth grade, because I knew in Nebraska that's what it took to be a guy. So when the quarterback called the play that called on me, I was downright scared.

I took the handoff, first dodging a lineman. Two defensive backs closed in—and had me doomed for sure. Adrenalin masked my self-doubt; I darted right, leaving the first opponent crumpled on the ground. The other found himself outpaced in a man-to-man footrace. Then, between the goal line and me: vacant territory!

I have completely forgotten that final sprint. I only know that I suddenly found myself there, alone in the end zone. I just stood there without emotion, puzzled. Acres of parched September turf distanced me from cheering teammates thirty yards back. I literally stared at the blank wall of North Platte's Madison Junior High School.

That couldn't have happened. I don't know how to do *that!* *That wasn't me.*

There in North Platte I had done the "guy-est" thing of all: I made the big play of the opening game that earned me helmet slaps from my teammates, a reluctant post-game acknowledgement from the coach, and the title "Joltin' Jim" for the remainder of the season.

I should have counted that touchdown run as a victory, but I just felt numb. It should have been a defining moment, a rite of passage, but I discounted it out of a sense of lack of entitlement.

"Not Entitled to My Own Masculinity"

Self-doubt is certainly every adolescent's plague. But in my case, a magnified sense of shame meant I felt I was not entitled to my own masculinity. That sense characterized my homosexual pathology. That sense, in fact, sums up my experiences as I tried to relate in the world of my male peers since I first sought entry into the world of men—at about the time of my short-lived junior-high school football career.

Most of my life had been about the failure to gain admission into that special club: *manhood*. But instead of working toward the goal of joining the "team" of men, I withdrew for more than a decade as I sought my identity in—and even stridently promoted—the homosexual culture. (I was co-chair of the Harvard-Radcliffe Gay and Lesbian Student Association.)

Now, upon reflection, I understand it to be a linguistic problem. The word "homosexual" never described what it was that I was really after. What I wanted was to participate, to be taught the role, initiated into the world of men by a salient father. My own father was somewhat invisible; he was married to an in-charge, strong-willed woman. So I could only learn my role as a man accordingly. Like father, like son.

The Allure of "False Idols"

I felt invisible when I made that six-point junior-high gridiron sprint. That invisibility has subsequently been a key component of my homosexual pathology. I lived my life through projection; I lived vicariously through the lives of other men. It was as if I would pour myself into containers judged temporarily worthy—one plastic jug after another. I watched as my life took shape in the form of false idols. I sought my idealized "should-be," rather than forging my own ideal "is." It was not a life of participation, but a life as voyeur.

Things are changing now. Now I stand at the cusp of heterosexual awareness. The sensation is unusual. Decent-looking men occasionally catch a glance, but interest is sagging. There is a brooding "So what?" A sense of emptiness ensues.

And a decent-looking woman? "Sexual" is not the first word that comes to mind. "Pleasing"—certainly, for now. A woman nicely dressed turns my head. Sometimes I feel like pausing and saying, "Wow! You sure are pretty." And in the chest—that feeling they call "breathhtaking"—is true. There's true interest now, accompanied by a feeling I've never negotiated before. That hard-to-describe feeling is remarkable: the sense that I'm actually there.

These days, I'm more at home; there's the feeling that now I belong in my body. And football? It's a great sport, but no longer vexing. And my goal—"belonging to the team"—can be achieved without it. ■

Jonah's Psycho-Educational Model For Healing Homosexuality

by Elaine Silodor Berk & Arthur A. Goldberg,
Co-Directors, Jonah**

JONAH, Jews offering New Alternatives to Homosexuality, is the first organization dedicated to educating the world-wide Jewish community about the prevention, intervention, and healing of the issues surrounding homosexuality.

"I continue to be amazed at what I experienced. The kindness, compassion and love from each man was apparent. All of them courageous - choosing to fight this battle. I can honestly say I slaughtered several of the demons inside of me which have been blocking my growth for years. I know that I am a different person now. I feel different. I think differently and one of the guys even told me that I look different. I am so certain that this battle can not only be fought but won."

(Response of a JONAH member after attending a Journey into Manhood Weekend, as reported on the JONAH @ shamash listserv.)

"I will be doing some mundane chore when I'll bust up laughing because I know I'm a man! This is such a powerful thing for me to realize. It's what I've lusted for in others for so long, and I now I have it myself. This is so-o-o cool! I am a man among men. NEVER did I think I could say that, or know it in the core of my being, but I'm there ... and I LOVE IT! I welcome it and own it, and feel it."

(Response of a JONAH member after attending a New Warrior Training Adventure Weekend, as reported on the JONAH @ shamash listserv.)

The above quotes are representative of similar sentiments expressed by our members who have participated in the gender-affirming processes ("GAP") espoused by JONAH.

Gender empowerment, rather than homosexuality or androgyny, is the ideal we seek, and although we are a relatively new organization, we believe that the results demonstrated by our members should be shared with the therapeutic community. We believe our experiences are not only replicable, but will help others gain new insights and tools to help their clients.

While JONAH works closely with other religious and secular groups which share our viewpoint that same-sex attraction (SSA) is treatable through a strategy of inner healing for those who are motivated to change, we are

developing our own comprehensive psycho-educational healing strategy. We believe our model holds great promise for achieving the healing desired by our members or others who utilize it.

Although Dr. Joseph Nicolosi has written about a number of these therapeutic procedures in *Reparative Therapy of Male Homosexuality*, and others have spoken about them at NARTH conferences, we have been fortunate to see how these strategies effectively interact when used as part of a comprehensive plan of healing SSA.

This holistic strategy of combining elements from several gender-affirming processes ("GAP": a program designed to fill in the developmental gaps) has been praised by our members who noted a synergistic effect which in turn resulted in an acceleration of their healing. When these various aspects of the healing model are combined, particularly when compared to those who only received individual private therapy, we found a marked difference in the ability of the struggler to achieve changes in identity, behavior, arousals, and fantasies.

In fact, the experiential, spiritual and emotional work done by the client outside of the therapist's office was reported to be critically important to implement the cognitive understandings he may receive during the therapy session. However, even at the cognitive level, a variety of additional resources (such as bibliotherapy or participation in support groups, whether in-person, teleconferenced, or e-groups) accelerated the recovery of the client.

This holistic approach to intervention resulted in accessing a member's inner drives, dismantling his defenses, intensifying his affective involvement in the treatment, identifying the transference patterns and projections as they arise, and unlocking the unconsciousness. Analogous to certain aspects of Intensive Short-Term Dynamic Psychotherapy (ISTDP), as developed by Habib Davanloo and Patricia Coughlin Della Selva, this approach appears to shorten the time frame needed for a client to achieve an enduring change for his unwanted same-sex attractions.

Impressive progress in overcoming same-sex attractions and regaining masculine identity has been reported by several of our participating male members. (A separate article will report on which healing strategies our women members found most effective.) Since motivation is a key element in what traditionally has been a relatively long treatment process for healing SSA, the measurable and attainable progress as occurs within this "gap" approach is critical in

sustaining the perseverance needed to continue the process.

The gender-affirming process is completed when a man comes to own his masculine power and takes his place as an equal in the world of men.

To encourage therapists and faith-based ministries to utilize these multiple healing strategies when treating men with homosexual attractions, we are providing brief descriptions of several facets of JONAH's gender affirming process for healing. For more detailed information, please feel free to contact our organization. For the purposes of this discussion, we have listed our healing strategies in alphabetical order:

- Bibliotherapy
- Experiential Healing Weekends
- Healing of the Family System
- Individual Psychotherapy
- Jewish Spiritual Development
- Masculinity Development and Empowerment
- Mentoring
- Networking, Support Groups, Daily Internet E-Mail
- Listserv
- Overcoming Shame and Narcissism
- Receiving Healthy Touch and Affection

We'd like to explain that through our intake interviews, we were dismayed to find several clients who had either been in therapy for SSA for several years or who had participated in certain programs of other faith-based ministries but had no idea about the wealth of resources available.

All too often we found clients who were never informed about books which could help them understand the origins of their feelings or from which they could learn how others healed from many of the same wounds which precipitated their same-sex attraction. We also found a lack of knowledge about helpful websites, group support meetings, and mentoring programs. Most of them never participated in the experiential weekends nor did they even know of their existence.

In other cases, many religiously observant clients maintained an erroneous belief that faith *alone*, without any psychological assistance, would bring about the desired healing. Our observation is that in these cases, all too often, simply a repression of behavior occurred without an effective treatment of fantasies or arousals.

We were surprised to learn from many of our members that numerous therapists (a) never informed them about available resources outside the therapy session nor (b) provided any encouragement to participate in those activities. Our experience has shown that strugglers experience an exponential leap forward when they use our psycho-educational model as a check list to assure themselves that

they are doing everything possible to accelerate the healing process.

1. Bibliotherapy

As Dr. Joseph Nicolosi points out in his book, *Reparative Therapy of Male Homosexuality: A New Clinical Approach* (p.204), the therapeutic utilization of books, reading materials, tapes, video cassettes and other educational sources permits the individual struggling with SSA to gain several beneficial insights. These include:

- The knowledge gained from biographical information of recovered homosexuals lends credence to their own struggle and prospects for recovery. Our members are inspired when they can relate their own experiences to those who have successfully resolved the underlying emotional issues which cause SSA and this simultaneously lessens the concern that they are alone in their struggle.
- Reading material enables the individual to understand the causes, the healing strategies, and the basics of reparative therapy, thereby enabling them to apply this newfound knowledge to their own situation.
- Finally, as Nicolosi says, bibliotherapy can offset the "demoralizing confusion created by gay propaganda and the popular media of our culture" (p. 204).

JONAH has found that reading about the issues underlying same-sex attractions is a vital part of the healing process. In fact, we not only encourage our members to read extensively about the subject but we also recommend that spouses, siblings, and parents read the same materials. Families need to be brought into the healing process, an approach strongly advocated by psychotherapist Richard Cohen in his book *Coming Out Straight: Understanding and Healing Homosexuality*.

Often members report that they saw parts of themselves portrayed in the literature. Book discussions occur within the JONAH support groups as well as on the daily E-mail listserv. Some members who discussed these materials with their therapist reported that the literature provided their therapist with an opportunity to help the struggler dig deeper into his issues.

JONAH has a Book Order section on our web site [www.Jonahweb.org] which lists many recommended books and permits the viewer to order the book directly through our site.

2. Experiential Healing Weekends

JONAH refers our members to several experiential weekends, some of which contain a generic spiritual component involving a Higher Power unconnected to any particular religion. (Ultimately we hope to develop an experiential

weekend specifically incorporating certain Jewish motifs.)

Weekends consist of discussions, psychodrama, journaling, and individual "drills" which enable participants to reach feelings not usually accessible in the short time frame of the typical therapeutic session.

The most popular and effective programs, as reported by our members, are three complimentary and synergistic weekends listed here:

- Journey into Manhood (web site: peoplecanchange.com)
- New Warrior Training Adventure (web site: mkp.org)
- Love, Sex, & Intimacy Seminars (web site: gaytostraight.org).

Describing the objectives and methodology of one of these weekend programs will illustrate why they are so effective. For example, here is a description of The Journey into Manhood weekend, principally designed by Richard Wyler of Peoplecanchange.com, together with David Matheson, an associate of Dr. Joseph Nicolosi. The objective of the Journey Into Manhood is to provide—

"an experiential weekend for men who experience unwanted homosexual feelings and are sincerely self-motivated to work to lessen homosexuality identity, attractions, and behaviors and to increase masculine identity and desires. The training is designed to teach these men, through words and processes, that mature heterosexual masculinity can be achieved through authenticity (or internal integrity), need fulfillment, masculine identity, and male bonding." (Peoplecanchange Journey into Manhood Protocol)

These objectives are accomplished by challenging men to examine their beliefs, perceptions and judgments about themselves and others that may be producing a sense of gender inferiority. They experience trusting and bonding with other men in non-sexual ways, and process deep feelings related to their pasts, themselves and their relationships with others. There is at least an initial release of those feelings that may be blocking growth into heterosexual masculinity as they become ready to embrace a new way of seeing themselves and of being in the world, particularly in the world of men.

As shown in the quotes set forth at the beginning of this paper, men return from these weekends nearly euphoric from the experience of accessing their inherent masculine power. For some, this is the first time in their lives they could sense ownership of their own masculinity and deal with deep personal issues (such as same-sex peer wounds, mother wounds, or father wounds) in a safe, supportive environment which encourages them to break down destructive behavior patterns to which they had clung for many years. These concentrated and intense emotional experiences yield significant results and give hope to many.

Additionally, our members report that when they become sufficiently comfortable in the New Warriors' community of men and have an opportunity to staff a weekend, they find the experience to be even more powerful than the initial weekend because of the leadership role they are able to assume.

3. Healing of the Family System

JONAH believes that homosexuality frequently can be viewed as a family system problem, not just an individual problem. When parents, in particular, can become a part of the healing process, it is extremely beneficial to the whole family system. Often, parents inadvertently contributed to the development of their child's SSA. Much has to do with the child's perception of the relationship between him and his mother and father. Once the parents understand the sources of their child's problem, we have found that many are able to assist their child in the developmental growth process required to overcome the condition.

Even when parents cannot be brought into the healing process because of physical or emotional abuse, extreme neglect, or emotional incapacity, there are siblings, extended family, or close family friends who can participate. Sometimes, just to openly discuss the issues with close family or friends brings immeasurable relief to an overcomer who has kept this part of his being hidden for so many years.

We encourage our members to openly discuss their issues with family members and to provide educational material to those in their "circle" who are willing to learn about the underpinnings of homosexual attractions. Several of our members have attended, together with the families, the Love, Sex, and Intimacy Seminars given by Richard Cohen of the International Healing Foundation. In doing so, they reported experiences which enabled them either to begin or to accelerate the process of peeling back their own defensive detachment from their father figure, untangling their mother enmeshment issues, and repairing the fractured relationships with siblings and other family members.

For those who are married, we often find that the struggler was leading a double life. Most wives who are informed of the homosexual condition by their husbands (which we strongly encourage) respond favorably and perform a major role in the healing process. Again, couples who have attended the Love, Sex, and Intimacy Seminars and utilize appropriately trained reparative therapists for couples therapy in their follow-up work, reported favorable results.

Today's politically correct notion that homosexuality is merely an alternative lifestyle can complicate the healing process, particularly when the family member or spouse incorrectly believes the struggler was born that way or has a so-called "gay gene." **Therefore, we must redouble our efforts to educate the entire community that homosexuality is a treatable condition.**

Elizabeth Moberly expressed the importance of family in treating the homosexual condition. In a 1985 lecture given to the Royal Society of Health, she said, "The homosexual condition – although often an occasion for sexual expression – is in itself a state of unfulfilled developmental needs. For this reason, homosexuality may best be evaluated, not by comparison with sexuality in general, but by comparison with the parent-child relationship and facilitating of human maturation."

JONAH recognizes that support groups (for spouses, parents, family, and friends of those wishing to heal from SSA) are critical to the struggler's healing. Each group faces unique problems as they confront past issues which may have led to their loved one's homosexual attractions, and as their loved one accomplishes the human maturation Moberly spoke about.

4. Individual Psychotherapy

JONAH wishes to make clear that we only work with members who either seek to grow out of their same-sex attractions or are ambivalent about them. Should prospective members request to become more comfortable with their homosexual attractions or with the gay lifestyle, we will refer them elsewhere and make no value judgments about their choice.

However, for those who seek assistance, JONAH maintains a global referral list of therapists, both for in-person therapy and for phone therapy. Therefore JONAH is always seeking therapists who agree with and are skilled in reparative and directive therapy and will adopt the gender-affirming healing processes advocated by JONAH. Those who are interested in being part of our referral service should call (201) 433-3444 and leave a message.

We believe that the type of therapist who can best help these men is not the classical emotionally-detached therapist. Such therapy, in the words of NARTH co-founder Joseph Nicolosi, "reactivates memories of earlier frustration from the cold and distant father." (*Reparative Therapy of Male Homosexuality*, p.20) Nicolosi continues: "Withholding personal involvement merely frustrates the homosexual client, who particularly needs intimate male connectedness, and whose healing comes primarily through the therapeutic relationship."

We believe that gender identity determines sexual orientation and that one sexualizes or eroticizes that with which he does not identify. To successfully treat someone with a homosexual condition, our experience shows that a directive and activist therapy program is critical in assisting a client to internalize his gender identity, demystify his romantic attractions to the same sex, and satisfy his unmet developmental needs for attention, affection, and approval from others of the same gender **without sexualizing these needs.**

5. Jewish Spiritual Development

Although JONAH is an outreach organization that works with all Jews, from the strictly observant Orthodox to the most secular of Jews, we stress certain aspects of our religious teachings. We blend lessons from the Torah (what Christians refer to as the Old Testament) with other Jewish sources in order to help individuals access their inner souls and thus recapture their G-d given inherent heterosexuality.

Part of the reason for this emphasis is to provide the person struggling with SSA with the ability to distinguish a moral right from a moral wrong in today's culture war. The Torah's eternal values integrate the principles of deferred gratification and the exercise of restraint in sexual activity into the human psyche. In doing so, we note how this view is antithetical to today's prevalent moral relativism in which the only factor to restrain human behavior is mutual consent. Simply stated, this attitude can be summed up as follows: "If two or more consenting adults want to _____ (fill in the blank), then no one else need be concerned."

When we understand that the homosexual cohabitation prohibited by Lev.18.22 and explained in the Talmud (Nedarim 51a) is a mistaken response to an unfilled emotional need, we are able to remove an oppressive guilt from the person who was mistakenly led (most often by forces initially beyond his/her control) into such activity.

By understanding the root causes, and the unfilled needs for which the behavior (or fantasy) attempts to compensate, a program of remediation becomes achievable. We find it is helpful to employ a combination of both the Jewish concept of "teshuvah" (a process of transforming one's inner being, commonly translated as "return" or "repentance") and the secular understandings of gender affirming therapies.

Jewish law creates a delicate balancing act: accepting the individual as a human being who deserves love and compassion, but rejecting the homosexual activity in which he/she may participate. But this "love the person but not the behavior" principle is equally true of any illicit sexual behavior, whether it be heterosexual or homosexual. For example, we accept the community philanderer as a person but disapprove of his/her sexual brokenness. It is incumbent upon the community to understand the mentality and inner development of the persons who perpetrate the act and find a way to assist them in their healing.

JONAH makes special efforts to reach the Jewish community through synagogues and the large network of Jewish organizations in order to spread this message of hope and healing.

6. Masculinity Development and Empowerment

True healing requires a resumption of the journey into manhood. The boy who physically grew into an adult male but missed out on certain developmental stages will need to go through them now. Nicolosi points out, for example, that the pre-homosexual boy who missed out on rough and tumble play with his father and, later, did not take part in the physical competitions characteristic of his age, often ended up removing himself from such competition and thereby diminished his own sense of masculinity (*Reparative Therapy of Male Homosexuality*, p. 193).

To help SSA individuals take ownership of their G-d given masculinity is a formidable task, but we at JONAH have developed several tactics to assist in this regard. The person with same-sex attraction must learn how to experience trust and how to bond with other men in non-sexual ways. As discussed in the experiential weekend strategy section, The New Warrior Training Adventure (or the Sterling Men's Group) is particularly helpful in this regard.

To illustrate a program employed to assist men with their masculine development, it is useful to cite the two-hour sports activity we developed following each support group.

Men who are not able to attend our group meetings find that having a coach or a friend teach them a team sport, such as baseball or basketball, is also invaluable in developing their masculine identity. We do not seek to make any of these men into athletic stars but rather use this exercise to reinforce their connection to other men. They are doing things that men do. In the process, they discover their own masculine strength.

Since masculinity is connected to the use of the body, when men are not using their body, they often disconnect from it. Playing sports heals the disconnection with body from which our members suffer. Members report that playing sports and learning the skills helped them heal that disconnection while simultaneously increasing their sense of masculinity. As David Matheson, an associate of Dr. Joseph Nicolosi, said to one of his clients who is also a member of JONAH, "Doing something you think you can't do is empowering. Gaining mastery over fear, ineptitude, and inadequacy is empowering."

In addition, playing sports helps our members overcome the problem of passivity. Men learn that "the ball is not going to come to them" unless they are in a position to catch it. Healing from SSA will not happen unless the person does the work required to overcome it.

There is another aspect of engaging in sports activities as part of the strategy of resuming the growth into manhood. Many of our members report that their fear of sports stemmed from early childhood same-sex peer wounds and that learning how to play sports in a safe environment per-

mitted them to overcome these wounds. They found themselves able to bond with other men, many for the first time in their lives.

7. Mentoring

Individuals trying to heal from SSA need role models and guidance from heterosexuals of the same sex in order to heal the wounds caused by defensive detachment from the same-sex parent and peers. If the struggler is lucky enough to have parents willing and able to help, and if he is able to reconnect with the same-sex parent, this is the obvious first choice for a mentor. For those whose parents are unavailable, mentors can be sought from among clergy, teachers, members of social groups to which the struggler belongs or any other appropriate group. Some of our members report that the New Warrior experience (or the Sterling Men's group, a similar organization) provided them with a mentor with whom they could bond.

The importance of healthy male-to-male mentoring cannot be emphasized enough. The mentor is the role model that takes the mystery out of masculinity and supports the struggler's journey to his own masculine power.

Closely related is the need for same-sex non-sexual friendships. Nicolosi speaks of the importance of this relationship when he stated, "same-sex friendships have shown themselves to be therapeutic" (p.194). These friendships come both from other men in recovery and from men who never had SSA.

8. Networking, Support Groups, Daily Internet E-Mail Listserv.

Networking: Leaving behind one's same-sex attraction and achieving heterosexual attraction can be a long and difficult struggle. Essentially our gender-affirming process enables members to create a totally new support structure in many different facets of their lives.

Before finding our group, these strugglers often felt isolated and alone in their struggle. Alternatively, they felt that the gay lifestyle provided them with a circle of friends they could never find in the "straight" world. Thus, to create a feeling of belonging, we believe it is critical for our members to network with others in the process of recovery or with those who have completed their journey to gender wholeness (often through the group support meetings, the daily E-mail listserv, mentoring or networking).

Members report that fellow journeyers on the road to recovery help them by sharing experiences, understanding their fears, and providing accountability and support. The benefits are immeasurable. The group support sessions and the daily E-mail listserv provide methods to make the

connections so that strugglers can bond with others sharing similar concerns.

Although some therapists believe networking between those in recovery to be risky, Nicolosi encourages individuals within his support groups to network with each other outside the group sessions. Within the JONAH support network, to date we have never had a sexual liaison take place between our members. Instead we find the members provide each other with a social camaraderie that clearly outweighs any perceived risks. Our experience is thus similar to other self-help groups, where affected individuals assist others who have not progressed as far as the person providing the assistance.

The person who was active in the gay lifestyle often found a sense of belonging among other gays which overcame his sense of alienation and loneliness. We believe that the therapist who works individually with his patient and who does not recommend getting involved in group support and networking is doing his client a disservice. Our observation is that strugglers leap forward when they maintain communication with others who have healed or are in the process of healing from SSA, and establish relationships with empathetic mentors--- some in the process of recovery and others who have never had an SSA problem.

An interesting footnote to this process is the fact that many of our members who begin to help others heal found that they were able to strengthen their own healing process. Many have reported a greater sense of self-confidence and affirmation of their own value because their own past experiences helped others heal. In a spiritual sense, they felt good about the ability to perform the "mitzvah" (commandment) of helping others.

In addition to networking, our member support groups and daily E-mail listserv are additional tools to accomplish this goal.

Men's Support Groups: JONAH's men's support groups run weekly or bi-weekly for approximately 2 hours with discussions being led by facilitators who are well-versed in the issues involved in healing homosexuality. Our goal is to increase the number of groups for men (and parenthetically to do the same for women and family members).

For men who do not live near the three groups currently operating (See "more about JONAH" at the end of this article for group locations), we initially arranged teleconferencing into our in-person support groups. We found, however, that these combined groups were not as effective as unmixed in-person or teleconferenced groups. By separating the groups, we found that each group standing by itself can better maximize interpersonal relationships and significantly reduce the isolation and loneliness of the members. Teleconference support groups presently operate.

Daily Internet E-Mail Listserv: Men and woman from six different countries post messages on a private confidential JONAH listserv (hosted by Shamash.org, a service of the Hebrew College) and report how welcome they feel in our ever-growing healing community. Postings range from loving support of another's personal struggle to deep discussions on issues directly relevant to SSA.

The Daily E-Mail Listserv is an excellent method to reach strugglers with special needs: those in geographically isolated locations; those unable to afford private therapy; those who have just learned that a healing process for SSA is possible and seek to learn more about the "GAP" process; those who require daily support in their struggle.

9. Overcoming Shame and Narcissism

Special mention should be made of four interrelated underlying issues which some therapists have identified as pivotal to healing homosexuality but which traditional therapy has somewhat ignored. They are shame, narcissism, guilt, and grieving. Each of these issues contributed to the homosexual condition and each of our strategies has a component which addresses certain aspects of these issues.

Overcoming shame has become a major focus of faith-based groups dedicated to helping men heal from homosexuality. Phrases such as "coming out of shame" or "going past your shame" are consistently utilized by these groups when they develop their healing strategies. They have intuitively understood that shame underlies much of SSA.

According to therapist Andrew Morrison, "Because shame is so often unspoken, many therapists have not appreciated its importance in analytic and therapeutic work. Frequently it is hidden behind the clearly defensive manifestations of distress, and these are usually investigated alone - often from the perspective of intrapsychic conflict and related dynamics - without appreciation of the underlying or accompanying shame." (See, "*Shame, the Underside of Narcissism*" pg. 5.)

A key to appropriate treatment, according to Morrison, is the relationship narcissism bears to shame, for he believes that "shame, in some form, is always present in narcissism and its various manifestations."

Gay activists preach that the way to overcome the issue of shame is to come out of the closet and loudly proclaim and affirm one's gayness. However, we believe there is another and preferred door leading from the closet of homosexuality. It is the door of healing - a healing which recognizes the shame and how it relates to the narcissism which underlies homosexuality.

Richard Fitzgibbons recognizes that "narcissism is a very

powerful disorder that fuels the homosexual behavior in many people. This personality weakness is not easily overcome because of the reluctance to give up a life of unchecked, irresponsible self-indulgence." When the therapist properly treats shame and narcissism (and when its recognition and overcoming is encouraged through support groups and networking), then a person's healing can progress. Fitzgibbons points out that when narcissism is not treated, "this clinical disorder is the major reason for failure in recovery from homosexuality." (See, *The Truth About Homosexuality* by Father John Harvey, Appendix I, by Fitzgibbons.)

Our experience has been that as men look at the circumstances in which they found themselves during the process of growing up, they come to realize that they adopted a False Self (often originating from the "good little boy" syndrome) in order to cope with their situation. Much of the struggler's life was spent seeking a way to gain approval from others or trying to gratify and please.

In childhood, these men erected emotional barriers or walls which protected them from what they perceived as a harsh and unfriendly world. When they become adults, these same walls acted to imprison them, trapping their feelings, and preventing them from completing their journey into manhood. As men take down these walls and work through the profound grief they feel for never having been "seen" for the individuals they truly were, they can understand and mourn the loss of the "True Self" and move forward in their healing.

A therapeutic strategy needs to penetrate the two defenses of narcissism and the False Self. The client needs to be focused on fully feeling and expressing the "shamed-defective self." If he can't feel it, he can't heal it. But when he feels his inner emotions, says Nicolosi, the adult struggler discovers that "he need not fear the primal threat of abandonment-annihilation, and he can begin to surrender the defenses of homosexuality, narcissism and the False Self." (See interview conducted by Linda Nicolosi in article entitled "Grief Work" at NARTH.com).

Exercises to address these issues are being incorporated within the various experiential weekends referred to earlier and by our support group. However, the front line of treatment of these issues needs to come from the therapists who are conducting individual private therapy.

10. Receiving Healthy Touch and Affection

Many who struggle with SSA experience touch deprivation, an issue often overlooked in therapy. Ashley Montagu writes in his groundbreaking book *Touching*: "the communications we transmit through touch constitute the most powerful means of establishing human relationships, the foundation of experience."

As a result of defensive detachment, many men with SSA never received the healthy touch that can come from being in a healthy relationship with one's father and peers. Because many of these men never received healthy touch or did not receive the physical affection they needed from their fathers, the idea of receiving a non-sexual hug from a man as a sign of affection makes them uncomfortable.

We also have had members tell us that once they decided to stop their homosexual acting out, they missed the warmth or affection of another human being's touch. Others, even when they had opportunities to receive healthy touch and affection, such as non-sexual hugs or pats on the back, were confused as to the healthy boundaries for touch. Others whose condition of SSA consisted of fantasy and pornography reported a lack of physical contact over a period of years.

Many presently feel touch-deprived because they did not receive physical affection in their childhood and other emotional needs remained unfulfilled. We found several members who previously expressed an unquenchable need to sexually touch others or to be sexually touched either by others or by themselves (to a level where masturbation may become addictive). Such touch is the means for them to literally feel or fantasize their connection with other men, something they had yearned for all their lives.

The question of human touch is exacerbated when emotional or sexual abuse lurks in the background of a particular individual. For those who were sexually abused, intimacy stimulates painful memories. In order to avoid emotional intimacy, many sought physical gratification through anonymous sexual encounters.

Our experience in JONAH has been that as men bond with other men in a healthy non-sexual atmosphere, particularly through attendance at the experiential weekends, both the resistance to healthy touch and the need for inappropriate sexual touch dissipate. Healthy touching can be controversial, particularly if the situation is not well-controlled and the boundaries not clearly set forth. If a man has properly progressed in his healing processes and understands the proper boundaries of touch, we will then strongly encourage non-sexual hugs and affectionate gestures (like pats on the back) in our groups.

One advantage of our team sport events is the reinforcement of the cultural acceptability of victory celebrations by the players when they openly embrace and hug one another. Another culturally acceptable method of gaining appropriate touch is through regular therapeutic massages.

In order to experience safe and healing touch from another man, our members have used a number of therapeutic bodywork techniques. Among these are massage, shiatsu and Feldenkrais. Men report touch therapy useful in

releasing negative feelings and emotions stored within their bodies. The Feldenkrais method, for example, founded by the Israeli physicist Dr. Moshe Feldenkrais, has also helped men focus on how their bodies move. Through directed movements given by a practitioner, men learn new ways to use their bodies. Consequently, Feldenkrais has helped men feel better connected to their bodies, improve their coordination and become more self-confident.

Having set forth the issue and the need for solutions, we believe that overcoming touch deprivation is an area in need of further development. We continue to examine practical ways of overcoming touch deprivation which exists for so many of our members.

Summary

These aspects of JONAH's healing paradigm are presented here to encourage the reader to explore the complex process undertaken when men and women begin to heal their same-sex attractions. There is no "magic bullet" for healing even though it is frequently wished for by those suffering from a same-sex attraction disorder (SSAD).

JONAH's multi-dimensional approach can be viewed as encompassing four processes which, if worked in tandem, can help facilitate in-depth healing. In our opinion, true healing occurs when an individual is able to heal at four different levels:

- Cognitive: Head
- Experiential: Body
- Emotional: Heart
- Spiritual: Soul

An incomplete healing occurs when fewer than the four levels are accessed.

While individual psychotherapy is critical to help individuals heal from SSAD, participating in private therapy, without these other experiences, may increase the time

required for the healing process to occur. Obviously, it takes a longer period of time to access all four levels when a therapist is able to work with his client for only an hour or two a week. By increasing the time on task in a cost-effective manner, the struggler can accelerate the time needed for healing. Moreover, by employing the multi-dimensional paradigm described in this paper, and thereby enlarging the daily and weekly amount of time in which a member delves into his head, heart, body, and soul, our reports indicate an important acceleration of the healing process.

Our purpose in setting forth our experience and findings is to share what we have learned from our members. JONAH happily acknowledges that many therapists and faith based groups have independently used parts of this model (including some of the live-in programs). Hopefully, for those readers from the therapeutic community who have not adopted aspects of this program they will see the benefits of this more comprehensive approach to healing SSA and will incorporate them within their treatment plans.

*** The authors wish to acknowledge the input of Martin Pressman, a facilitator in the JONAH program, for developing several of the concepts set forth in this article and for his help in editing this article.*

More About JONAH

JONAH's current services include: referrals to therapists around the globe: men's support groups presently meeting in the following locations- Jersey City, New Jersey; Miami, Florida; Jerusalem, Israel; a daily E-Mail Listserv with men and women resident in 6 different countries; a web site and online library (Jonahweb.org); a Speaker's Bureau; and educational community outreach programs.

If you wish to contact JONAH or inquire about any of our services, please call 201-433-3444, or write us at JONAH, PO Box 313, Jersey City, New Jersey 07303, or email us after viewing our website at Jonahweb.org.

Attention Therapists!

Desert Stream is a Christian ministry that equips local churches to minister to the sexually and relationally broken.

We frequently receive phone calls from those who struggle homosexually and who are looking for therapists that believe that homosexuality is changeable.

We're always looking for more local, Southern California psychotherapists who share this point of view.

If you are interested in the possibility of being on our therapist referral list, please contact me:



Mark Pertuit
Phone: (714) 779-6899, x1025
E-mail: mpertuit@desertstream.org

THE DENIAL OF CHILD ABUSE: The Rind, *et al.* Controversy

By Ben Sorotzkin, Psy.D.

"Where," Dr. Sorotzkin asks, "is the outrage?"

In a recent issue of *The Journal of Psychohistory* (Sorotzkin, 2002) I discussed the tendency of most societies to deny that many of their children are abused emotionally, physically, or sexually by their parents or other adults.

One example I cited, is the recent scandal involving the Catholic Church. At first, the church hierarchy simply denied that any sexual abuse took place, in spite of the convincing evidence to the contrary. When the evidence became too overwhelming to deny, some in the hierarchy then claimed that while perhaps abuse did take place, it did little damage and shouldn't obscure the good work the abusing priests did!



Ben Sorotzkin, Psy.D.

talk show host brought it to the attention of the wider public and a public furor ensued. In fact, it resulted in the first ever United States Congress resolution condemning a paper published in a scientific journal.

In 2001 *Psychological Bulletin* published two articles that critiqued Rind *et al.*'s results. The authors of both articles emphasize that it has long been recognized that not **all** victims of sexual abuse suffer pervasive and intense harm. In fact, many researchers have been interested in studying the "resiliency" of those victims of sexual abuse (and of other forms of abuse) who remain asymptomatic. Yet both articles are sharply critical of Rind *et al.*'s conclusions.

Rind *et al.*:

"Sex with Children isn't Harmful to their Health"

In 1998 Rind, Tromovitch, and Bauserman published an article (Rind *et al.*, 1998) in *Psychological Bulletin*, a prestigious review journal of the American Psychological Association, which set off a firestorm of controversy.

I found it surprising that a reputable psychological journal would publish an article that questions the scientific basis for prohibiting adults from engaging in sexual activity with children.

Their article reported the results of a meta-analysis of studies relating to the long-term impact of sexual abuse on children. (A meta-analysis is where information from many studies that address a similar issue is combined in order to achieve a more accurate estimate of the effects being measured).

The main finding reported by Rind *et al.*, is that most youngsters who have had sexual relations with adults (they object to the term "child sex abuse" as being unscientific - they prefer "adult-child sex," a "value-neutral term") do not suffer long-term negative consequences. This is especially true, according to Rind *et al.*, of boys who were "willing" participants in sexual activity with older males.

The Firestorm

Initially, the study didn't attract much attention. However, after pro-pedophilia websites began to cite this study as scientific evidence to support their views, a popular radio

Dallam Study Identifies

Rind's Methodological Shortcomings

Dallam and her associates (Dallam *et al.*, 2001) retrieved and examined the 59 studies analyzed by Rind *et al.* and their article focused mainly on the methodological shortcomings in Rind *et al.*'s study. For example, Rind *et al.* (1998) included only studies of college students—a young, well-functioning portion of the population, and hardly representative of the general population. Children who are negatively impacted by a history of child sex abuse (CSA) are less likely to end up in college. Likewise, most of the college studies focus on the impact of CSA on "internalizing behaviors" such as depression, anxiety, and eating disorders. Yet studies of high school students who reported a history of CSA found that the males were more likely to experience a negative impact or "externalizing behaviors" such as poor school performance, delinquent activities, and sexual risk-taking.

Dallam *et al.* also point out that there was a lack of standardization of definitions (e.g., of CSA, of upper age limit of "child" etc.) across the studies included in Rind *et al.* (some studies included sexual experiences that occurred after age 17). This makes it questionable if the results of the various studies could be lumped together. Dallam *et al.* also find it "baffling" that Rind *et al.* excluded from their analysis two articles that they themselves said "may capture more accurately the essence of abuse in a scientific sense" while including other less relevant studies. Likewise, Rind *et al.* failed to report certain negative outcomes associated to a history of CSA (e.g., illegal drug use) found in a number of studies.

Dallam also cites studies that show that abused men tend to present themselves as doing much better than objective criteria indicates. Therefore, she concludes that:

“A more correct statement of Rind et al. findings is that men often claimed to be unaffected by CSA but simultaneously demonstrated negative effects similar to those displayed by their female counterparts.”

Dallam et al. cite a prominent epidemiologist, who “suggested that the worst abuse of meta-analysis stems from the temptation to produce a single estimate of effect from disparate study results and then treat this estimate as a definitive literature synthesis.” They conclude that while they agree that CSA does not inevitably lead to intense and pervasive harm to all individuals, their reading of the same data indicates a significant association between reported CSA and “a wide range of mental health and social problems in adult life.”

Undersma et al.

Undersma et al. (2001) was the second critique of Rind et al. (1998) published by *Psychological Bulletin*. These authors cite other reviews of Rind’s methodological shortcomings. One reviewer, for example, pointed out that most victims of CSA “show only a subset of all possible symptoms; thus, any one symptom may not be significantly elevated in the CSA population as a whole, even though the majority of individuals demonstrate some symptoms.”

Undersma et al. also note that many of the studies reviewed by Rind include in the definition of CSA both contact and non-contact sex. For example, in one of the studies, fully 83% of males’ “CSA” experiences merely involved being propositioned by an adult, without any actual contact! Is it any wonder that Rind et al. found a smaller degree of profound and persistent long-term harm among the victims of CSA—when it was so broadly defined—than what would have been predicted by other researchers?

The Rind Study Implies that “Key Moral Assumptions about Child Sexual Abuse Should be Reconsidered”

Undersma et al. emphasize that:

“[O]ur concerns regarding Rind et al. are not predicated... on their methodology and findings, which should be accorded the same blend of trust and skepticism as any other study.... [T]he primary flaw... is not the science that is used, but its use of science... to inappropriately imply that key moral assumptions about CSA should be reconsidered. We take issue with the basis as well as with

the logic of these implications.”

Undersma et al. begin by objecting to limiting the definition of *harm* to the existence of negative effects lasting to young adulthood. According to that criterion,

“other clearly negative childhood experiences - for example, being beaten by an adult or having leukemia - might not qualify as harmful either. Moreover, harm does not require that the victim perceive that experience negatively... the possibility that a child might learn from an abuser that such experiences are normal and positive is one of the most concerning possible outcomes of CSA.”

The Child Who Knows He Was Wronged is Less Likely to Become an Abuser

As I emphasized in my *Journal of Psychohistory* article (Sorotzkin, 2002), this last point is especially important since research has shown that when children normalize, or even excuse, the abuse they experienced they are more likely to become abusers themselves. Those victims who realized that they were terribly wronged were less likely to become abusers (Briggs & Hawkins, 1996). It may in fact be that those victims of CSA that Rind et al.’s study found to have escaped psychological harm in young adulthood, were the ones who were helped to realize (perhaps in therapy) what a terrible injustice was done to them.

Undersma also challenges Rind’s implication that the small effect sizes they found regarding the impact of CSA on mental health suggests that CSA shouldn’t be an area of major societal concern. But Dallam also makes the point that the effect size Rind reported is only slightly smaller than the effect of smoking on lung cancer, yet no one claims that *smoking* shouldn’t be a public health concern.

Advocacy Science

Undersma criticizes Rind’s advocacy science—where all interpretation of data is geared toward relaxing moral standards by ignoring or downplaying alternative interpretations of the data. For example, they fail to cite the well-documented short-term harm following CSA that appears to be equivalent for boys and girls. They ignore alternative explanations for why college males may paint their childhood sexual experiences in positive terms (e.g., unwillingness by males to admit being victimized, successful indoctrination by the abuser etc.). They are careful to emphasize the aspects of their data that suggests that CSA is not harmful, and imply that it can be morally benign. This certainly appears to be an attempt to erode current societal views regarding CSA (e.g., the current view that children can’t make informed decisions about having sex with an adult).

Undersma cites another glaring example of this advocacy

continued

for relaxed moral standards, where Rind draws parallels between society's current attitudes toward CSA (including use of the term *abuse*) and 19th century attitudes toward masturbation and that adult-adolescent sex "has been commonplace cross-culturally... and may fall in the 'normal' range of human sexual behaviors." It is difficult to avoid interpreting this as meaning that both first masturbation and early CSA may be revealed as simply another sexual behavior that must shake itself free of outdated moral baggage. Making such comparisons without highlighting the extreme and obvious *differences* between masturbation and CSA is troublesome.

Ondersma also challenges Rind's appeal for the value-free term *adult-child sex* rather than *abuse*. Ondersma points out that

"Scientists studying a range of social behaviors – from rape to robbery to gangs – have not previously found a need to alter these value-laden terms.... A stranger who provides a willing child with heroin may not cause short- or even long-term harm; further, that child could report the experience as positive and might grow to see heroin use as a normal and natural part of life. [Should we therefore give it the value-free label of] *adult-child drug sharing*?"

Science and Morality

Ondersma explains the crux of the matter where Rind went astray, as follows:

"Science cannot provide answers to moral and legal questions.... Scientific research can inform moral issues (e.g., ... that parents should place infants in car seats) but can never be the sole arbiter of them.... Society's moral stance on CSA, as with... e.g., child labor... is appropriately based only in part on the potential for harm... The negative response to Rind et al.... is thus something very different from an attempt to censor unpopular data. It is instead a rejection of the way those data are used to make implications in a sphere in which they have no authority."

Rind et al.'s Rebuttal

Following the two critiques, the *Psychological Bulletin* published a rebuttal from Rind (Rind et al., 2001). Much of the rebuttal consists of a very technical discussion regarding the research methodology they used in their meta-analysis. I do not feel sufficiently proficient in that area to comment much on the merits of those arguments. I would however, like to discuss some of the other issues discussed in the rebuttal.

Rind et al. paint their critics as representing the "victimo-

logical viewpoint." They not only question these dreaded "victimologists' " scientific credentials, they also insinuate that their motivations are less than pure.

Rind et al. characterizes people who try to help victims of abuse in quite ominous terms indeed. They insinuate that their critics are motivated by career or monetary gain or by social conservative bias—they credit NARTH as being the first to criticize their study—rather than by genuine concern for the victims of abuse.

It is ironic that some of the arguments that Rind marshals for a rebuttal are actually unintended indictments of the liberal agenda. For example, in acknowledging that both men and women with a history of CSA are "slightly" less well adjusted than controls (this much they are willing to concede), Rind et al. point out – in their defense! – that minors in general who have precocious sex are also less well-adjusted.

Can Children Give Informed Consent?

In defense of the idea that children can give informed consent for sex, they cite an American Psychological Association (APA) statement to the U.S. Supreme Court. The APA, in support of their position that adolescents be permitted to consent to an abortion, declared:

"By age 14 most adolescents have developed adult-like intellectual and social capacities....[to give] legally competent consent.... [additionally] there are some 11- to 13-year olds who possess adult-like capabilities in these areas."

This is certainly a sterling example of advocacy science calling on advocacy science to *defend* advocacy science!

Conservatives are More Likely to Admit their Advocacy

Rind et al. (2001) insist that they are dispassionate scientists with no agenda. It is only their "victimological" critics who invoke "extrascientific" moral standards. It seems to me that social conservatives are more likely to be honest and open regarding their social agenda. Ondersma et al. (2001), for example, clearly stated:

"[U]ltimately.... CSA may best be determined sociologically through the consensus of a given society.... CSA is not... primarily a scientific construct.... It is a moral and legal term..."

The liberal approach, in contrast, is to deny the *existence* of their advocacy. For example, the APA's organizational journal published a special issue (2002) on the Rind et al. controversy. Most of the writers rushed to defend "academic freedom." They implied that Rind et al. were sim-

ply reporting scientific data that some reactionaries find uncomfortable. They simply ignored the blatant evidence that Rind et al. were pushing a social agenda.

The Historical Parallels to the Normalization of Homosexuality

The APA continued the debate over Rind et al. on a special website (journals.apa.org/comments). The following is an excerpt of my own contribution to that debate (retrieved 7/31/02):

Many of the writers in the special issue regarded with a tone of derision those who worried that the Rind et al. study was the opening gambit in a deliberate attempt to decriminalize pedophilia. This in spite of the fact that one of the Rind et al. authors had published an earlier article in a pro-pedophilia Dutch journal, and a pro-pedophilia advocacy group did indeed use this study as scientific evidence for its agenda to legitimize pedophilia.

Has everyone forgotten how homosexuality became accepted as a normal form of sexuality? Does anyone seriously deny that the 1973 decision to remove homosexuality from the DSM was the result of political pressure rather than from dispassionate scientific inquiry? Have the gay rights advocates not conceded that their original plea for civil rights and tolerance was a part of a long-term plan to win first acceptance and then approval of homosexuality as "equal" to heterosexuality?

More recently, it has even reached the point of attempting to **outlaw** helping those who wish to change their orientation to heterosexuality (Yarhouse & Throckmorton, 2002). All this began with just the plea not to oppress those with, what was then considered, a sexual deviancy. Have we all forgotten that at that time also, anyone suggesting that this was the first step in a slippery slope toward acceptance of homosexuality was accused of paranoia and "homophobia?"

Regardless of one's position on homosexuality, the fact that the scientific community was pressured and manipulated by proponents of sexual liberation is an undisputed fact. So the concern that apologists for "intergenerational sex" [or "adult-child sex" in Rind et al's preferred euphemism] may be trying to accomplish the same feat for pedophilia is not far-fetched and is not merely motivated by fund-raising needs (as implied by many of the special issue authors).

Many of the apologists for Rind et al. have pointed to the one sentence disclaimer in the article that even if pedophilia is usually not harmful to children, that does not necessarily mean that it should be legalized. I wonder if they protested the article by Dr. Mirkin in the *Journal of Homosexuality* (as reported in the New York Times, [Wilgoren, 2002]) where he clearly and unambiguously defended "consensual intergenerational sex."

Dr. Mirkin, the chairman of the political science department at the University of Missouri (Kansas City), "[likened] the 'moral panic' surrounding pedophilia to the outrage of previous generations over feminism and homosexuality.... In 1900, everybody assumed that masturbation had grave physical consequences."

What was the reaction of the academic community? In fact, the chancellor of the university, the faculty Senate, the president of the university system and the American Association of University Professors, all strongly supported his "right to hold unpopular views," and Rind "is being celebrated as a hero for academic freedom." In their eyes, the value of "academic freedom" supersedes the value of protecting children.

The justifications used to defend Rind et al. do not apply here. This wasn't just reporting the results of a scientific study: *this was taking a pro-pedophilia stance*. The comparison of pedophilia to feminism, masturbation and homosexuality is exactly the slippery slope that the critics of Rind et al. have warned about.

Where is the outrage? The silence of the academic community is deafening.

The Liberal Discomfort with Morality

I would like to conclude with Engelhardt's observation (as cited in Yarhouse & Throckmorton, 2002):

[S]ome have the strong moral conviction that strong moral convictions should not be had. Belief, commitment, and firm moral convictions are regarded as divisive at best, and evocative of violence at worst. The world, they firmly believe, would be better off if there was less belief and moral conviction.... Such individuals tend to be intolerant of those who would merely tolerate... instead of accepting the diversity of moral convictions...

Ironically, such partisans of the value of moral diversity can be as intolerant as many of the religious communities they will not tolerate because of their strong moral convictions.

continued

(Note: Members of NARTH who would like a copy of Dr. Sorotzkin's Journal of Psychohistory article, "The Denial of History: Clinical Implications of Denying Child Abuse," are invited to email him with their request at BENSORT@aol.com.)

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Continuing Education Credits Granted By Some Counseling Associations for NARTH Conference

By Jody M. Dietrich, NCLPC, NCC

The North Carolina Board of Licensed Professional Counselors (NCBLPC) and the National Board of Certified Counselors (NBCC) has awarded me continuing credit hours for attending NARTH's annual conference in 1999, 2000 and 2001, and I will apply for credit for the 2002 conference.

Here's how it works: I simply request a letter from NARTH stating that I attended the conference, providing and the name, location and dates and the number of continuing education hours the conference provided. Continuing education hours are calculated as follows: each hour of the conference during which content-specific, counseling-related information is presented is counted as one continu-

ing education hour. I submit NARTH's letter, along with statements regarding other continuing education hours I have earned, to the NCBLPC and NBCC when it is time to renew my license or certification.

Each year the NARTH conference has provided between 9.0 and 11.5 hours of continuing education credit.

I encourage all licensed professional counselors and national certified counselors who attend the NARTH conferences to apply the hours of time spent at the conference as continuing education credit when renewing your licenses and certifications.