

### ***The New Handbook Of Psychotherapy And Counseling With Men* (2005).**

Edited by G. E. Good and G. R. Brooks. San Francisco: Jossey-Bass.

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*The New Handbook of Psychotherapy and Counseling with Men* is intended to be an authoritative guide for therapists and counselors working with men. Undeniably, the text provides useful information. The editors' goal is to facilitate a guide that helps practitioners provide men with "full access to the widest range of social, emotional and psychosocial skills" (p. 11).

However two chapters exhibit biases which make the text an incomplete and inaccurate reference for readers. The handbook, therefore, does not accomplish what the editors set out to do. Those two chapters are as follows.

#### **Chapter 24: Douglas C. Haldeman, "Psychotherapy with gay and bisexual men"**

Douglas C. Haldeman, a private practice psychologist in Seattle, has authored several books and articles on lesbian, gay and bisexual topics. When discussing the issues of changing sexual orientation, Haldeman in this chapter writes, "even if it were desirable to do so, there is no evidence to suggest that sexual orientation can be changed." He then cites, by way of his own work, that the "majority of individuals seeking change ... do so in response to considerable internalized social pressure" (p. 373).

Haldeman, however, blatantly disregards the literature that does suggest change is possible. One notable research which was conducted by Dr. Robert Spitzer of Columbia University should have been discussed in this context for the reader to have a fair assessment. How can this be an objective handbook, when the author irresponsibly fails to note such research was even conducted, regardless of his opinion of the findings? Rather, he seduces the reader into the notion

that "there is *no* evidence to suggest that sexual orientation can be changed" (p. 373, emphasis added).

When discussing the context of adolescence, he says that a teenager's sexual orientation is "immutable." This type of statement simply disregards the many discussions about adolescents' sexual confusion and sexual fluidity widely found throughout the literature.

Haldeman says that therapists and counselors should assume that "sexual orientation is not necessarily congruent with sexual identity." He says that an individual may have a "primarily homosexual orientation while maintaining a primarily heterosexual sexual identity" (p. 371). He then gives a case illustration of a man who has been married for 10 years and who has two children. In this case, he argues that the man has a homosexual orientation. But again, there is no discussion of the possibility of the role of sexual fluidity, of the power of sexual addiction even when sexual orientation has changed, or even the role of bisexuality.

"Bisexual" is a term he uses loosely from the beginning of the chapter without any explanations to its possible meanings. This represents a poor approach to a very controversial issue. Anyone studying sexuality knows that bisexuality is a complex topic, and nothing is exclusive in both its term and role.

Haldeman states, "Gay and *bisexual* parents are often confronted with the commonly held but *scientifically baseless* misconceptions that gay parents influence a child's gender role identity, conformity, and sexual orientation" (emphasis added). However, he chooses to cite just one review (another notation of bias) that says that there is no basis for concern. Again, this reveals the narrow perspective the author takes, driv-

en more from a sociopolitical agenda, rather than a scholarly look at the issue in totality.

Haldeman offers virtually nothing new in the area of discussing the issue of gay psychotherapy. Rather, he regurgitates the common longitudinal theme that says that society reinforces negative social messages about homosexuality, thus the pathology associated with a homosexual orientation. He implies that every gay person with a problem comes to therapy saying, "Look, I'm here because society messed me up!"

Unfortunately, the editors of the book sought out a gay activist to write this section of the book. A variety of different cases from various clinical perspectives would have lessened the obvious bias on the subject.

### **Chapter 25: Maples, M. R. & Robertson, J. M., "Counseling men with religious affiliations"**

The authors begin by acknowledging that North America is a highly religious population, albeit diversified. The chapter intriguingly asks why men are drawn to religion and questions whether it is masculine, feminine, or androgynous, citing that "...in many religious traditions the traits that defined a man as spiritually healthy have been very similar to those that have defined him as masculine" (p. 387).

We thought this was a very thought-provoking observation. They also suggest that religion can help men overcome problems such as alcohol abuse, depression, suicide, poor physical health, aggression, and martial dissatisfaction.

They cite studies that suggest religious commitments have been shown to be instrumental in helping men make significant improvements in relieving depressive symptoms and alcohol use.

The authors then state that it is helpful for counselors to know about the many "gay-friendly movements that exist within the larger religious communities" (p. 393).

Among those gay-friendly groups are, for example, Roman Catholic (the group, Dignity), Latter-Day Saints (with its gay group, Affirmation), and Jewish (World Congress of Gay, Lesbian, and Bisexual

Jewish Organizations), to name a few.

Unfortunately, the authors kept this discussion at its narrowest, consistent with the bias of the previous chapter, and neglecting to discuss the movements existing within the larger religious traditions that have organized to help men seek freedom from unwanted homosexuality and according to their religious and moral convictions.

They had the perfect opportunity to discuss that issue and those organizations that deal with them. Among those are for example, Roman Catholic (Courage), Evangelical Christian (Exodus International), Latter-Day Saints (Evergreen), and Jewish (JONAH), to name a few. I assume it is no accident that these organizations were left out of this chapter. The editors of the book would have done justice to include the other sides of the discussion of religion and homosexuality.

It is ironic that the book's editors goal was to help practitioners provide men "full access to the widest range of social, emotional and psychosocial skills." They could have served clinicians better by inviting all perspectives of working with gay and bisexual men, not just those that reflect the author's own preferences.

### **'Diversity Day' Canceled To Avoid Ex-Gay Viewpoint**

Officials at Viroqua High School (Wisconsin) canceled a planned Diversity Day in March 2006 after the Liberty Counsel suggested that an ex-gay viewpoint should be represented during the event. Instead of permitting an ex-gay to speak to give a diverse viewpoint from the gay couple scheduled to speak, the event planners shut down the day altogether. According to event planner Ellen Byers, "Non-positive groups were not what we were going for."

Chris Kruger with the gay Pride Center, said: "Having a Christian viewpoint there would not necessarily be a bad thing. However, if it was a hateful group, one that would not present an atmosphere where we would feel comfortable talking, then that would definitely impede a discussion."