

# NARTH BULLETIN

## NARTH Conference Set for Los Angeles on October 23-24

**T**he Beverly Hilton Hotel in Beverly Hills, California will be the scene of the two-day NARTH Conference held in conjunction with the Claremont Institute on Friday and Saturday, October 23rd and 24th.

William Bennett of Empower America, former U.S. Secretary of Education and Chairman of the National Endowment for the Humanities, has been invited as Keynote Speaker. (As the *Bulletin* went to press, Dr. Bennett's schedule remained tentative. Final program details will be available by September 15th.)

This year's symposium will offer one full day focused on the needs of clinicians. Entitled, "Working with the Homosexual Client," the Friday program will center on a discussion of effective therapeutic techniques, with the morning devoted to the life's work of Charles Socarides, M.D., NARTH's president and co-founder.

Dr. Socarides is a veteran of the 1973 struggle over the removal of homosexuality from the Diagnostic Manual, an author of many books and journal articles on homosexuality, and—as both critics and supporters would agree—the most prominent living proponent of sexual-reorientation therapy.

In the afternoon, other clinicians will

### William J. Bennett Invited as Keynote Speaker

speak on subjects such as group therapy techniques, resolution of childhood gender-identity conflict, core relational conflicts common to homosexuality, and specific clinical interventions. Speakers include A. Dean Byrd, Ph.D., Richard Rupp, M.F.C.C., Stanley J. Leiken, M.D., Gregory Dickson, Ph.D. and Althea Horner, Ph.D.

Dr. Horner, a Los Angeles-based psychoanalyst, is the author of *Object Relations and the Developing Ego in Therapy*.

The Saturday program will be devoted to the concerns of the non-clinician. Entitled "Making Sense of Homosexuality," the day's discussion will include three panels—one on homosexuality and public education, another on the origins of homosexuality and homosexuality's impact on society, and a third addressing homosexuality and culture.

Panel participants include Jeffrey Satinover, M.D., author of *Homosexuality and the Politics of Truth*, who will discuss the claims about biological origins of homosexuality; Hadley Arkes, Ph.D., Professor of Philosophy at Amherst College, and a defender of the Boys Scouts in their recent legal battle with gay activism;

Thomas G. West, Ph.D., Professor of Political Science at the University of Dallas; Harry Jaffa, Ph.D., Professor Emeritus of Philosophy at Claremont McKenna College; NARTH Vice President Benjamin Kaufman, M.D.; and Charles Socarides, M.D.

One popular speaker will be nationally syndicated columnist Don Feder, who has written on homosexuality and culture.

Midge Decter of The Heritage Foundation will be the featured luncheon speaker.

A newcomer to NARTH is panel participant and attorney Eleanor Durham, founder of the group Parents and Teachers for Responsible Schools. Ms. Durham's efforts to modify the Seattle school system's gay-affirming curriculum were described in detail the recent April *Bulletin*.

At lunch and dinner, the public will have the opportunity to meet and speak with the panelists. There will also be considerable time given in the two-day program to public discussion and questions and answers.

For further information and reservations, contact the NARTH office.

## Guest Editor's Column

by Benjamin Kaufman, M.D.

### In Defense of the Need for Honest Dialogue

Six years ago, NARTH was founded by myself, Charles Socarides and Joseph Nicolosi. I had recently learned an important lesson: that well-intentioned individuals acting alone—however meritorious their cause—will have very little influence on any kind of policy. *One needs an association* in order to get things done.

This point was driven home to me when, as an individual, I was faced with a remarkable and very personal injustice.

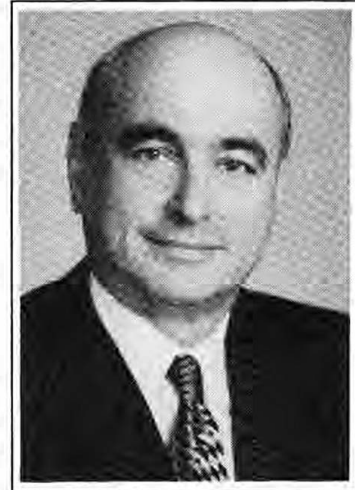
On a Fourth of July weekend about ten years ago, I was traveling on a busy highway between King's Beach and Truckee, California, when my wife Veronica and I came upon the scene of a horrible accident. A pickup truck had collided head-on with a motorcycle carrying two people. The motorcycle passengers were thrown into a 25-foot deep ditch alongside the road. I pulled over, and we went to help them—both were gravely injured. While Veronica drove on to get an ambulance—we had no car phones—I began to give mouth-to-mouth resuscitation to one of the victims. His nose had been completely torn off, and my mouth came into direct contact with the blood pouring from his face. I had to continue for some 45 minutes before the paramedics arrived to take over. That traumatic event had, to my great consternation, only just begun.

The man died in the emergency room, and I asked the physician in charge—an old acquaintance of mine—to obtain an HIV status on him. He refused, based on his fear of legal reprisal, because it was against the law to obtain an HIV test without written consent. The victim was dead and such a consent obviously wasn't available.

Enraged, I called another friend who ran the blood bank in Sacramento and still runs it today, and who was very familiar with the HIV epidemic. He backed up the emergency room doctor, saying he had been right not to give me that information. He advised me to obtain an HIV test on myself to see if I had contracted the virus.

HIV testing is supposed to be confidential. Therefore the process involved going to a lab and asking for blood to be drawn immediately, without giving the technician any information about the purpose of the blood draw. This, of course, implies that something unusual is going on that the patient does not wish to disclose to a lab technician. Obviously, the assumption can be made that anyone asking for a confidential blood draw is worried about HIV. Being forced to present myself anonymously was an awkward, cum-

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*Benjamin Kaufman, M.D.*

## THE NARTH BULLETIN

Editors: JOSEPH NICOLOSI, PH.D. and LINDA AMES NICOLOSI

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*"Victory on the Bow of a Ship"*

# The Battle Against the A.P.A. Resolution

INTERVIEW WITH

**E. MARK STERN, Ed.D.**

*Mark Stern is a Diplomate in Clinical Psychology, Professor Emeritus of the Graduate Faculty of Arts and Sciences, Iona College (New York), and a member of NARTH's Scientific Advisory Committee.*

*He is editor of the journal *The Psychotherapy Patient*, and co-author of the books *Psycho-Theology, Holiness and Mental Health*, and *On the Other Side of the Couch*.*

*Dr. Stern is a Fellow of the American Psychological Association and the American Psychological Society. He is presently in his second term as Council Representative, Division of Humanistic Psychology of the American Psychological Association.*

*Last summer, gay activists within the Association had sought to have reparative-type therapies labeled "unethical." They did not succeed, but a modified version of their resolution was passed, stating that the A.P.A. opposes all portrayals of gay, lesbian and bisexual people as mentally ill, and cautioning that "appropriate informed consent" should be obtained by therapists when working with homosexuals. Significantly, the A.P.A. did admit that there was no body of evidence to prove that reorientation therapies are harmful.*

*Mark Stern was pivotal in assuring that the original, more restrictive resolution did not pass. He is interviewed here by Joseph Nicolosi.*

JN: It's a small world—I very much enjoyed your book, *Psycho-Theology*. By coincidence, it was the book I took along many years ago when I was on a trip to Europe.

To begin, let me ask: You were a key player during the American Psychological Association's vote last August on the Resolution on Sexual Orientation. Should reorientation therapy be available to all clients?

MS: It should be a client's right, totally and completely, to choose a therapy which is consistent with his goals and values. Psychotherapy which limits a client's right to decide *where* and *how* he is suffering, and how he wants to grow out of that suffering, is untenable for both parties—the therapist and the patient.

JN: And what would have been the effect of the original version of the resolution?

MS: The original resolution would have censured any psychologist who practices sexual-reorientation therapy. However, the version which passed allows for the full range of ethical and appropriate therapeutic approaches. I see this as a victory for those of us who do not see homosexuality as "just another lifestyle."

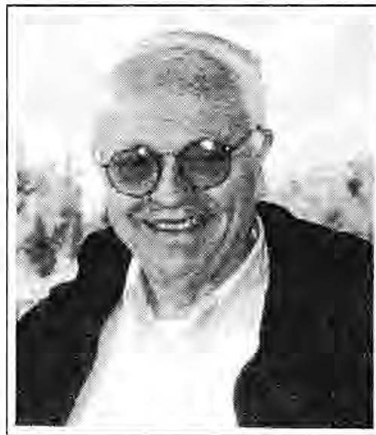
We live in an "anything goes" society in which the growing demands of individualism are destroying the traditional family. Lifelong intimacy remains the last and most forbidding taboo. We are in danger of relegating human reproduction to technology, and childrearing to any bidder. Why *now*, then, this attempt by organized psychology and psychiatry to nullify a person's potentialities for heterosexuality? This is indefensible.

JN: There is so much talk on the other side of the debate how much harm treatment does—it increases social homophobia, makes clients hate themselves, and leaves them depressed, because they are trying to alter something fundamental about themselves...What about these claims?

MS: They miss the heart of the entire project of psychotherapy. Psychotherapy is a search—both to discover oneself, and to construct oneself, insofar as these constructions lend value and purpose to one's existence. And heterosexual identity is a very dynamic construct—even in the face of so many attacks today on the masculine and feminine archetypes.

JN: How is it possible that the Council of Representatives came so close to voting that the treatment of homosexuality should be considered unethical?

MS: It came close because the Council of Representatives is very "politically correct." The idea was, they were going to pass a resolution which would prevent discrimination against homosexuality. What it turned into, however, was more than that—a resolution to label any effort to help individuals attain their heterosexual potential as grounds for malpractice. Fortunately, we were able to raise enough of a rumpus that the original resolution was not passed.



E. Mark Stern, Ed.D.

## Following the Lead of Psychologists, Counselors Pass Anti-Conversion Therapy Resolution

by Warren Throckmorton, Ph.D.

Director, College Counseling, Grove City College

In March, the American Counseling Association (ACA) joined the American Psychological Association (APA) in discouraging the practice of sexual-reorientation therapy.

The 50,000-member ACA, based in Alexandria, Virginia, passed a resolution strikingly similar to the APA's resolution of August 1997.

The recent ACA resolution, passed in Indianapolis at its annual convention, was first proposed by the association's Human Rights Committee, and the motion to accept was made by the representative of the Association for Gay, Lesbian and Bisexual Issues in Counseling (AGLBIC), a division of ACA.

Titled, "On Appropriate Counseling Responses to Sexual Orientation," the original version of the resolution would have placed the ACA in clear opposition to conversion therapy. As proposed, the original resolution read: "Be it further resolved that the American Counseling Association opposes the use of so-called 'conversion or reparative' therapies in counseling individuals having a same-gender sexual orientation; opposes portrayals of lesbian, gay, and bisexual youth as mentally ill due to their sexual orientation; and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about same-gender sexual orientation."

However as a result of debate over the resolution, the association's governing council *deleted the phrase stating its opposition to sexual-reorientation therapy*. But the opposition was maintained if the conversion therapy portrays "gay, lesbian or bisexual youth as mentally ill," or a counselor spreads inaccurate information or has "unfounded beliefs" about sexual orientation.

### What Are the Implications of This Resolution?

As it stands, the resolution's impact is difficult to gauge. The resolution seems to discourage efforts to promote a shift from homosexual to heterosexual orientation, but comes short of clear opposition. If passed as originally proposed, the resolution *would have had* enormous impact on practice. Counselors would have been compelled to

tell clients who want to modify their sexual arousal patterns that such an objective is faulty. Counselors who believe homosexuality *can be modified* would be in danger of being charged with a violation of the ethics code.

Even licensed professional counselors (LPCs) outside of the membership of ACA would be at risk, since most states adopt ACA's code of ethics in their counselor licensing statutes. Most states automatically adopt subsequent revisions of that code, so counselors performing activities deemed unethical based on a reading of the code would practice under threat of ethical review by state-licensing authorities.

### Same-Sex Marriage Endorsed

The ACA action—along with a companion resolution supporting same-sex marriage—created immediate controversy at the association's convention. Opponents of the action hope to see the resolutions modified or rescinded at the association's next governing meeting in October, 1998.

### No Opportunity for Open Discussion

The association's president, Courtland Lee, devoted his editorial column to the issue in the association's May 1998 newsletter; he says he believes that the resolutions had sparked a healthy dialogue. In truth, however, there was very little real dialogue during the time the resolutions were being considered. Neither resolution—concerning either conversion therapy or same-sex marriage—had been specifically listed on the meeting agenda. Thus, opponents of the actions were not prepared to debate the issue. No method of gauging member sentiment on the issue was conducted, nor has the association convened a task force to study the issue. Furthermore, no research into the efficacy of conversion therapy was sought by the leadership.

This action is consistent with ACA's developing position as a key supporter of the gay-activist agenda. For instance, in October 1997, the governing council moved to donate funds raised from military exhibitors at its annual convention (around \$4,000) to a gay and lesbian legal defense fund which was actively fighting the military's "don't ask, don't tell" policy. This decision came at a time when the association had suspended its legislative grants program due to a state of financial deficit. ■



Warren Throckmorton, Ph.D.

# Where the Analyst is Biased: A Critique of Isay's Writings on the Treatment of Homosexuality

by Joseph Berger, M.D.

*The following is a brief excerpt of Joseph Berger's thought-provoking paper from the just-released 1997 NARTH Collected Papers (see advertisement on back page of this issue). Footnotes and references have been removed here, but are available in the full-length article.*

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Richard Isay is a psychoanalyst who has suggested that significant changes are necessary in the traditional psychodynamic approach to homosexuality.

In a number of papers, Isay has put forward two principal positions.

First, he has challenged the notion that homosexuality represents a failure to achieve full psychosexual developmental maturity.

Second, he has also attempted to refute the numerous published observations confirming that some people who have had homosexual experiences or thoughts can be helped by psychotherapeutic or psychoanalytic treatment.

Isay has claimed that "the effort to change the sexual orientation of gay patients is not clinically helpful....core sexual orientation remains unchanged...attempts to change [it] are, in all likelihood, futile." He has also asserted that "efforts to change homosexuals to heterosexuals...represent one of the most flagrant and frequent abuses of psychiatry in America today."

In this paper I intend to discuss the scientific foundations upon which Isay bases some of his claims, the clinical material that he presents, his own attitudes towards the work and findings of other therapists, and the conclusions that he comes to.

## Recent Biological Claims

In a prominent article, Isay indicated that he accepted the claims suggesting a biological basis of male homosexuality put forward by LeVay, and Bailey and Pillard. Isay further reiterated this position in a letter in the *American Journal of Psychiatry* in January of 1994, adding the reference of the more recent claim by Hamer et al.

Unfortunately, the work of LeVay and Bailey and Pillard is based upon questionable methodology, their claims appear grossly exaggerated, and their known personal biases have made many doubtful of the scientific value of their work. The references that Bailey and Pillard cite to substantiate

their claims, do not support their conclusions. Both papers were published in conjunction with media publicity of a highly political nature that raised serious questions about the scientific neutrality and credibility of these authors. Neither of the works has yet received any scientific confirmation, but serious errors and inadequacies have been convincingly demonstrated.

## Ford, Beach, and Hooker

In his earlier writings, Isay brought other material that he believed supported his case, but that has also come under extensive criticism.

He quoted the work of Ford and Beach that supposedly demonstrated homosexual activity in a wide variety of animals, and the study by Hooker that supposedly showed the absence of significant psychopathology in homosexuals.

Today, neither study is considered to have the significance that was originally claimed for it.

Isay has quoted a 1951 statement by Ford and Beach that "a biological tendency for inversion of sexual behavior is inherent in most if not all mammals," but he failed to quote Beach's later rejection of that earlier view in a 1971 interview. "I don't know any authenticated instance of males or females in the animal world preferring a homosexual partner - if by homosexual you mean complete sexual relations including climax...it's questionable that mounting in itself can properly be called sexual."

Even Friedman and Downey, who are sympathetic towards a possible biologic etiology of homosexuality, state "there is no non-human mammalian species in which predominant or exclusive homosexuality occurs in the way that it does in humans."

Regarding Hooker's work, more than ten years ago, Socarides referred to a task force critique of Hooker's claims that pointed out flawed methodology, and noted that other results had disagreed with Hooker's observations. Again, Isay chose not to quote this rebuttal.

## The APA Vote

Isay and others frequently refer to the vote of the American Psychiatric Association in 1973-1974 that led to removing homosexuality per se from the Diagnostic and Statistical Manual of Mental Disorders. However, Isay does not

## Is Human Sexuality Fixed or Variable?

The fact that people who have previously been fully heterosexual in their desire and orientation but are temporarily deprived of contact with the opposite sex, such as in prisons, may then participate in some homosexual experiences only to revert immediately to comfortable heterosexuality when free to pursue such opportunities, is but one indication that human sexual behavior is flexible, and not rigidly fixed at birth.

Similarly, many therapists and many reports in the literature have noted numerous examples of people apparently changing their sexual orientation at different times in their lives. Psychodynamic psychotherapists have offered coherent theories to explain why such shifts can occur, but for those who have proposed a biological basis for homosexual behavior, such events have provided a major challenge to theory.

The response of Isay, and those like him, has been to assert that the "true" sexual orientation of the person has not been clearly defined, or has been misunderstood, or denied by a therapist or by the patient--with at times disastrous consequences.

As we shall see, not only does the absence of any widely-accepted "marker" make such assertions highly questionable, but Isay's clinical material is quite unconvincing, and only confirms that claims about the "true" orientation of such patients are a highly contentious issue.

Nearly 15 years ago, Bieber and Bieber expressed similar concerns:

"Others claim that a true homosexual cannot change. Once the mold is set, it is unbreakable. Yet, they do not find this assertion at odds with their citations of persons who have changed from hetero- to homosexuality, sometimes as late as middle age."

At the time their paper was published, Bieber and Bieber had seen "well over 1,000 male homosexuals," and had noted that "a substantial number do become and remain heterosexual. Reversal estimates now range from 30% to an optimistic 50%."

But, they noted, "Despite the treatment results we reported and the published findings of other respected colleagues, these cynics steadfastly refuse to place any credence in these reports."

Isay has repeated (and continues to repeat) the assertion that homosexuality is unchangeable. His denials confirm the accuracy of the Biebers' insight many years earlier. Still, the literature that homosexuality *is* in some cases changeable, is overwhelming. ■

acknowledge that the National Gay Task Force, a homosexual lobbying group, had organized and underwritten the cost of mailing a crucial lobbying letter to the membership signed by the candidates for senior office, recommending acceptance of the Board of Trustees' decision. It is surprising that a psychoanalyst would ignore what might have been the true reasons and forces behind a particular manifest behavior.

Isay should also have been aware that after the APA vote, Otto Kernberg was saying to thunderous applause from huge audiences, "We do not decide scientific matters by vote." So Isay's initial position that homosexuality is something that is innate and biologically determined is based on insubstantial pillars.

### The Psychological Determination of Human Behavior

If a particular form of behavior is not biologically determined, then for at least the past 100 years we have looked at the possibility that it is psychologically determined.

To a considerable extent, the idea of the psychological determination of character or behavior is a **default** theory.

It is suggested that in the absence of *physical* signs or other biological "markers," and given the uniqueness of each individual's upbringing and the impossibility of replicating it, we can only suppose that certain *psychological* factors that we may or may not be aware of, might have contributed to any person having particular thoughts, feelings, or behavior.

Furthermore, our present level of understanding is almost entirely limited to retrospectively explaining any such psychological determination. We have very little ability to state prospectively that any particular mixture of parental behavior and interaction will definitely lead to any given outcome in the child or children of those parents, in the same manner that we can predict that certain physical lesions will almost always produce certain recognized outcomes.

The reality of homosexual desire and behavior provide a perfect example of this situation. Up to the present time, we have had an absence of any good evidence of physical or biological causation. Furthermore, it must be emphasized that in spite of years of intensive research, **absolutely no definitive physical or laboratory indicator of homosexuality has been demonstrated.** There is nothing other than a person's own personal testimony that they define or identify themselves as homosexual.

Therefore, by default, we have been left with the likelihood that psychological factors are responsible, and there is much to support this notion in general terms.

## A Clash In Worldviews:

### INTERVIEW WITH DR. MICHAEL WERTHEIMER

*Michael Wertheimer is the son of the late Max Wertheimer, one of the founders of the Gestalt school of psychology. He is a Harvard-educated experimental psychologist, a retired full professor at the University of Colorado, and the author or editor of approximately forty psychology books, as well as several hundred articles. He specializes in the history of psychology.*

*A longtime member of the American Psychological Association's Council of Representatives, he also served as president of four A.P.A. divisions, and has been an A.P.A. "insider" for over thirty years.*

*Dr. Wertheimer is in sympathy with NARTH, in that he strongly supports the right to sexual-reorientation treatment.*

*However, he holds a another, postmodern theoretical position that is representative of many psychologists today, but not typical of NARTH therapists: that concepts of psychological health and disorder are largely socially constructed, rather than objectively true or false. Even pedophilia is not, he believes, necessarily a disorder, nor is there any clear evidence that it is harmful to the child.*

*Dr. Wertheimer believes that the American Psychiatric Association was correct in removing homosexuality from the category of psychopathology. The distress often associated with the condition, Dr. Wertheimer believes, is essentially due to a homophobic society—not to the condition itself.*

*The following conversation reveals the wide—and possibly irreconcilable—divergence of views within psychology. It also reveals some of the vastly different interpretations of the scientific literature. Dr. Wertheimer is interviewed here by Dr. Joseph Nicolosi.*

**JN:** You have quite a resume, including your work inside the APA.

**MW:** I was only briefly "inside the A.P.A.," when in 1970 I spent a year on sabbatical as Acting Administrative Officer for Educational Affairs. I got a feel for the amazing, intense, and total devotion—and extremely hard work—typical of the folks in APA's Central Office.

**JN:** What is your view of the A.P.A.'s resolution on sexual orientation?

**MW:** As you know, I have talked with Mark Stern, who is on your Scientific Advisory Committee, and we find each other's positions largely compatible.

However, I totally endorse the position of both APA's in denying that homosexuality is a disorder.

**JN:** You're saying, as far as you're concerned, homosexuality is perfectly normal.

**MW:** That's right. The American Psychiatric Association and Psychological Association, I think appropriately, more than a quarter of a century ago decided that homosexuality alone is not, in and of itself, evidence of pathology. But there is a second part—I have known a fair number of students and other acquaintances who found their own homosexual leanings tremendously problematic, and have sought change. And from that point of view, if what NARTH and others are interested in doing is making available to people whose homosexuality is troubling them, the opportunity to work on it—then I'm all in favor of that.

I can support efforts to either to get a client to accept the sexual orientation and live with it in reasonable peace, or to try to change it to a heterosexual form.

**JN:** And of course, that should ultimately be a decision of the client.

**MW:** Yes.

**JN:** I'm going to be devil's advocate for a minute here. Is there any normal developmental model of homosexuality?

**MW:** Yes. The one I find most compelling is the genetic one. No known genetic mechanism has as yet been identified. But from what I've read, and I'm not really an expert on this field at all, homosexuality is a condition for which there may be some genetic contribution. That alone raises a big red flag for me.

**JN:** But most experts would agree that homosexuality is not biologically determined.

**MW:** Would they?

**JN:** The consensus is essentially that homosexuality appears to be a mix of psychological, social and biological factors. Biology gives some people a predisposing *tendency*, or risk factor; with a particular family and social environment, an individual with biological risk factors would be more likely to become homosexual.

**MW:** That's the case, I guess, with any partly genetically-determined characteristic.

**JN:** But if you agree that homosexuality is only *partly* genetically determined—like most other psychological conditions—why do you say you find the genetic model “compelling”? And how do you account for the remaining influences?

**MW:** What’s compelling is the substantial evidence of a genetic component in concordance studies and the like. I grant that what is inherited is only a predisposing tendency, not the full-blown syndrome. But I am unaware of any clear-cut data about the remaining influences. Are there empirical or other convincing data that that family and social environment contribute to the etiology of homosexuality? None that I have heard of. My suspicion is that no hard data compel belief in such speculative environmental or social factors, any more than in nutritional factors, brain chemistry, or other yet undemonstrated influences on homosexuality.

Perhaps you should reconsider your principles in light of such classical scientific findings as those of the late Evelyn Hooker—that homosexuals show no more signs of psychopathology than heterosexuals, and that homosexuals are just as productive members of society as heterosexuals.

**JN:** I’m glad you mentioned the Hooker study, because in fact, the study was never designed to prove such a thing—although it’s a general misconception that it did. Simon LeVay, in his 1996 book *Queer Science*, admits that in looking back, we now see that the study had “distinct limitations.”

And Sociologist Steven Goldberg, in his 1991 book *When Wish Replaces Thought*, said:

“Virtually every homosexual spokesman who has argued that homosexuals demonstrate no greater pathology has rested his case on an article by Evelyn Hooker—without noting that Professor Hooker *selected* for individuals who did not manifest any of a number of signs of pathology...to invoke this study as demonstrating that homosexuals demonstrate no greater pathology than heterosexuals is like selecting a sample of 30 six-foot-tall women and six-foot-tall men, and concluding that women are as tall as men.”

Other studies *have*, in fact, been able to discriminate homosexuals from heterosexuals on the basis of psychological distress.

**MW:** I’m not surprised if some studies *have* been able to find more psychological distress in homosexuals, on average, than in heterosexuals. Our society is, in general, very intolerant of homosexuals, and the prejudice against them can, of course, be very stressful for them.

As for the Hooker studies, I believe, based on a recent film about her and on my discussions with the late Dr. Hooker,

that the criticism is incorrect and unwarranted. She did *not* select for individuals who did not manifest signs of psychopathology; she interviewed and studied volunteer members of the then-secret Mattachine society, membership in which was open to any avowed male homosexual. Furthermore, in one of her studies, she obtained Rorschach protocols from homosexual males and control males, and asked Rorschach experts (who were convinced they could do so) to identify which protocols came from homosexuals, and which from controls—and they could do no better than chance.

**JN:** In fact, *Hooker herself* says she eliminated any subject who showed evidence of “considerable disturbance.” She did not insist on a random sampling. In fact, *she never tested* the idea that homosexuals and heterosexuals are equally likely to be normal and well-adjusted. In her report, she said she was only interested in “whether homosexuality is *necessarily* a symptom of pathology.”

Thomas Landess did a very detailed study of the Hooker research for the Family Research Council, and he contends the subjects themselves were the instigators of the study, and were well aware of, and had a vested interest in, its ultimate goal. This could very easily have had an impact on the Rorschach test.

But on to another subject: We agree, then, that homosexuality is biologically determined *to some extent*, but how does that make it normal and natural?

**MW:** Normality is a matter of definition in a given society. What is considered normal or appropriate in one society, may not be so in another. One obvious extreme is classical Greek society, when the norms reportedly allowed an older, wealthy, prominent man to have a young boy as his preferred sexual partner.

**JN:** In other words, the Greeks normalized homosexual pedophilia.

**MW:** Apparently so. In that society, it seems to have been considered normal and desirable.

**JN:** So basically, you’re saying that normality is not something objective—normality is determined by a society, a culture.

**MW:** I think that’s probably true.

**JN:** Then you don’t think there *is* any universal truth of what is normal or abnormal.

**MW:** That’s right, I really don’t. In fact, I just reviewed a book by Kurt Danziger called *Naming the Mind* for the *Journal of the History of the Behavioral Sciences*. He argues that in the case of virtually all concepts in psychology and the behavioral sciences, there was originally an assumption

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# From Tolerance to Affirmation: One School's Experience with a Gay-Affirmative Program

*A concerned teacher, who wishes to remain anonymous, describes the quiet beginnings of his school's "Project 10" program*

## Background

The high school where I teach is an upper-middle-class suburban school near a major metropolitan area, with parents who are deeply involved in the education of their children. The school hires top-notch teachers, and has been recognized many times for excellence in education.

Although the majority faith among the families is Christian, many other faiths are represented, and the children are trained to appreciate religious differences.

Previously, the school had never been known for gay and lesbian activity, and most teachers seemed to be either indifferent to, or disapproving of, a gay agenda.

## The Beginning: School Safety

Gay agitation began during the 1992-93 school year. A group of teachers, led by a dedicated gay and lesbian promoter, banded together to discuss a problem. The teachers were told that gay students were being discriminated against—harassed, beaten up, and called names within the confines of the school. Although these incidents, whether real or created, would normally be handled by the dean's office, it was resolved that because the target of these incidents was gay students, more intense efforts needed to be made.

The group was officially formed, taking a generic name that would not display its function— even though it resolved specifically to work to fight gay harassment and discrimination.

Note the following pattern:

- 1) The existence of a dedicated activist on school grounds. The leader of the group was gay, and extremely dedicated to bringing the gay agenda to the school.
2. The group charter was created to be as non-threatening and general as possible. No students would be involved. Teachers were simply to be informed about it, and not coerced into joining.
3. The goals of the charter were to focus on "safety" and "sexual harassment" issues, **not** the affirmation of homosexuality. After all, no teacher, administrator, or parent can argue with the idea that schools should be as safe as possible for all children.

## Early development

The group's scope soon began to expand. Sexually confused students were quietly made aware of the group's presence. More teachers were urged to join, and soon over 50 had officially become members. Meeting agendas were usually set by a core group of 10 to 15 teachers. The goals of the group—which had originally focused on "making schools safe for all children," soon shifted to "tolerance." Teachers were made aware that tolerance was an important quality to model; one did not have to agree with gay-activist philosophy, just *tolerate the existence* of gay persons.

Opposition to this group was not organized; rather, individual teachers who made their concerns known were reassured that the group's goals were very limited. The group became more and more public; mailings were sent out to the teachers—and teachers who were not receptive to gay issues were informed that students felt "threatened" by their behavior.

Next, a "home page" was created for the group. Some teachers actively taught "tolerance" from the pulpit of the classroom, and began to incorporate gay and lesbian themes into their lessons. Rainbow signs—the symbol of diversity— appeared in classrooms to let students know that those classrooms were "safe" places to be.

The gay-affirming program proceeds as follows:

- 1) Once the gay and lesbian agenda establishes itself in a district, that agenda starts to expand. It is typically first introduced under the philosophy of "making schools safe."
- 2) Gay and lesbian activists choose words and phrases which make their agenda sound innocuous. Teachers are taught to respect diversity, but this respect is used by the activists to further a larger agenda. Teachers who oppose the group are labeled intolerant and warned of the fear and bigotry they are spreading among their students.
- 3) There is covert spreading of rainbow symbols throughout the school. The symbols are said to stand for the broader issue of respect for diversity.
- 4) Information about the group is quietly passed to students; soon the whole school is aware that a "pro-gay" group exists among the teachers.

*continued on bottom of page 20*

### NARTH Challenges P-FLAG Claim

In its booklet, "Why Ask Why?", the national organization P-FLAG (Parents and Friends of Lesbians and Gays) claims that "Every documented attempt to change the sexual orientation of a gay person has failed." P-FLAG footnotes as its source the American Psychological Association through its booklet, "Answers to Your Questions about Sexual Orientation."

NARTH recently wrote Clinton Anderson, Ph.D., Director of the A.P.A. Office of Public Affairs, asking if they indeed made this claim. (There is considerable research documenting cases of change of sexual orientation. If A.P.A. indeed did say change was impossible, NARTH was prepared to challenge them on this issue.)

Dr. Anderson, however, confirmed that "A.P.A. does not make the claim you quoted from the P-FLAG booklet."

Consequently, NARTH has written P-FLAG asking that organization to cease making a false statement about sexual reorientation, and misrepresenting the A.P.A. position.

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### Tolerance Need Not Mean Silence

The complex problem of teaching schoolchildren about tolerance is addressed in simple, step-by-step format in *Teachers in Focus* magazine ("The Truth about Tolerance," April 1998, a publication of Focus on the Family, 719-531-5181, \$20 per year subscription).

Tolerance must be understood properly, the author advises us. For example, there are two extremes which miss the mark of true courage—in one direction cowardice, and in the other, rashness. Similarly, there are two ways to miss the mark of true tolerance—in one direction with a repressive control, and in the other direction, an indulgent indifference. We would not indulge a person by tolerating the acts of murder and rape, for example.

The author refutes the idea that holding strong convictions or making lifestyle judgments is intolerant, or that a person with a strong belief is required to refrain from acting upon or expressing it—as long as that conviction is conveyed with kindness, patience and lack of self-righteousness.

When we share a universal understanding of the true meaning of tolerance, there will be no more labeling of reasoned judgment "intolerant," and no more attempt to silence compassionate critics as bigots—and then, he says, "the conversation can finally begin. That's exciting."

### Gay Teens

The Tenth Anniversary Issue of Family Research Council's magazine *Family Policy* includes a very useful article, "Homosexual Teens at Risk: Victims of Homophobia or Self-Destructive Behavior?" Citing numerous research studies, the authors detail the physical and psychological health risks correlated with assumption of a gay identity in young adulthood.

This paper is especially useful for parents and teachers who object to their schools' gay-affirmative programs. A subscription to *Family Policy* is available for \$15 by calling 1-800-225-4008.

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### Gays Aren't Born that Way, Says Andrew Sullivan

The author of *Virtually Normal* (Knopf: New York, 1995), will have a very interesting new book in the stores this fall called *Love Undetectable* (Knopf).

Says *New York* magazine (5-11-98): "Publishing insiders are already buzzing about the flak he'll catch when it hits the stores this fall. Turns out that Sullivan is something of a closet Freudian. The author, who has in the past argued in favor of gay marriage and gays in the military, takes a contrarian view of recent research suggesting that homosexuality may be genetically rooted. Instead, he espouses the notion that 'homosexuality is environmentally rooted in early childhood development.'"

Sullivan says he has written the book to confront issues that "some of us are a little scared to confront."

NARTH reviewed *Virtually Normal* in a previous *Bulletin* and noted that Sullivan's own childhood precisely fit the model which psychoanalysis says is classic for homosexual development: avoidance of rough-and-tumble play with other boys, the sense of being an outsider, with an overinvolved mother and disinterested father.

Sullivan's book cites the research and clinical observations of several NARTH members. His book, however, does not support NARTH's position on reorientation therapy.

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### Child Psychiatrist Encourages Gender Blending

*The Atlanta Jewish Times*, (May 1, 1998, "Children's Sexual Identity") reports on a gender-blending workshop offered by Emory University.

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Children can be raised to defy gender roles if their parents guide them, child psychiatrist Sarah Herbert explained at a workshop sponsored by the university medical school.

Dr. Herbert advised parents to censor television shows that create sex stereotypes, and to doctor books that refer too often to "he" or "him"; to give pink and blue clothes and toys to children of both sexes, and to expose girls to the idea of being, for example, a female garbage collector. When a child asks if a certain person is male or female, she said, the parent should answer that there is *no way to know* without looking under that person's clothes.

One mother, a workshop participant, described her enthusiasm when "my daughter offered my son Barbie, and he kept it. Barbie is allowed to marry Barbie, and Ken is allowed to marry Ken if he wants...It's all fair game."

### **...But Other Clinicians Recognize Innate Gender Differences**

"What some researchers are finding is that boys and girls really are from two different planets," says a *Newsweek* article ("Lifestyle," May 11, 1998). "Even normal boy behavior has come to be considered pathological in the wake of the feminist movement. An abundance of physical energy and the urge to conquer—these are normal male characteristics." *Newsweek* reported that one of the new insights we're gaining about boys is a very old one: "Boys will be boys."

Said Michael Gurian, author of the book *The Wonder of Boys*, "We gave boys dolls and they used them as guns. For 15 years, all we heard was that [gender differences] were all about socialization...I think we're awakening to the biological realities and the sociological realities."

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### **Conservative Group Blocked on Internet**

Cyberpatrol, the widest-selling software program used to block obscene internet material so that parents can allow their children to surf the web, now blocks a different type of site: that of the American Family Association.

The A.F.A. is a conservative anti-porn group. It failed Cyberpatrol's decency test because its material was deemed "intolerant." (A.F.A. has criticized gay activism and holds a biblical view of homosexual behavior.)

Previously, Cyberpatrol had blocked *gay* sites, but when the Gay and Lesbian Alliance Against Defamation (GLAAD) complained of discrimination, Cyberpatrol placed a GLAAD representative on its oversight committee, and the policy changed. Now Cyberpatrol is instituting a reverse policy: some gay material is in, and some sites

critical of gay activism are out.

GLAAD, however, plays both sides of the issue: while sending a representative to Cyberpatrol, it continues to fight all internet censorship, as well as the use of filtering software to protect children from indecent material in schools and libraries, according to an article in *World* magazine. (June 27, 1998)

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### **Battle over Ex-Gay Literature in Lutheran Synod**

A Lutheran pastor was recently granted permission to sponsor a table of ex-gay literature at the 1998 Evangelical Lutheran Church in America Assembly, but found herself in an unexpected battle.

Pastor Rebecca Heber of Good Shepherd Lutheran Church in Gaithersburg, Maryland had received approval to sponsor a literature table for the annual church synod assembly. Just two days before the Washington, D.C. meeting, however, approval was suddenly rescinded.

When the conference convened, Pastor Heber addressed the gathering and asked that permission be reinstated, and that NARTH and ex-gay ministry literature be displayed. Lengthy discussion followed among the 215 voting members. Permission to display the materials was granted once more, and NARTH's literature was set out on the tables.

At the Assembly of the previous year, Pastor Heber had been less successful. During the meeting, a literature table of ex-gay materials was on display with the synod's permission. However gay and lesbian members made a motion to expel the ex-gay representatives on the spot, and the motion passed. The literature table representatives, a married ex-gay couple, were asked to leave immediately and take their materials with them, in spite of the fact that they had previously been granted a contract for the table.

Pastor Heber, who had sponsored the couple and was present at the Assembly, was given no opportunity to speak in their defense. Gay and lesbian groups, she said, routinely display their gay-affirmative material.

The move to expel the ex-gay representatives was in conflict with the synod's own Resolution SC98.03.15 which states, "This synod shall maintain a stance of openness to the full variety of perspectives within the church."

"I am concerned that ex-gay people are beginning to think that there is no welcome for them in the Metro Synod," Pastor Heber said.

She welcomed this year's shift to display the literature. "I would have to say that the vote probably reflected more a sentiment that it was 'only fair' that both sides be repre-

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# Sexual Orientation Conversion Therapy: Help or Hindrance?

by William L. Dreikorn, D. Min., Ph.D.

*This article is a summary of Dr. Dreikorn's doctoral dissertation, U.S. International University, 1998. In this study, Dr. Dreikorn found striking similarities among respondents in parental patterns and boyhood sports avoidance. Three years or more after the conclusion of therapy, 73% of the participants report a major reduction in homosexual attractions.*

There is continuing debate today over whether it is possible to change from a homosexual to a heterosexual orientation. In an effort to make a positive contribution to the discussion, I conducted a research study to identify how a group of men who had struggled with a homosexual orientation and subsequently underwent therapy to change it, perceived that experience. Was the therapy helpful in reaching their goal, or was it a hindrance?

This study used the method of depth interviewing in order to permit the men to freely express themselves and share their experience.

The basic qualifications for participants in this study were:

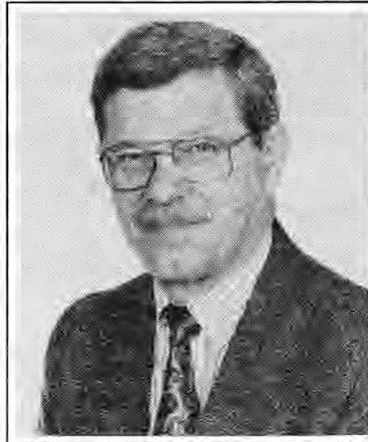
- (1) They should be males who had undergone counseling for the purpose of changing their sexual orientation from homosexual to heterosexual;
- (2) Counseling must have concluded a minimum of three years ago.

In order to secure participants, approximately 650 letters were sent to the membership of NARTH. As a result of the letter, 40 persons emerged as possible participants. This group was narrowed to 18 persons with whom it was possible to set up a face-to-face interview. Interviews were conducted literally from coast to coast: three interviews in San Francisco, one in Los Angeles, five in Salt Lake City, four in Ohio, three in Pennsylvania, one in Virginia, and one in San Diego. When the interviews were conducted it was discovered that three persons had to be screened out, because they had not been out of counseling for the required three-year period.

The following open-ended questions were used in the interviews:

1. When did you first become aware of homosexual feelings, and how did you deal with them?

2. What was your childhood like?
3. What contributed to your decision to seek counseling for your homosexual feelings?
4. What was the counseling like that you received?



William L. Dreikorn, Ph.D.

5. What were the counselors like?
6. Looking back at your experience in counseling, what was it that you found to be helpful, and what was not helpful to you?
7. Beside the counseling you received, were there other things that helped or hindered you in reaching your desired goal?
8. How would you describe your overall mental health and sexual orientation today?

The interviewer attempted, as much as possible, to be nondirective and to avoid leading the participants.

All interviews were audiotaped and later transcribed for analysis. The method used to analyze the transcripts was content analysis, which is broadly defined as "a technique for making inferences by objectively and systematically identifying specified characteristics of messages" (Marshall and Rossman, 1989).

As part of the analysis, Natural Meaning Units were identified. A NMU is defined as "the experience which reveals the essence of the phenomenon" (Barrett, 1994).

Responses were listed under four categories:

- 1) childhood experiences
- 2) counseling experiences
- 3) factors other than the counseling that helped or hindered reaching the desired goal
- 4) self-evaluation of present mental health, and of present sexual orientation.

An effort was made to insure the objectivity, accuracy and reliability of the researcher's identification of Natural Meaning Units. For that purpose, the interpretations of two colleagues who had training in research methodology

*continued on next page*

were compared to that of the researcher. Each of the three was given five randomly selected interviews. After the colleagues had opportunity to independently identify NMUs and themes from the five interviews assigned to them, the researcher met with them to compare his own findings and to reconcile any differences. No significant differences were found between the researcher's analysis and reporting, and that of the two colleagues.

### Childhood Experiences

Eighty-three themes emerged from the 15 interviews that were included in this study. One theme was agreed upon by all 15 participants; that is, their father/father-figure was distant, uninvolved in their upbringing, frightening, and unapproachable.

Thirteen of the 15 participants (87 percent) voiced two themes: they spoke of a mother who was close, controlling, and overbearing; and they also said their mental health had improved as a result of counseling to overcome an unwanted homosexual orientation.

Eighty percent of the participants (12 of 15) verbalized the theme that they had not been good at sports (not athletic) when they were children.

Eleven of the 15 participants (73 percent) stated they now had greatly reduced homosexual attractions as a result of the counseling they had received, and two participants said they were totally free of homosexual feelings. Thus, 87 of the participants in this study reported they had been helped by the counseling they received to overcome their unwanted homosexual feelings.

Additionally, 19 themes were articulated by 7 of 15 participants (47 percent):

- (a) my family was dysfunctional
- (b) I was sexually abused as a child
- (c) I was physically abused as a child
- (d) I kept to myself as a child, did not participate in school activities, and had few friends
- (e) I masturbated frequently
- (f) I had overwhelming feelings of worthlessness, and felt at the end of my rope
- (g) dealing with my feelings was a constant struggle between denial and acceptance
- (h) counseling support groups helped

- (i) a counselor who was a caring, trusting, encouraging, understanding, friend helped
- (j) a counselor who believed change possible helped
- (k) reparative therapy helped
- (l) learning masculine skills helped
- (m) learning to be open, communicate, share myself helped
- (n) faith in God, active in the church, Bible study, support by church members helped
- (o) wanted to overcome homosexual feelings and wanted to get married
- (p) counselor and/or support group shared my religious beliefs
- (q) having a wife, family, friends who were supportive helped
- (r) it did not help to have a counselor who did not understand the problem

At least five participants in the study (33 percent) mentioned the following themes:

- (a) wore girl's clothing as a child
- (b) knew I was different
- (c) there was family illness and/or death in childhood
- (d) did not tell anyone about homosexual attractions
- (e) got married as a way of dealing with homosexual feelings
- (f) had religious beliefs that were opposed to homosexuality
- (g) gay-affirmative counseling did not help
- (h) counseling that focused on anger, relationship with father, and others was helpful
- (i) having an ex-gay as a counselor helped
- (j) having a friendly counselor who did *not* understand the problem did *not* help
- (k) books and tapes about change helped
- (l) developing athletic skills helped

## Reasons for Seeking Counseling

Because of the phenomenological design of this research, this study does not provide conclusive empirical evidence of the cause of a homosexual orientation, nor offer positive proof a person can change sexual orientation. It does, however, provide some intriguing and informative data that points us in the direction of disturbed family relationships during childhood as a significant contributing factor in the etiology of homosexuality.

This research also underscores the fact that there are men who believe they have achieved some degree of success in overcoming an unwanted homosexual orientation. Eleven of the 15 participants (73 percent) noted that, although they still had occasional homosexual feelings, these feelings were greatly diminished and were now under control. Another two men said they were totally free of homosexual attractions.

Two insights of Nicolosi (1991) were seen in the responses of the group of men. First, as Nicolosi observes, "some homosexual desires will persist or recur during certain times in the life cycle." Second, that rather than speak about "cure," it is more accurate to speak about "change." Eleven of the participants did not see themselves as "cured"; they saw themselves as changed and still working on further change.

Moreover, this research gives additional insight into the experience of what it is like to struggle to overcome an unwanted homosexual orientation. That the experiences these participants had gone through were deeply painful was frequently evidenced, as nearly all the participants paused to fight back tears as they related their stories in the course of the interview.

### Common Childhood Patterns

Looking at the results of this research, they do suggest there is a certain toxic constellation of factors in the early childhood experiences of some males that provides risk factors for the development of homosexuality.

**Based on the themes articulated here, that toxic environment is likely to include a combination of these factors: a distant father, an overly close mother, lack of athletic skills, sexual/verbal/physical abuse, isolation from peers, and a dysfunctional family.** All the aforementioned were reported by at least eight participants (53 percent).

This research suggests that further investigation of these eight frequently mentioned themes would be useful.

The motives for seeking counseling are also interesting: 11 participants (73 percent) expressed variations of the theme that they wanted to have a traditional heterosexual marriage and children. The next most-mentioned reason for seeking change (mentioned by seven participants) was "feeling worthless," being at "the end of my rope," and being "suicidal." Religious beliefs that were opposed to homosexuality were mentioned by six participants.

In regard to evaluating their experiences in counseling, the most helpful factors were said to be: support groups (mentioned by 11 participants), a counselor who believed change is possible (mentioned by 10 participants), and a counselor who is trusting, caring, encouraging, understanding, and a friend (mentioned 10 times). This would appear to suggest that two factors are of great importance in effecting a change in sexual orientation—namely, a positive group experience, and the counselor's theoretical position and personal demeanor.

Also, it is interesting to note that 23 of the 83 themes that emerged in the interviews (28 percent) were voiced by at least seven of the 15 participants (47 percent). This would indicate that, while there are differences in experiences and perceptions of those experiences, there is also a substantial amount of commonality. Further, the fact that three years or more after the conclusion of therapy, 13 men relate that counseling has helped to greatly diminish or totally remove homosexual feelings, suggests that change to a heterosexual orientation certainly is possible for some, if perhaps not all, homosexual men.

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## Homosexuality - A Freedom Too Far

(by Charles W. Socarides, M.D., 1995, published by Adam Margrave Books, 1-800-507-BOOK).

In this excerpt, Dr. Socarides responds question-and-answer style on the subject of treatment.

### Have any psychiatrists or psychoanalysts been successful in treating homosexuality?

Yes. But you have to realize this is one of the most difficult problems in the history of psychiatry. Freud briefly saw very few homosexuals, and he did not have notable success with them. Nor did many of his followers. The early outlook among members of my profession was pessimistic. But then, starting in the 1940s, Edmund Bergler, a New York psychoanalyst, began helping some of his homosexual patients. He published reports on his successful therapies in 1944 and 1959 (and, for that, he was the object of an open hate campaign against him by organized homosexual activists of the time).

Despite the attacks, a number of other courageous psychoanalysts followed in Bergler's path: Gustav Bychowski published results of his work in 1944, 1954 and 1956, Sandor Lorand in 1956, Albert Ellis in '56 and '59, Harry Gershman in 1967, Samuel Hadden in 1958 and 1966, Lionel Ovesey in 1969, Toby Bieber in 1971--they all demonstrated the success of various therapies.

In 1960, the Portman Forensic Clinic in London, under the guidance of the prominent psychoanalyst Edward Glover, reported in the treatment of a large number of cases that, "Psychotherapy appears to be *unsuccessful* in only a small number of patients of any age in whom a long habit is combined with psychopathic traits, heavy damage and a lack of desire to change."

One of the most-well-documented sets of results was published in 1962, by a research team led by Dr. Irving Bieber of New York. That work, under the title, *Homosexuality: A Psychoanalytic Study of Male Homosexuals* (New York: Basic Books) presented the findings of a nine-year study of male homosexuals. There were nine practicing psychoanalysts and two psychoanalytically-trained psychologists on the team, and they, in turn surveyed 77 respondents (all psychoanalysts) on a 500-item questionnaire concerning a research sample of their patients--106 male homosexuals, and a comparison group of 100 heterosexual males. All 206 of these patients were in treatment with members of the Society of Medical Psychoanalysts--all of whom were either members of the faculty or graduates of the Psychoanalytic Division of the Department of Psychiatry of New York Medical College.

### What were the findings in the Bieber report?

Of the 106 homosexuals who started psychoanalytic therapy, 29 were exclusively heterosexual at the time the volume was published. This represented 27 percent of the total sample. Fourteen of these 29 had been exclusively homosexual when they began treatment; 15 were bisexual. In 1965, in a follow-up study of the 29, I was able to reclaim the data on 15 of the 29. Of these 15, twelve had remained exclusively heterosexual; the other three were predominantly heterosexual, but had occasional episodes of homosexuality when they came under severe stress.

### That report was published more than 30 years ago. Anything more recent?

In 1969, the psychologist R. B. Evans did some work that confirmed Bieber's findings about the origins of homosexuality. So did J. R. Snortum and four other associates, in the same year. W. G. Stephan did some confirming research on the link between parental relationships and the early sexual experiences of homosexual males that was published in 1973. Also in 1973, N. L. Thompson Jr. and three other clinical psychologists presented the results of studies they had done on parent-child relationships and the sexual identities of male and female homosexuals that also confirmed some of Bieber's conclusions on the causes of homosexuality identity. After 1973, it became less fashionable (or more dangerous) to do that kind of research (much less, research on the *treatment* of homosexuals). So we didn't see any more until 1993, when --

### Wait a minute. Why did it become "less fashionable" and/or "more dangerous" to do this kind of research?

Because the American Psychiatric Association cured homosexuality by fiat on December 15, 1973.

### Okay. And what happened 20 years later, in 1993?

Houston MacIntosh, a certified psychoanalyst from Washington, D.C. had a report in the *Journal of the American Psychoanalytic Association*, concerning a survey he had done of 285 psychoanalysts who had had 1,215 homosexual patients under their care. He was prompted to do the survey when a member of the Gay Caucus of the American Psychiatric Association maintained that traditional psychoanalysts could not help a homosexual, and should not even try because "homosexuality is biological in nature and not subject to change." MacIntosh set out to find out

what his colleagues in Washington thought of this. He also sent out questionnaires to a semi-random national sample.

### **And what kind of response did he get?**

Some 67 percent responded. Ninety-eight percent of them disagreed with the statement by the member of the Gay Caucus that homosexuals could not change their orientation. Sixty-two percent of them said they believed that homosexual patients "sometimes change to heterosexuality" in analysis. These doctors reported that 84 percent of their patients "achieved significant therapeutic benefit" from their treatment, regardless of whether or not they had changed their sexual orientation. However, 23 percent of their patients did change. Dr. MacIntosh's survey is important. It explodes the gay militants' assertion that homosexuality can't be changed.

Dr. MacIntosh also found, incidentally, that his therapist-respondents, as a group, tended to be tolerant toward homosexual patients who conducted their affairs in private with mutually consenting adults. And that a majority of them agreed with my guidelines in working with homosexual patients, published in my book *The Preoedipal Origin and Psychoanalytic Therapy of Sexual Perversions*.

### **What were those guidelines?**

- 1) Interpreting the meaning of a person's homosexual behavior must be done with tact and without damaging the patient's pride.
- 2) It is wrong for a doctor to say that homosexuality is biological in origin or caused by genetic factors. (That would preclude any possibility of change.)
- 3) Modification of sexually deviant practices should be first suggested by the patient, and then proceed only when the patient and the analyst understand the underlying structure of the symptom.

### **So, how would you sum up the attitude of the psychiatric and the psychoanalytic community today toward homosexuality?**

We've been under assault by a small coterie of gay doctors inside the profession, but we're trying to stand firm in our convictions that we can help homosexuals who want to be helped--despite loud and sometimes very obnoxious insistence on the part of gay activists that they don't need help.

### **What do you mean, "obnoxious"?**

For some years now, gays have been disrupting our meetings, shouting down people trying to deliver their scientific papers, threatening individual doctors like myself. Gay activists threatened to file a lawsuit against us for discrimination.

### **What happened?**

For years, we psychoanalysts didn't knowingly allow homosexual doctors into our training institutes unless they went through analysis for their homosexuality. In 1991, under a great deal of political pressure, we passed a resolution at a meeting of the American Psychoanalytic Association that allowed them entry. Then they demanded more; they wanted to become training analysts without first undergoing analysis of and treatment for their condition; and, when we refused, they actually succeeded in getting the ACLU to send a letter to the president of our association, threatening a lawsuit. The cost of fighting such a suit would have run into seven figures.

Because of the cost, we capitulated--to sexual politics and legal coercion. We sacrificed our scientific integrity, and let them in, without insisting that their homosexuality be subjected to the same rigorous analysis that other candidates get for their heterosexuality.

### **How was that a sacrifice of your integrity?**

We have certain professional standards that come out of our tradition dating back all the way to Freud. And now we were letting outsiders in who wanted to undermine that tradition--on grounds that were not scientific, but political. The only thing we could do, then, was let them in, but tell them at the same time that we expected them to behave themselves.

### **Behave themselves?**

Not play gay politics. Stop trying to stifle our research, disrupt our meetings, or try to derail our efforts to understand more about the origins and treatment of homosexuality--which a majority of us still believe is a developmental disorder.

### **Do you think they will behave themselves?**

I doubt it. The gay activists have a ferocious irrationality. They turn every scientific agreement into a political issue--which is all they can really do, since the only science they have going for them is pseudoscience.

### **You don't believe that threatening homosexuals is "one of the most flagrant abuses of psychiatry in America"?**

Absolutely not. And we will go on treating homosexuals despite the very successful campaign that gay activists have mounted to normalize what was always considered deviant behavior. It's more than a campaign, really. It's more like a movement. There are now hundreds of gay organizations in this country, all of them promoting a spurious homosexual freedom. As a result, to them, and to an increasing number of straight Americans, homosexuality has become "just another lifestyle." ■



# Project 10: Gay Advocacy, Not Just Tolerance

by Tim Rymel

Project 10 keeps young homosexual strugglers  
from knowing the truth: that freedom is possible

*The following is an excerpt of an article entitled "Project 10: Coming to Your Town?" by Tim Rymel, Director of Outreach Ministries for Love in Action, International. Here, we have reprinted those portions of the original article which are applicable to a readership of diverse faith traditions. Copyright ©1994 by Tim Rymel.*

*Distributed by Love in Action*

Dr. Virginia Uribe, a lesbian high school teacher at Fairfax High in Los Angeles, Calif, first established Project 10 in 1984. She began an informal "rap" session for young people dealing with homosexuality, and felt the need to provide a support group for other homosexual youth in the public school education system.

There are three basic principles of this program (quoting directly from the Project 10 manual):

- 1) To develop programs in each high school which will support gay, lesbian and bisexual youth through education and counseling.
- 2) To provide support for gay, lesbian and bisexual youth within the community through education and referral networks.
- 3) To provide education to help sensitize all students, faculty and school staff to the presence of, special needs of, and concerns of these minority youth.

At face value, this program appears to be nothing more than a philanthropic gesture of kindness to an "underprivileged" minority of individuals. But there are several elements that need to be considered. A closer look reveals biased assumptions and inaccurate information.

## How Many Gays?

To begin with, the name "Project 10" is derived from Alfred Kinsey's 1948 study on human sexuality. This study is given credit for stating that 10% of the American population is homosexual. However, Kinsey never actually said that the ten-percent figure was that of the general population. Rather, he said that "10 percent of white American males are, more or less, exclusively homosexual for at least three years of their lives between the ages of 16 and 65" (June M. Reinisch, *The Kinsey Institute New Report on Sex*, St. Martin's Press, New York; 1990, p. 140).

According to Reinisch, he gave a national statistic of 5% of the male population as homosexual, and 2.5% of the female population as homosexual.

Since that study nearly 46 years ago, new and more accurate statistics suggest that a significantly lower percentage of the population is homosexual. For example, a 1989 study conducted by the National Opinion Research Center at the University of Chicago found only 0.6 to 0.7 percent of their 1,537 participants were exclusively homosexual. Similar surveys in Britain and France found 1.4 percent of men and 0.4 percent of women had any homosexual involvement in the five years preceding their survey. These findings repeated themselves in Canada, Norway and Denmark (*New York Times*, March 31, 1993).

Contrary to the name of Project 10, the percentage of homosexuals is significantly less than the claimed ten percent of the population. Likewise, much of the basis for this pro-gay school program is based on Kinsey's now debunked statistics. (For more information on Kinsey's Report on Human Sexuality, see *Kinsey, Sex and Fraud* by Dr. Judith A. Reisman et al., Huntington House, 1990).

The Project 10 manual is filled with inconsistencies. For example, Uribe says that she realized in her initial support group that a majority of homosexual youth experienced "low self-esteem, feelings of isolation, alienation...inadequacy...self-destructive behavior, including substance abuse and attempted suicide." Yet later she notes that "Studies have shown no significant difference in self-acceptance or other measures of psychological well-being [comparing homosexual and heterosexual individuals]. (p. 59) Much of the main thrust of the program is an emotional plea for the acceptance of homosexuality.

## A Normal Alternative Lifestyle

Looking at the content of the program, its first and second goals are similar. Project 10 wants to establish education about homosexuality in high schools as part of the human sexuality curriculum, and offer counseling and referral services which promote homosexuality. This curriculum will not only teach tolerance to young people, but validate homosexuality as a normal alternative to heterosexuality.

The first obvious problem is the assumption that homosexuality is as normal and healthy as heterosexuality. Startling statistics show this is not true. For example, a 1978 study found that 43% of white male homosexuals had

sex with 500 or more partners, and 28% reported having sex with 1,000 or more partners. Seventy-nine percent indicated that more than half of their sexual partners were strangers (*Homosexualities*, Alan P. Bell and Martin S. Weinberg, Simon & Schuster, 1978).

In addition, homosexually-active youth are 23 times more likely to contract a sexually-transmitted disease than heterosexual youth (Family Research Council newsletter, June, 1992, p. 6). It would be a disservice to young people to propagate homosexuality on par with heterosexuality and not disclose the true facts.

The second problem is the development of education on homosexuality. Who is going to do this? Parents? Religious leaders? Hardly. The gay community, namely gay educators and psychologists, want to write this material. But how can we trust the accuracy when they don't believe the condition is changeable? When there is so much disagreement among educators and clinicians as to the development of homosexuality? Yet Project 10 claims to have the definitive answer on the homosexual issue and seeks to advance its hypothesis as though it were fact.

The third problem is counseling. Project 10's counselors are either gay or gay sympathizers. What about the young person who does not want to be gay? Will he be told there is no other option? Yes. That is exactly what a young person will be told.

#### **The Forbidden Question: "Are You Sure You're Homosexual?"**

Recently I was interviewed by a newspaper reporter on why I opposed Project 10. He said, "Supporters of Project 10 say it is not true that they funnel everyone in one direction as you accuse them of doing. How do you respond?" Immediately I reached into my file drawer and pulled out the Project 10 manual. I quoted from a section in their own book which tells teachers and parents what not to say when a young person confesses he is struggling with homosexuality.

Under the listing of "IT IS NOT O.K. TO SAY..." I found such items as—

- \* "How do you know?"
- \* "Are you sure?"
- \* "I don't agree with it, but I still like you."
- \* "Have you tried to change?"
- \* "I accept you, but I don't agree with your choice."
- \* "You need counseling."

If it is *not O.K.* to ask "Are you sure?" then how is it possible to discern that homosexuality is actually the problem? And if it is the problem and the young person does *not* want to be a homosexual, how is he supposed to get help if it is *not O.K.* to tell him that he needs counseling?

#### **Sexual-Identity Confusion is Common**

The truth is, according to a major study at the University of Minnesota Hospital, 25.9% of children surveyed at the Minnesota school questioned their sexual identity at the age of 12. That number decreased to five percent by the age of 17. For all age groups, ages 12-19, only 0.8% of the boys claimed their orientation was homosexual and 0.7% bisexual. For girls, the figures were 0.9% and 0.2%, respectively (*Pediatrics*, the Journal of the American Academy of Pediatrics, April 1992). The prospect of early labeling and its consequences is truly frightening.

#### **Only Gay Advocacy Groups are Listed**

Fourth, the referral networks used by Project 10 are organizations such as the Gay and Lesbian Community Services Center, Children of the Night, L.A. Sex information Helpline, and other pro-gay social services. How can these organizations adequately counsel or help the child who chooses to resist being homosexual?

If Project 10 is impartial, as it claims, then why doesn't the manual list the services of Exodus International, local ex-gay ministries, or professional psychological services which offer alternatives? Clearly, from only a brief look at goals one and two, Project 10 does not have in mind the interest or emotional well-being of the homosexual youth it professes to help.

#### **The Goal: To "Sensitize" Students**

Goal number three is "to provide education to help sensitize all students, faculty and school staff to the presence of, special needs of, and concerns of these minority youth." Once again, Project 10 fails to meet its stated goal. More accurately, Project 10 seeks to DE-sensitize students, faculty, school boards, and parents by placing the homosexual person on the same status as someone who is of an ethnic minority. The more subtle goal is to change the way people think about homosexuality, undermining parental and religious values for more socially acceptable, politically correct thinking.

For example, a "What is Your Opinion" scale is shown in the manual (p.60) A reader gains points for having "correct" opinions to questions like, "I find the thought of homosexual acts disgusting." If a person answers yes, he receives one point. If a person answers no, he receives ten points. How this "opinion" scale helps sensitize people to the special needs and concerns of the homosexual youth is unclear.

One thing is clear: Parents who do not share the same philosophy as Project 10 face a tough battle. Project 10 is not interested in the opposing moral views of parents or students.

*continued on page 30*

JN: But that was managed in the eleventh hour. And I would give you a lot of credit for taking the leadership in countering that resolution.

MS: Well, I think you could say I was the one who spotted the resolution, and took action right at the point where it was going to be rubber-stamped.

The resolution that *did* pass, talks about what constitutes ethical practice—particularly the importance of informed consent. I've always told people right off that I can't guarantee any results, and that nobody can. As far as I'm concerned, that's the most important aspect of informed consent...I'm saying in essence, "Please don't expect there will be miracles coming out of this process, because what comes out of it, is what's put into it."

JN: Of course. But isn't that something that should be said for any form of psychotherapy?

MS: That's right. And I think that's what the resolution does: I think it just reiterates the general ethics of psychotherapy.

JN: Exactly; so NARTH was not particularly concerned about the practical implications of the resolution that passed, because it just re-stated what we acknowledge about good practice anyway. But what frightened so many NARTH members is that the resolution came so close to passing in its original, really damaging form—which could have actually prohibited reorientation therapy.

MS: Exactly.

JN: Besides yourself, were there other individuals who fought to keep the right of treatment?

MS: Yes. I would particularly mention Dr. Bertram Karon, who is a representative from the Division of Psychoanalysis. There were others; I don't know everybody on Council. It was a very quick vote, and after it was taken, hands went back down.

JN: There's no record of how the representatives voted?

MS: There's no record of that. Actual roll calls, by name, are rarely taken. They're only taken when the votes are so close that the Chair can decide.

JN: What is the future of this issue in the American Psychological Association? Do you think it's been resolved? Or will it surface again?

MS: I don't think it's going to surface again. I think that was it. The American Psychological Association is now involved in outcome research—looking for ways that therapeutic effectiveness can be demonstrated. In fact, I

think it's gone wild with outcome research. Any type of therapy is considered fair game—whether it's biofeedback or psychoanalysis—assessing whatever works, for whatever it is supposed to be working for.

JN: You've said you don't believe homosexuality is "just another lifestyle." Do you believe a striving toward heterosexuality is inherent in all of us?

MS: It has been my observation that individuals have distinct urgencies to become generative. To be generative is to reach out to the future, whether it be with one's emerging capacities, or with the gift of one's children. Through generativity, a man moves beyond the mental deformation of self-absorption, in which he is his own infant and pet. The homosexual often fears otherness, and in this fear, may beckon to an idealized image of himself—"Be me, and I'll be you." The world becomes an eternal playground, and growth is stymied.

JN: And so you see homosexuality as representing a form of developmental immaturity...

MS: Not having grown up...in certain ways, of course. In other ways, homosexual individuals have achieved great things in the world. But as far as any hope of reaching into the future—there is a stopping: something that says, "No, do not proceed."

Homosexuality has to do with the inability to use the entire repertoire of one's being. If a person takes on a gay identity—seeing homosexuality as "who he really is"—then he is not able to play his full hand in life. Psychotherapy can be a superb initiation experience into an understanding of the origins of one's homosexual and heterosexual feelings. It can extend a hand to those whose goals may have changed from wanting to be a "happier homosexual" to even more—wanting to affirm emerging heterosexual impulses.

JN: And as psychotherapists, we have seen that change is possible.

MS: Yes. In my 40+ years of psychological practice, a significant number of people who once labeled themselves as homosexuals, have moved on into committed marriages with the opposite sex. I freely discuss with my patients what change can mean. Does it mean that homosexual fantasies and temptations have been totally eradicated? In some cases, yes; in others, no. But within the patient there is now a dialogue between desire and meaning—an understanding of what those desires actually signify.

JN: Exactly. What comments do you have about NARTH's direction?

MS: I'm concerned about what appears to me as NARTH's psychoanalytic bias. Bridges need to be built to humanistic and cognitive schools of thought. Some of us

humanistic and cognitive schools of thought. Some of us approach homosexuality more from the perspective that a *repertoire should be extended*—that people should have greater choice about their life direction.

Most important of all, I think NARTH should provide an open platform of debate on human sexuality. To me, NARTH gives too much attention to reporting and reacting against the gay lobby. These people are struggling with their own fragilities, disappointments and hurts. Let's let them know that the therapy we offer respects their humanity. As William Penn said about laying the groundwork for peaceful strategies, "Endeavor to gain, rather than to expose, thy antagonist." We need discussion and debate from the point of view of working at *extending potential*.

JN: You're saying, then, rather than countering the gay-advocacy position, we need to discuss more how we can help the individual move on to heterosexuality.

MS: Exactly.

JN: Along that line, we recently submitted the results of our survey on change to a professional journal. In that survey, over 850 individuals claim to have experienced some degree of change, and over 200 psychotherapists claim to have been facilitators.

MS: I have no doubt that people can become heterosexual, can function intimately with women on every level—personal, sexual. I'm not really satisfied that somebody can become a Don Juan; but such an outcome would not be as important as the fact that there has been a real, substantial, qualitative change.

JN: That's right.

MS: And we have, I think, to really look at individual practitioners. We have to look at qualitative research—the record of what they've done. I don't think we will find all psychotherapists as making the same kind of contribution. I think there are very inexperienced therapists who say to their homosexual clients, "Well, behave; just stop doing it." There are many poor forms of therapy.

JN: And that's exactly the kind of therapy that gay activists are opposed to, but that doesn't represent the therapy most of us do. We're not saying simply, "Stop your homosexual behavior and get a life!" We aim to help clients develop quality, loving, sexual fulfillment in their lives.

MS: Yes. And most of all, to help them move beyond the construct of a very limited self. Humanistic-existential therapy, as Alan Wheelis said in *How People Change*, "begins with a vision of freedom, with an 'I want to become.'" And that vision is no less valid for the patient who is homosexual.

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*Pro-Gay, continued from page 9*

5) Since the group is not recognized by the school, it is impossible for parents to influence it, or ask for its closure. Although not official, the group gains credibility through each successive mailing, meeting, and forum.

Soon, students confused about their sexual identity begin to come out publicly, becoming activists themselves. Gay pride symbols appear on the student TV station. One boy enters the school talent show dressed in drag as Madonna; two young boys, and two girls, make public the fact that they are going to the prom "as a foursome." The idea soon grows that it is "cool," "different," and "chic" to be gay. Because the *students* are perceived as the initiators of these actions, there is no administrative censure.

Activist teachers become more public in their attempts to promote the tenets of gay activism. Students are by now required to read books that have explicit gay and lesbian stories, and they are humiliated in class if they express any reservations about homosexuality.

The administration, sensing that this has become an issue, now decides to include the gay group among the school's official organizations—listing it along with other support groups for issues of divorce, alcoholism and pregnancy. A gay-activist teacher is made the head, aided by a sympathetic social worker from Project 10. The group's social

worker now states that he believes that sexual identity is not an issue that has anything to do with values.

At a meeting of a student's discussion club, the leader of the gay activist group makes several announcements:

a) The rainbow signs that had appeared throughout the school were not just "respect diversity" signs; they were actually gay pride signs. (Every counselor, by that time, already had one in his office.)

b) "Tolerance" was not the goal, after all, because "tolerance" implies that there is something wrong with being gay, and of course there is not.

c) Gay rights are said to be in the same category as civil rights for ethnic minorities; therefore in the future, the school will offer gay-affirmative curricula.

d) The name of the support group is now "Project 10," referring to the "fact" that 10% of the population is gay.

From its quiet beginnings as a non-sanctioned gathering concerned with "safety," the group has now become a fully sanctioned, gay-pride organization.

*Gay is now officially okay*, according to the administration. These same activists are now moving on to other area schools, working to initiate similar programs.

# The Biological Research on Homosexuality

## Book Excerpt: Homosexuality and American Public Life

Edited by Christopher Wolfe; Spence Publishing Co. (Dallas, TX).

This book is based on papers delivered at the 1997 conference, "Homosexuality and American Public Life," held in Washington, D.C. at the Georgetown Conference Center. The book by the same name will be available January, 1999.

The excerpt below is from Dr. Jeffrey Satinover's chapter, entitled, "The Biology of Homosexuality: Science or Politics?" which provides a very comprehensive review of the biological research on homosexuality. He discusses other factors in the backgrounds of homosexuals, including early sexual seduction.

It is important to note that serious research on the biology, innateness, or genetic determinants of homosexuality has only just recently begun. Exactly opposite to what the public is being led to believe, the research that has been done thus far suggests that genetic factors account for, at most, but a small proportion of the risk.

J. M. Bailey and R. C. Pillard, two of the major researchers most widely cited as having demonstrated that "homosexuality is genetic," were forced to admit otherwise by the results of their own research. They themselves wrote:

These studies were designed to detect heritable variation, and if it was present, to counter the prevalent belief that sexual orientation is largely the product of family interactions and the social environment.... Although male and female homosexuality appear to be at least somewhat heritable, environment must also be of considerable importance in their origins.<sup>1/</sup>

### Neuroanatomic Research

In 1991, newspapers primarily on both coasts trumpeted the discovery of a brain difference between homosexuals and heterosexuals. Although the research finding itself was reported fairly accurately, the accounts universally concluded that the discovery had social-policy implications. Commentators triumphantly claimed that the discovery would halt any remaining uncertainty that homosexuality was either a choice, or a consequence of factors in upbringing. Therefore, they claimed, to continue to support anything less than full acceptance of homosexual behavior would be proof positive of prejudicial hatred.



Jeffrey Satinover, M.D.

What precipitated this outpouring? In August of 1991, a San Francisco neuroanatomist, Simon LeVay, published an article in the respected journal *Science*. It reported his finding that a localized cluster (a "nucleus") of cells in the brains of "homosexual" men was twice as large by volume on autopsy as in "heterosexual" men. <sup>2/</sup> "Homosexual" and "heterosexual" are in quotations here because in this particular study the definitions of each were extremely imprecise, nor was there any way of verifying sexual orientation, as the subjects were dead.

But this was not the first such discovery. One year before a group reported in *Brain Research* that they had found a similar difference in both volume and number of cells in a different brain nucleus.<sup>3/</sup> The media did not report this first study because *Brain Research*, unlike *Science*, is read only by neuroscientists. And in contrast to journalists, the neuroscientists themselves genuinely understood the research and its limitations, and saw no reason to make grand pronouncements.

More recently, yet another difference in another part of the brain was reported, also in a prestigious publication, the *Proceedings of the National Academy of Science of the United States of America*. This study claimed that a difference between male homosexuals and heterosexuals was found in the anterior commissure, a structure that divides the left and right halves of the brain. The authors found that the anterior commissure was larger in women and homosexual men than in heterosexual men. This was a group statistical difference, however: the size of the anterior commissure in 27 of the 30 homosexual men actually fell within the range of sizes found among the 30 heterosexual men. As did LeVay, these authors used brain samples obtained preponderantly from men who died of AIDS, introducing another uncontrolled variable into their work.<sup>4/</sup>

The only other study to examine morphological differences in the anterior commissure—published in 1988 and not mentioned by the press—found, in part, precisely the opposite. Namely it found that the anterior commissure was larger in men than in women.<sup>5/</sup>

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## The Brain's Structure Changes with Use

Even if actually present, however, the discovery of brain differences *per se* is on a par with the discovery that athletes have bigger muscles than nonathletes. For though a genetic tendency toward larger muscles may make it easier to become an athlete, and therefore one will more likely become an athlete, becoming an athlete will also certainly give one bigger muscles.

The layperson, encouraged by press accounts, is apt to assume that brain differences must be innate and unchangeable, especially differences in the number of cells as contrasted with the simple volume occupied by a collection of cells. We tend to think of mind as "software" and brain as "hardware," the former plastic and changeable, the latter fixed at birth. We have used this analogy already to good advantage.

But the analogy breaks down at a certain point. Various processes go on throughout life: the selective death of brain cells in response to training or trauma, the establishment of new connections between cells, dramatic increases or decreases in the "thickness" of connections between cells as a result of learning, the loss of interneuronal connections through "pruning." Very unlike our modern computers, the brain's software *is* its hardware.

We know from animal studies that early experience, and especially traumatic experience (this has special pertinence with respect to the childhood histories of male homosexuals as we will discuss later), alters the brain and body in measurable ways. Thus infant monkeys who are repeatedly and traumatically separated from their mothers suffer more or less permanent alterations in both blood chemistry and brain function.<sup>6/</sup> A similar piece of research on homosexuals with a similarly indeterminate meaning is the recent finding of a protein—an Alpha1-Antitrypsin variant—in the blood of homosexual, but not heterosexual men. Again, we have no way of determining whether this is an innate or an acquired difference, or whether it is even replicable.<sup>7/</sup>

There is a major current theory about the developmental causes of depression and the interaction of genetics with development. It claims that under conditions of early trauma, a genetically based susceptibility to stress creates a greater vulnerability to intense stress-responses later in life.<sup>8/</sup> Furthermore, this "vulnerability" is represented physiologically as measurable alterations in the brain. Because what constitutes "stress" depends on one's subjective interpretation of events, the brains in individuals with the same genetically determined biology may respond quite differently. One may demonstrate no brain changes; another may demonstrate very significant changes.<sup>9/</sup>

## Some Lifestyle-Induced Brain Changes

Likewise, in individuals who became blind as adults and then learned Braille, the part of the brain governing the right index finger became progressively enlarged. And just this year, researchers reported measurable increases in brain tissue associated with learned sexual activity in rats.<sup>10/</sup>

The editor of *Nature* commented on the LeVay research:

Plainly, the neural correlates of genetically determined gender are plastic at a sufficiently early stage.... Plastic structures in the hypothalamus allowing the consequences of early sexual arousal to be made permanent might suit [those who claim an *environmental* origin to homosexuality] well.<sup>11/</sup>

And of course all this presumes that the research itself was of high quality. Was it? Writing in *Technology Review*, published at the Massachusetts Institute of Technology, two prominent geneticists commented on the quality of the LeVay research. Paul Billings and Jonathan Beckwith write: LeVay "could not really be certain about his subject's sexual preferences, since they were dead."<sup>12/</sup> His "research design and subject sample did not allow others to determine whether it was sexual

behavior, drug use, or disease history that was correlated with the observed differences among the subjects' brains."<sup>13/</sup> LeVay's very method of defining homosexuality was very likely to "create inaccurate or inconsistent study groups."<sup>14/</sup>

Firmer and more rigorous findings than these are nonetheless sure to be forthcoming because all aspects of human behavior are influenced by our genetic makeup...Almost all, however, tell us nothing about origins, nor of the range of freedom of expression we have *apart from* influencing factors.

Thus we can guess that we probably *will* find genetic factors that correlate with homosexuality. But we should not even call such factors "an innate predisposition." In the proper and precise language of science, they are merely "risk factors."

### Higher Levels of Distress: The Result of Homophobia?

Homosexuals have a greater incidence of mental illness, particularly depression and suicide, than do heterosexuals. Activists quickly explain that this connection implies neither a necessary psychological nor a necessary biological link between homosexuality and depression. They argue,

**All human behavior  
is influenced by  
genetic make-up.  
Therefore we probably  
will find risk factors  
correlated with  
homosexuality.**

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rather, that suicidal depression is the unsurprising effect on otherwise healthy individuals who have to live a closeted existence in an abusive and hostile society.

We have heard this kind of argument before. It has long been obvious that parental divorce is associated with both severe distress and later behavioral problems among children. Until recently, however, no scientific studies were available to "prove" this painfully obvious point. In the name of eliminating any harm to children, the divorce industry in the seventies put forth the "progressive" idea that the *stigma attached to divorce caused the distress*, not the divorce itself. If divorce was normalized, they claimed, the children would walk away unscathed. Actually, they said further, the children would be improved, for they would not suffer the trauma of being reared and cared for by un-self-actualized and less-than-totally-personally-fulfilled parents.

Science has finally caught up with years of experience and common sense. Numerous studies now confirm that divorce inflicts lifelong damage on children far greater than that caused by parental unhappiness. Even the divorce experts are beginning to recant their earlier claims.<sup>15/</sup>

The same social-stigma theory is not only used to explain why so many homosexuals are unhappy, it is even used to explain why so many homosexuals *remain* unhappy about being homosexual—gay liberation notwithstanding. They label that unhappiness as itself a "symptom," or in the more politically correct literature as "internalized homophobia":

... membership of [sic] a stigmatized minority sexuality may exacerbate causes of sexual dysfunction. The effects of discordant lifestyle and identity, homosexual identity formation, dysphoria and internalized homophobia on sexual functioning are three examples of these factors of specific relevance to being homosexual in this culture. The effects of AIDS, difficulties arising from the mechanics of safer sex and the psychosexual effects of oppression on healthy sexual functioning all indicate how factors important to (but not caused by) minority sexual status may influence sexuality functioning.<sup>16/</sup>

#### **The Prevalence of Sexual Abuse in the Childhoods of Homosexuals**

The self-serving explanation for homosexual distress, however, is undermined by what we now know about the terrible effects of childhood trauma on the emotional well-being of adults. Many studies demonstrate a sadly disproportionate extent of sexual abuse in the childhoods of homosexual men, suggesting at the least that both homosexual unhappiness and homosexuality itself derive from

common causes, and that unhappiness is therefore an inherent accompaniment of homosexuality:

From May 1989 through April 1990, 1,001 adult homosexual and bisexual men attending sexually transmitted disease clinics were interviewed regarding potentially abusive sexual contacts during childhood and adolescence. Thirty-seven percent of participants reported they had been encouraged or forced to have sexual contact before age 19 with an older or more powerful partner; 94 percent occurred with men. Median age of the participant at first contact was 10; median age difference between partners was 11 years. Fifty-one percent involved use of force; 33 percent involved anal sex. Black and Hispanic men were more likely than white men to report such sexual contact.

Using developmentally based criteria to define sexual abuse, 93 percent of participants reporting sexual contact with an older or more powerful partner were classified as sexually abused. Our data suggest the risk of sexual abuse may be high among some male youth, and increased attention should be devoted to prevention as well as early identification and treatment.<sup>17/</sup>

**The neuroscientists  
genuinely understood  
the research,  
and saw no reason  
to make grand  
pronouncements.**

The same is true for pedophiles:

The association between perpetration of sexual abuse and the offender's own victimization as a child has been well documented in the literature. Various researchers have examined this relationship by assessing the exclusiveness of the sexual abuser's behavior, the gender of his victims and the gender of his own childhood abuser.... Subjects were 135 pedophiles ... who admitted to their offenses. A total of 42 percent of pedophiles ... reported being sexually victimized in their own childhoods ... [and] appear to choose their age-specific victims in accordance with the age of their own experience of sexual victimization. Although the cause of child molestation remains undetermined, these results support social-learning and modeling theories.<sup>18/</sup>

#### **Is Social Disapproval the Cause of Distress Among Both Pedophiles and Homosexuals?**

In spite of its superficial appeal and the activists' repeated claims, no studies support the hypothesis that the social disapproval of homosexuality is the prime cause of the high levels of internal distress evident in homosexual populations even long before AIDS. (That social stigma would cause *some* distress, is of course the small kernel of truth upon which the exaggeration is built.)

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Such studies as the one cited immediately above suggest that both the high levels of emotional distress, as well as homosexuality itself, have at least one common root in painful childhood experiences, in the same way that other deviations from the sexual norm (such as pedophilia) likewise do. It makes just as much sense to claim that the high levels of psychological abnormality and personal distress found among pedophiles are due solely to the social disapproval of pedophilia.

#### ENDNOTES

- 1/ J. M. Bailey et al., "Heritable Factors Influence Sexual Orientations in Women," *Archives of General Psychiatry* 50, no. 3, pp. 217-23. Note the title. Even though the authors admit that any possible heritable factors contribute only 25 percent to a homosexual predisposition, the article is titled as though trumpeting a headline discovery. It was picked up that way by sympathetic media outlets.
- 2/ S. LeVay, "A Difference in Hypothalamic Structure Between heterosexual and Homosexual Men," *Science* 253 (1991), pp. 1034-37.
- 3/ D. Swaab and M. Hofman, "An Enlarged Suprachiasmatic Nucleus in Homosexual Men," *Brain Research* 537 (1990), pp. 141-48.
- 4/ L. Allen, et al., "Sexual Orientation and the Size of the Anterior Commissure in the Human Brain," *Proceedings of the National Academy of Science of the United States of America* 89, no. 15 (1992), pp. 7199-7202.
- 5/ S. Demeter et al., "Morphometric analysis of the human corpus callosum and anterior commissure," *Human Neurobiology* 6 (1988), pp. 219-26.
- 6/ G. Gabbard, "Psychodynamic Psychiatry in the 'Decade of the Brain,'" *American Journal of Psychiatry*, 149, no. 8 (1992), pp. 991-98.
- 7/ D. Deam et al., "Alpha1-Antitrypsin Phenotypes in Homosexual Men," *Pathology* 21 (1989), pp. 91-92.
- 8/ R. Post, "Transduction of Psychosocial Stress into the Neurobiology of Recurrent Affective Disorder," *American Journal of Psychiatry* 148, no. 8 (1992), pp. 999-1010.
- 9/ Gabbard, "Psychodynamic Psychiatry."
- 10/ Reported in D. Gelman "Born or Bred?" *Newsweek*, 24 February 1992, pp. 46-53.
- 11/ J. Maddox, "Is Homosexuality Hardwired?" *Nature* 353 (September 1991), p. 13.
- 12/ P. Billings and J. Beckwith, "Born Gay?" *Technology Review*, July 1993, p. 60. Paul Billings, M.D., is the former chief of the Division of Genetic Medicine at California Pacific Medical Center in Palo Alto, California and is now head of Internal Medicine at the Palo Alto Veteran's Administration Hospital; Jonathan Beckwith, M.D., is American Cancer Society Research Professor in the Department of Microbiology and Molecular Genetics at Harvard Medical School.
- 13/ *Ibid.*, p. 60.
- 14/ *Ibid.*, p. 61.
- 15/ See D. W. Whitehead, "Dan Quayle Was Right," *The Atlantic Monthly* 271, no. 4, pp. 47-84, for an excellent, lay-oriented summary of this reversal. Among others, Whitehead cites Sara McLanahan, now a sociologist at Princeton: "I'd gone to graduate school in the days when the politically correct argument was that single-parent families were just another family form, and it was fine." She acknowledges now that "Evidence on intergenerational poverty indicates that, indeed, offspring from single mother families are far more likely to be poor and to form mother-only families than are offspring who live with two parents most of their pre-adult lives." (p. 62). Whitehead and McLanahan are just two of the many, more often than not female, researchers who have broken out of the destructive seventies mindset. Perhaps the most well-known is Judith Wallerstein, director of the long-term, and still ongoing, California Children of Divorce Study. Her 1989 book, written with Sandra Blakeslee, *Second Chances: Men, Women, and Children a Decade after Divorce*, blew the lid off the divorce-as-personal-fulfillment-the-kids-will-be-fine fantasy.
- 16/ E. Coleman et al., "Sexual and Intimacy Dysfunction Among Homosexual Men and Women," *Psychiatric Medicine* (United States) 10, no. 2 (1992), pp. 257-71.
- 17/ L. S. Doll et al., "Self-Reported Childhood and Adolescent Sexual Abuse Among Adult Homosexual Bisexual Men," *Child Abuse and Neglect* 16, no. 6 (1992), pp. 855-64.
- 18/ D. M. Greenberg, J. M. Bradford, and S. Curry, "A Comparison of Sexual Victimization in the Childhoods of Pedophiles and Hebephiles," *Journal of Forensic Science* (United States) 38, no. 2 (March 1993), pp. 432-36.



tion that they were absolute, universal, and permanent. And he makes a compelling case that that isn't true for any concepts. They are all products of their intellectual and social environments. And in the case of homosexuality, our understanding of it is basically a product of a time, and place, and culture.

JN: So when a person is anxious or depressed, or obsessive-compulsive, or suicidal, or has violent fits—none of these are really disorders *in the absolute sense*. They're only problems *if a society thinks they're problems*. These are nothing more than culturally-defined pathologies.

MW: I think so.

JN: Wow...But that's deconstructionism, and what does that leave the client with? If psychology buys deconstructionism, it will de-construct itself from within. Psychology always represented the practical application of a philosophy. You have no philosophy, you have no meaningful psychotherapy.

Most clients come in with a problem. There's something going on their life that is not working for them, and they want the therapist to help them with that. They don't want to waste time and money having a professional tell them that their problem is just a "social construct." A lot of psychologists are playing this phenomenology game, but how does that meet the needs of clients who are looking for concrete answers?

Let me ask you this: is ANYTHING, in your view, an objective disorder? Would you consider pedophilia normal and desirable, if a particular society says it is? *Could a pedophilic relationship ever be "good"?*

MW: I'm sure that various somatogenic problems due to severe brain trauma may be close to "objective" disorders. But I know of no convincing evidence that even pedophilia is harmful to the boy. In ancient Greece, for example, a pedophilic relationship with a young boy was viewed as the ideal kind of relationship for an older man. What's the actual evidence—not just principled moral pre-judgment—that such a relationship is damaging to the boy?

JN: First, the Greek understanding of pedophilia was very different from that of today's pedophile advocates. I refer to Marjorie Rosenberg's paper, "The Greeks had No Name for It" (described in the *NARTH Bulletin*, September 1994).

Second, children tend to interpret sexual use of them by an adult as a betrayal. Later in their own adulthood, they often feel compelled to reenact the molestation again with children who trust them. And there *is* an overwhelming body of literature, as well as much personal testimony

from adults—including many of my own clients—who were traumatized by sexual molestation as children.

I've always believed that the restraints against pedophilia would be the next to fall within the American Psychological Association. The social-constructionist view leaves the door open to acceptance of a range of behaviors that fifty years ago, would simply have been unimaginable.

What treatment options should be available for a homosexual client?

MW: It seems to me that a wide variety of alternatives should be available, depending on the individual. On the one hand, it would be appropriate to try to make the client less uncomfortable about the homosexual urges, and to value himself despite his culturally disapproved preferences. On the other hand, he might also explore the possibility of changing the orientation so that the drive towards homosexual contacts can somehow be diverted to heterosexual. That's also perfectly reasonable.

JN: Then why was there such debate in the American Psychological Association? They almost passed the resolution *banning* sexual-reorientation treatment.

MW: Yes. It almost passed. The reason for it, I think, was a kind of simplistic attempt to be consistent with the early 1970s decision to de-pathologize homosexuality: the idea being that if homosexuality isn't pathological, it shouldn't be treated. But clearly, if a client is deeply troubled by a condition—including homosexuality—then any responsible clinician should help the client deal with that condition. So I'm glad the resolution didn't pass.

JN: But what is frightening is that it *almost* passed. For the sake of consistency with the 1973 decision, they were willing to sacrifice so many lives.

MW: That would have been tragic, I agree.

JN: And if it wasn't for people like yourself and Mark Stern and a few others—who really became aware of what was happening at the last minute, and pulled together a strategy to respond—that bill might very well have passed.

MW: It might have, yes. I'm not sure you're right, though, in giving any credit to me; to Mark, yes. Mark has been at the center of this and has also tried to get through some fairly modestly-stated resolutions that *acknowledge the appropriateness* of psychotherapy to induce sexual-reference change in homosexual clients who wish to try to achieve it. Unfortunately, Mark hasn't succeeded. If you're interested in strategy that might work, you should try to come up with wording that might be acceptable to the tremendously diverse constituency of the Council.

*continued on next page*

JN: How do you see the role of NARTH on this issue?

MW: Some APA members find offensive the existence of an organization whose premise is that homosexuality is disordered. But at the same time, there is an overriding principle we must respect—namely, that we must provide options for those who seek change.

I suspect that if there were some subtle, relatively minor changes in NARTH's Statement of Purpose—a slight rewording—then a number of APA members would find NARTH acceptable. That is, if you advocate the availability of treatment for homosexuals who wish to explore the option of changing their sexual preference, but don't automatically stigmatize homosexuality as a pathological condition.

But if you actually manage to help homosexuals who would like to explore the possibility of changing their orientation, obviously, that's great.

JN: Yes—this is a point of contention with some of our allies. There are some very strong NARTH members who strongly support the right to change—like you do—but don't go the rest of the way to see the condition as a developmental deficit. We are willing to make room for both theoretical positions, and the *Bulletin* articles written by our members have reflected that difference of opinion. But NARTH's official position is that the condition does represent an objective developmental deficit.

MW: But calling homosexuality a developmental deficit can contribute to the negative self-image of a number of your clients, and could interfere with successful psychotherapy. Other than that, I resonate a lot with what you and NARTH and Mark Stern have said and stood for. But NARTH is conceiving of "growth" only in one sense. Other alternative forms of growth include accepting the homosexual identity and at the same time achieving a strong positive self-image—rather than the negative one that the larger society casts onto homosexuals.

NARTH, in fact, promotes this stigma with its position that homosexuality is abnormal and a developmental disorder. I believe this is counter-productive, and indeed destructive. Clients who wish to deal with their deviant sexual preferences have a sufficient challenge without the "expert" assertion that they are abnormal. Gays should be treated with the same respect, dignity and tolerance as any other human being.

JN: Absolutely. But you are confusing the *condition* with the *person*. If the client is open to hearing my opinion, I will tell him what I believe about the homosexual condition. This doesn't mean I don't like, respect and tolerate him *as a person*. Which is more important—the truth, or his feelings?

This was the trap of the 1973 decision. Psychiatrists compromised the commitment to an understanding of normal vs. abnormal in order to relieve the suffering of gays. But we must not sacrifice a clear vision of what is normal and what is abnormal. Psychology cannot function as a science without a model of healthy human development. If we compromise on this, then we are just a group of intellectual cowards who are oversensitive to hurting people's feelings.

MW: Now it's my turn to say, "wow!" I know of no scientist who would assert that a model of healthy human development is a necessary condition for psychology to be a science. Science doesn't deal with absolute ideals; it is a matter of taking an objective approach to interesting phenomena from the stance of dispassionate and humble curiosity, looking for facts and their theoretical implications. "Normal" and "abnormal" are, from a scientific point of view, *tentative categories* that some may find useful for certain purposes in certain settings. They are not absolute and immutable, but are constructions by people living in a given time in a given society who are trying to make sense of certain phenomena. And such constructions change appropriately as convincing evidence becomes available that bears upon their tenability and utility.

JN: That's the basic difference in worldview between us, and as we know, it is probably unresolvable. I don't take the subjectivist stance that I, or society, arbitrarily "construct" normality. I believe a model of normality exists in objective form, "out there." While our *understanding* of the objective state of what is healthy and normal may be refined over time, that understanding is based on new data which has enlightened the discourse and brought us closer to perceiving that unchanging, external truth. I don't believe man simply "constructs" what is healthy and normal from his imagination, according to his own subjective taste.

Of course in the purest sense of the term, science *doesn't* have to be grounded in a philosophy. But traditionally, psychological inquiry was based in an overarching philosophy, without which it is reduced to mere data-collecting—observing and recording events—with no means of assessment. And that kind of social science sounds quite useless to me.

In spite of our differences, NARTH is very grateful for your support of the right-to-treatment. Thank you very much for participating in this interview.

I think we both agree that this sort of exchange should occur more often within the professional forum—perhaps as a public debate at an A.P.A. convention. There are a few NARTH members, myself included, who would enthusiastically welcome that opportunity. ■



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sented on this issue, rather than an overwhelming show of support. .. but for now, I'll settle for fairness," she stated,

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### The Netherlands Legalizes "Partnerships"

Beginning in January 1998, The Netherlands will recognize two non-marital options: registered partnerships, and cohabitation contracts.

A registered partnership is a legally regulated form of cohabitation intended for couples who cannot marry (because they are of the same sex) or do not wish to marry. It provides for legally stipulated rights and obligations and is "practically identical to marriage," according to a Dutch Ministry of Justice pamphlet.

A cohabitation contract is more limited, and is designed to accommodate whatever measures the two parties themselves agree upon, such as the sharing of a pension fund.

### Useful Resource

The magazine Family Policy has printed a footnoted, eight page booklet entitled, "Sexual Disorientation: Faulty Research in the Heterosexual Debate." It discusses the 10% myth, the argument that homosexuality is inborn, and the claim that a gay lifestyle is qualitatively identical to a heterosexual lifestyle. It is available from Family Research Council in Washington, D.C., telephone 202-393-2100.

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### Dissatisfied with the A.P.A. ?

Psychologists who believe they are not being properly represented by the American Psychological Association can contact a protest group: Psychologists for a Free A.P.A., 1807 N. Elm, #321, Denton, Texas 76201, organized by Ray Johnson, Ph.D.

bersome, political necessity with no medical or even sound epidemiological justification.

This policy is a deadly one: it prevents the gathering of data necessary to track the penetration of the virus into the general population. I had seen two very well-respected physicians—whom I had known all my professional life—*cowed* by a political atmosphere designed to protect the confidentiality of the infected, but at the expense of the uninfected.

### The Power of Politics

I was to learn that my two physician friends are in fact representative of the majority in the medical community who to this day, are being coerced into permitting politics to determine epidemiological and health policy in general. This policy remains unquestioningly accepted within the medical community.

Through this very frightening debacle, I learned that an individual, acting on his own, has no chance to effect change.

I complained to my medical society, and was subsequently named to a position where I could do some good—Chairman of the Task Force on AIDS Policy for the Medical Society of the City and County of Sacramento. Getting into the spirit of things and wanting to be absolutely fair, I included two individuals on the Task Force who were gay. They were the most active individuals on the entire committee. Unfortunately, however, they fought me tooth-and-nail on all my recommendations. At the very least, I wanted doctors who would be exposed to blood on the operating table to be able to test their patients' HIV status. The gay committee members were ardent in their refusal, and the other doctors on the committee were simply too intimidated by politics to object. Ultimately the committee chose to approach HIV testing as a civil-rights matter, not a public-health issue.

I personally have always wanted the widest possible use of HIV testing, regardless of the circumstances. At any time in a medical setting where blood and body fluids are exposed, I wanted the health-care provider to be able to order testing. Formal written consent of the patient should not be required, and neither should confidentiality always be necessary. I also strongly favored a policy of reporting HIV-positivity without the presence of full-blown AIDS.

By the time we had produced our final position paper, it looked, for all intents and purposes, like a statement straight out of the Centers for Disease Control. It was

stripped of all my original recommendations. Nothing had been gained by our deliberations.

During this entire process, I learned a major principle about the power and strength of an organization, as opposed to an individual. It became very clear that there is a need for an objective, non-politicized group to address medical issues without fear of reprisal from special-interest activism.

### AIDS Education is Not Enough

I also became firmly convinced that the safe-sex measures that were being advocated in the early stages of the epidemic were going to be ineffectual. With the continuing popularity of the bathhouses and alarming rate of promiscuous, high-risk sexual practices, it became clear to me that the drive for unlimited sexual expression actually outweighs the fear of suffering and death for many gay men. Yet we live in an era in which homosexuality is promoted as a natural and normal equivalent of heterosexuality.

Because of their claim to victimhood—as victims of both social discrimination and a health crisis—gay activists have been able to win support for measures that overhaul school curricula, housing laws, employment policy, and even religious doctrine.

*As mental-health professionals, we need a full and complete understanding of homosexuality.* To understand anything about the AIDS epidemic, and the underlying psychological factors causing the spread of the disease, we must fully understand the homosexual condition and the factors which drive this self-destructive behavior. This will require much dialogue, and as I soon discovered, there is a lot of resistance to an open discussion.

I saw that I could not turn to the American Psychiatric Association, or any other such professional organizations. All had totally stifled the scientific inquiry that would be necessary to stimulate such a discussion. It remains very politically incorrect—very marginalizing—to even *make the suggestion of a dialogue* that introduces the question of the normality of homosexuality.

In recent years, religious groups have been the only organizations which have had the courage to undertake this kind of discussion, but they have not been assisted in any way by psychiatric professionals. And so NARTH was founded; it became clear that we must have a credible secular organization which could move beyond the strife and misinformation. ■

In fact, according to an article in the August 8, 1988 issue of *Valley Magazine*, Virginia Uribe spoke to 150 students at San Fernando High School in California in February of that same year. Students were pulled from their regularly scheduled classes to hear her speak. They were not told beforehand what the topic was about, and no permission slips were requested from parents.

### A Quiet Beginning

Uribe was able to initiate her support group at Fairfax High, and ultimately her national program, without even consulting her county school board or Fairfax High parents. The high school's principal excused this fact because her program required no school funding. Therefore, the school board did not need to get involved in the decision to approve or disapprove of Project 10. And since it did not need school board approval, there was little publicity to obstruct its beginning.

But all parents should be aware that their children are protected legally from discussions on sexuality. For example, section 51240 of the Education Code of California says,

"Whenever any part of the instruction in health, family life education and sex education conflicts with the religious training and beliefs of the parent or guardian of any pupil, the pupil, on written request of the parent or guardian, shall be excused from the part of the training which conflicts with such religious beliefs."

Unfortunately, programs such as Project 10 are able to work around such laws because parents and students are unaware of their legal rights.

Since its inception eight years ago, Project 10 and similar programs have sprung up all over the nation. Most of these programs were started by a small group of homosexuals and/or homosexual sympathizers who found favor in the eyes of the school principal.

### Newsweek Cover Story on Sexual-Orientation Change

The August 17th issue of *Newsweek* ran an eight-page story entitled "Gay for Life? Going Straight: The Uproar over Sexual Conversion," picturing married ex-gay couple John and Anne Paulk on the cover. The article was, according to several NARTH observers, surprisingly even-handed and objective.

Media interest had been sparked by a recent nationwide advertising campaign, sponsored by a coalition of traditionalist groups, featuring full-page ads in major newspapers which conveyed the message, "We've changed, and so can you."

### A Response

So what can you do about all of this? Get involved! It doesn't matter whether you're a parent, a grandparent or a single person. Find out what is happening in your local schools. If a program has already started, you have a lot of work to do to stop it. If it has not, now is a good time to get involved before it comes. *And believe me, it will.*

Here are some practical things you can do:

- \* Call the principal of your local school and ask about groups that might be visiting to discuss any areas of sexuality with the student body. Project 10 is only one program. There are other, similar programs under different names. So you will want to ask specific questions about the types of groups or individuals the principal or others might invite to speak to the student body or the faculty.
- \* Invite other parents, church youth leaders and pastors to be involved. There really is strength in numbers. You want to make it clear to the principal that you are not alone and that many others are behind you.
- \* Form a coalition, making yourselves available to students for support, counsel and advice. It is important to have a multi-cultural group. This will allow your group access to various ethnic backgrounds. It also speaks of your willingness to work with diversity.
- \* Look for professional counselors who are part of your community and willing to donate their time.
- \* When naming your group, try to use the word "family" somewhere in the name. This word denotes stability and will help you gain the trust of the school board. It helps them to see that you may have single parents involved and that you have a broad, realistic definition of family.
- \* If you find that your school board members oppose you, let them know that you will not vote for them when their term is up. If you can, actively campaign against them and tell them that you are doing so. The school board should have your interests—and the students' best interests—at heart. If they fail in that obligation, vote them out of their position. ■

The Newsweek follow-up story warned of the fallacy of the genetic theory of homosexual orientation: "Researchers say the public has misunderstood behavioral genetics. Unlike eye color, behavior is not strictly inherited; it needs to be brought into play by a daunting complexity of environmental factors...Most scientists postulate that homosexuality results from some combination of genes and environmental factors..."

NARTH was mentioned, and several former clients of NARTH therapists gave background interviews for the article.

## Quotable Quotes

### The Only "Right" Position is that All Experiences are Valid

"Postmodern rhetoric today emphasizes the need for 'respecting' others. We are to respect the diversity in culture. Teachers are to respect the literacy of even first-grade students. Parents are even to respect their children's alternative ideas about how the household should run. Discerning observers realize that in our postmodern world, respect is a code-word for 'never criticizing my views or actions.' Respect is positive regard *without* judgment. 'Respecting diversity,' for instance, means never trying to change anyone from the way they are, even if they are behaving self-destructively. Any criticism of others indicates disrespect..."

"Will we have the courage to point out the damage we do to our children and others when we passively...respect them instead of...helping them to change?...Seen in the larger picture, postmodernism is nothing less than the death of truth!...At the heart of postmodernism is a denial of the real world, or at least of any knowable, objective truth about that world...As people lose confidence in every area of knowledge, including our ability to know anything from...philosophy...postmodernists are fomenting a revolution of militant ignorance."

"The politically correct therapist chooses language carefully. What is right or wrong, true or untrue, isn't for the therapist to decide...The only 'right' position is that all experiences—all realities—are valid. But is it really possible for the therapist to remain neutral, and switch from one value system to another like some sort of cultural chameleon? ...Without the ability to assert privilege on the basis of some form of truth claim, a therapist becomes paralyzed and cannot intervene. But 'truth' is inconsistent with postmodernism."

—*The Death of Truth: Responding to Multiculturalism, The Rejection of Reason, and the New Postmodern Diversity.* Dennis McCallum, editor; 1996, Minn, MN: Bethany House Publishers.

### The Biological Research

"Various theories have proposed differing sources for sexual orientation...However, many scientists share the view that sexual orientation is shaped for most people at an early age through complex interactions of *biological, psychological and social factors* [emphasis added]."

—The American Psychological Association's pamphlet, "Answers to Your Questions About Sexual Orientation and Homosexuality."

### Letter to *The Wall Street Journal*

"For decades, sociologists and anthropologists have shown that the male-female family unit is the stabilizing component in all lasting cultures. Urie Bronfenbrenner, professor of human development, family studies and psychology at Cornell University, asserts: 'The family is the most powerful and by far the most economical system known for making and keeping human being human.'"

"...In the January issue of *Out Smart*, Houston's largest gay magazine, psychotherapist Tom Moon asserts that gay male couples are basically unstable and that many gay men 'seem to feel that it is perfectly appropriate to ignore their couple status altogether and assume that every man is 'fair game.'..."

"Legalizing gay marriage will actually make it more difficult for homosexuals to overcome their plight. I speak from experience. Between the ages of 18 and 24, I was an openly homosexual man and gay-rights activist. During those years I had committed relationships with various men, but in the late 1980's, after a suicide attempt, I was in utter despair. My endeavors at lasting homosexual unions were ineffectual. Nearly five years of gay-affirmative therapy brought me to the conclusion that homosexuality itself was the source of my loneliness and unhappiness."

"With counsel and a strong motivation to change, I slowly unearthed a dormant heterosexual identity. Today, more than 12 years later, I'm happily and heterosexually married. My wife and I enjoy raising our infant son. As a family, we provide each other with stability that my homosexual unions could never provide. But if [gay marriage is legalized], we will continue to see the breakdown of the family as we know it, and the continued deterioration of society."

— by John Paulk, *Wall Street Journal*, June 17, 1998

### More on "Gay Genes" from the Popular Media

"Genes do not cause people to become homosexuals, thrill-seeking rock climbers, or anxiety-ridden worrywarts. The biology of personality is much more complicated than that. Rather, what genes appear to do, says ["gay gene" researcher Dean] Hamer, is subtly bias the psyche so that different individuals react to similar experiences in surprisingly different ways...critics emphasize and Hamer himself acknowledges, genes alone do not control the chemistry of the brain. Ultimately, it is the environment that determines how the genes will express themselves..."

—"The Personality Genes," *Time*, April 27, 1998, p. 61.

"Last August, the American Psychological Association (APA) passed a resolution to reiterate their longstanding official position that homosexuality and bisexuality are not mental disorders...According to Doug Fazel, deputy director of public affairs at the APA, the August vote was in response to escalating contention over conversion therapy...'The APA just restated the original decision,' Fazel said. 'We don't specifically condemn conversion therapy, but we wanted to make our stand on the issue clear.'

"The debate over the controversial therapy reached a peak in 1995, when an APA Council wanted the association to officially discourage the treatment as unethical, but some members expressed concern about restraint of trade, interference between client and therapist, and lack of study.

"The foremost spokesperson for conversion therapy, Joseph Nicolosi, Ph.D., was relieved that this early proposal failed to pass into the voting stage. As executive director of the National Association for Research and Therapy of Homosexuality (NARTH), Nicolosi defends his growing organization's right to practice. NARTH claims 750 members, comprised of licensed psychologists, psychiatrists and psychotherapists.

"Our basic perception is that there is a population of people who are unhappy with their homosexuality, and for what I consider political—not scientific—reasons, these people are being discouraged from seeking help,' he said. 'My reading on the original proposal is that the gay lobbyists planned a surprise attack which would have passed had it not been for some astute members who were willing to bring attention to the real issues.'

"When asked if he considered homosexuality to be a mental illness, Nicolosi replied, 'We consider it a psychosexual developmental disorder. I think it should have been left in the DSM-IV for individuals that want to work on developing their heterosexual response and diminishing their homosexual response. There are individuals who are invested in promoting the idea that homosexuality is unchangeable and natural, and my concern is that the mental health profession's sensitivity to gay issues has made it insensitive to individuals who want to change. As I see it, the oppressed have now become the oppressors.'

"He added, 'Approximately 50% of my clients were told by other therapists, 'You were born this way, learn to accept it, there's nothing you can do about it, and that's just not scientifically based. For a success rate, we claim 1/3 no change, 1/3 significant improvement, and 1/3 'cured.' That doesn't mean a person will not have a homosexual thought or feeling ever again, but they are capable of living a heterosexual lifestyle, and of having a satisfying emotional and sexual relationship with their wives.'"

—From *The Massachusetts Psychologist* (April 1998), article entitled "Despite Conversion Therapy Debate, Attitudes Toward Gays and Lesbians Improving."

"Cultures have not instituted marriage to determine who may receive what health benefits. Surviving human cultures have recognized that raising children is the most important job to the survival of the society...Because of the importance of child rearing, societies have constructed elaborate rituals and and strong sanctions and honors around marriage, which have not applied to the bond between just any two people...

"If every participant gets a trophy, it's not much of an award. The honors of marriage were designed for those who are willing to make the commitment to each other, but most importantly, to their children; this is crucial to society. If two guys or two gals want to live together, fine; but society does not have a survival stake in their relationship, and should not confer on the them honors and benefits reserved for those who are raising the next generation."

—Letter by Paul Singelyn, *the Wall Street Journal*, June 17, 1998

#### **Narcissistic and Borderline Character Disorders in Homosexuality: A Gay Man Traces Them to Mother-Son Patterns**

"Many [gay men] do suffer low self-esteem from a lack of empathic holding from a mother who used them as a substitute parent to fill her own vacancies. This form of exploitation tells the child that his own love is worthless, and it is a more insidious and primitive problem than anything caused by the father. It manifests itself in the plethora of narcissistic and borderline character disorders in gay men, and in the attendant acting-out behaviors, such as sexual compulsion, that we see in our community.

"The inability to internalize a so-called 'good-enough mother' keeps us incestuously tied to the biological mother, and accounts for the ways in which we use sex as a substitute mother: for example, when we cling to a sexual partner, we are often experiencing an excessive hunger for oral gratification during infancy. In psychoanalytic terms, this means that there are problems in the structure of the self, which results in failures in self-soothing, a compulsive need for mirroring, and a hunger for primitive reassurance that one is a decent person. One way of trying to defend this orphaned self from constant fragmentation is to go for substances or compulsive sex."

—"The Doors of Gay Self-Realization," by Douglas Sadownick, *Harvard Gay and Lesbian Review*, Summer 1998, pp. 43-44.



## Only with Gay Clients Must the Analyst Ignore Developmental Factors

"Every working analyst knows that constitutional AND environmental factors are continually interacting within their patients. They would never accept a patient's resistance in a difficult character analysis with his plea, 'I don't have to discuss it. That's just the way I am.'

"If asked, most psychoanalysts and many psychiatrists would agree that they recognize the coexistence of constitutional and environmental factors in ALL their cases, *but under the pressure of homosexual politics*, clinical experience has been forgotten. Forgetting is not necessarily a repression; it can be a convenience. The forgetting of environmental factors in homosexuality is a convenient evasion of a difficult confrontation. As in other situations in today's society, political correctness is allowed to override rational decision. It is easier not to offend a militant minority..."

—Abraham Freedman, M.D., "Gender Identity and Homosexual Politics," NARTH Collected Papers 1997.

## Without Any Larger Sense of the Human Good, We Can Only Affirm—Endlessly

*In an article entitled "Affirming Ourselves to Death," Gilbert Meilaender speaks of the folly of compassion gone awry—that is, when it is severed from a deeper, fuller understanding of our human nature and destiny:*

"In order to assure that we do not risk making any person feel marginalized, we are suddenly forbidden to condemn what seems wrong to us...Bereft of any larger sense of the human good, unable to articulate (lest we hurt feelings) what is best in human life, and what the family at its best might be, we will...simply lurch from one affirmation to the next, until even the language of compassion finally loses its point."

—*First Things*, June/July 1998, p. 13-14.

## Emotional Distance and Sexual Attraction

"What is it that maintains that continuous sexual arousal and erotic attraction to a same-sex person? In a word, it is 'distance.' It is the emotional excitement which stirs within whenever there is the promise of an experience of closing the emotional 'distance' with another male who may also be physically appealing, or whose appearance symbolizes that longed-for maleness. A symbolically attractive male...who gives emotional or sexual acceptance, interest, affection, and closeness offers the potential of filling the emotional hunger for bonding with a male which a gender-empty person longs for."

—from "Homosexual No More: Ministry and Therapy for the Recovering Homosexual," by William Consiglio, in *Social Work and Christianity*, vol. 20, no. 1, Spring 1993.

## "How Complete Will the Change Be?" A Psychologist Answers

"For most people, going through this transition process does not guarantee that they will never again have a homosexual thought. As Joe Dallas explained, 'If a man has been a drunkard for 20 years, then joins Alcoholics Anonymous and stays sober, he has definitely changed. His sobriety will have an impact on all parts of his life, improving his attitude, relationships, and job performance. Will an occasional desire for a drink nullify his claim to have changed?' Hardly.

"Dr. Dean Byrd said, 'It's not so unlike treatment outcomes for other emotional struggles. Do we expect the individual to never struggle again? No, we simply expect that they will have the resources to respond to their struggles appropriately.' Men overcoming homosexual problems shouldn't measure their progress simply by the types of temptation they still experience. Temptations do not define us; we are defined by how we respond to the temptations. Therefore, if a man dismisses the homosexual temptations and acts responsibly, he can be confident that the changes he has experienced are real.

"As Joe Dallas explained, '...the phrases 'resolving homosexual issues,' 'overcoming the effects of homosexuality,' and 'transitioning out of homosexuality' are good descriptions of the process. It is a process of fulfilling legitimate emotional needs."

—From the paper, "Overcoming Male Homosexual Problems," by Jason Park, Ph.D. Dr. Park is the author of several books on overcoming homosexuality for LDS Church members. For the complete article send \$3.95 (includes postage) to Century Publishing, P.O. Box 11307, Salt Lake City, Utah 84147.

## Family-Therapy Magazine Sees Need for Corrective to the "Over-Biologizing" of Human Behavior

"Genetic and other biological studies of sexuality, male-female brain differences, sexual orientation and intelligence have often been marked by blatant prejudice and misuse of data...Therapists need to learn about the burgeoning research in behavior genetics...to be able to offer an informed and intelligent corrective to the over-biologizing...of human behavior now in such vogue..."

"To say that some behavior is 'genetic' rarely means that it is inevitable."

—From "A Grain of Salt: Some Annotations to 'Lessons of the New Genetics,'" *Family Therapy Networker*, March/April 1998, p. 42.

## Who Was Michel Foucault?

In his work *Madness and Civilization*, French philosopher Michel Foucault advocated the premise that objective truth does not exist, and reality is merely a "social construction." As one of the principal founders of deconstructionism and the postmodern movement, Foucault has seen his theories infiltrate history, literature, religion, and the law. Deconstructionism is the philosophical basis of much of gay advocacy. It is also gaining influence in psychiatry, as we see a growing unwillingness among members of the psychiatric profession to believe there can be any objective standard of mental health, or of human nature.

Who was Michel Foucault? The following book excerpt (*The Idea of Decline in Western History*, by Arthur Herman, N.Y.: Free Press, 1996, pp. 356-357) reveals much about this modern prophet, who had such widespread social influence:

"During his visits to the United States in the late seventies, Foucault became fascinated by San Francisco's gay scene with its bathhouses, leather bars, chains, whips, 'glory holes,' and sadomasochistic rituals. Sadomasochistic sex in particular represented what Foucault called a 'limit-experience,' an existentialist boundary situation in which the vitalist forces of the self could break from 'falsification' of pleasure through genital-centered sex. Foucault had come to believe what Artaud had argued in the forties, that 'the human body is an electric battery whose discharges have been castrated and repressed' by civilized taboos. That included the giving and taking of pain as a sexual ritual, in which, said another celebrant of the gay S/M scene, 'the experience of extreme suffering points us to the frontiers of human behavior.'

"Under the whip or iron clamp, the entire body becomes an energized playing field for a Nietzschean 'game of truth.' For Foucault, all relations, even with our own bodies, are part of that same struggle for power; there is no standpoint outside them, and no valid moral constraints on the *libido dominandi* as it reaches out for power and 'the endlessly repeated nonexistence of gratification.'

"When Foucault learned that he had contracted AIDS as the result of his pursuit of sexual transgression, that too became in his mind just another limit-experience: sex as a form of death, as well as the power to give death to others through sex. For at least two years after he contracted AIDS (from 1982 to 1984), Michel Foucault continued to visit his various gay orgy sites, knowingly passing the disease on to his anonymous partners. 'We are inventing new pleasures beyond sex,' Foucault told an interviewer—in this particular case, sex as murder."

## Developmental Factors in Homosexuality

"To the extent that the boy fails to integrate a sense of male identification...he is likely to sense an ongoing and conflicted need for mothering. While he feels *misunderstood* by mother, paradoxically, he also feels *most understood* by her. He is, therefore, angry and appreciative, and this ambivalent attitude may be generalized toward all women. As he views the world through his mother's eyes, father (and men in general) may predominantly be seen as *an opposite* who is viewed with anger, distrust, and fear. Given such a constellation, the male child, without an adequate internalization of his male identity, could be expected to view men as an emotional opposite. And it is at this juncture that the relationships may be eroticized.

"...To pursue a woman sexually emulates the mature male role (father). This is taboo. To be like his father may be an unconscious threat to his mother, and therefore a threat to his own sense of mother-relatedness and to self.

"...If the mother of a male infant *fails to provide* the child with a sense of consistent attachment *which embraces his difference from her*, he in fact may view the parts of himself which she fails to affirm as threatening his relationship with her. That split may progress to a point of an unconscious attempt to deny all threatening differences, including his own opinions, rage, etc.

"Sexual connection with another male may unconsciously represent a place of attachment where mother cannot go (individuation) and one which does not de-throne mother, as is the case when an adult male 'leaves' his mother to establish a sexual relationship with a woman...

"The intense homoerotic attractions may also represent the non-sexual passion or energy of the adult male to find the lost or non-existent love, affection, and affirmation of maleness he did not experience with his father during the developmental years [which are]...non-negotiable developmental needs."

—Dickson, Gregory L., "Environmental Factors and the Development of Male Homosexuality," doctoral thesis, Fuller Theological Seminary, 1997.

## Recent Study on Gay Parenting and Custody Issues

Research published recently in *Psychological Reports* ("Homosexual Parents: A Comparative Forensic Study of Character and Harms to Children," vol. 82, 1155-1191) by Paul Cameron and Kirk Cameron studied homosexual and heterosexual parents in child-custody cases. Both groups of parents were compared for recorded information about their character and about claimed harms to their children. In these cases, psychiatric opinion favored custody for the homosexual parent about twice as often as for the heterosexual parent, in spite of the fact that the homosexual parents in this sample were more often associated with recorded harms to their children.

### Ex-Gay Man Says: Help is Hard to Find

"After I came to understand what homosexuality is, as a result of reading *Homosexuality: A New Christian Ethic*, by Dr. Elizabeth Moberly, in 1987, it took almost another ten years to find a counselor capable and willing to address my real needs for love that were never met by my biological father. After a year and a half of therapy, I found that, not only did I no longer have these desires, but that I felt totally dis-identified from my former gay identity. Indeed, I don't even consider myself ex-gay; I am simply a man who sees himself as a fairly normal person. I now find myself attracted to women, and consider marriage a very real possibility.

"Moreover, the depression that accompanied those former deficits was simply overwhelming. As a result of this therapy, I saw an end to 15 years of despairing clinical depression. Research has shown that most homosexuals encounter significant clinical depression. But now I am not depressed at all.

"...Simply put, homosexuality is a two-pronged phenomenon. It is primarily a desire for same-sex identificatory love that was missing in early life, coupled with a defensive detachment from receiving such love. It is a response to rejection by the parent of the same sex, absence of that same-sex parent, or a perception of being rejected or unloved by that same-sex parent.

"...Many people, including many psychologists, fail to understand that the process of psycho-sexual development, if interrupted, leaves a deficit that is carried into adult life...Further, the homosexual cannot simply 'turn heterosexual' by bypassing the normal route to heterosexuality...It is the fulfilling of homosexual needs, if truly accomplished, that will lead to heterosexuality... Homosexuality, therefore, is resolved primarily through relationships. Further, that resolution is sought through non-sexual relationships with the same sex.

"...It is a sad fact that precious little help is available...I spent almost ten years seeking a therapist capable and willing to provide this kind of therapy, and was almost laughed at by a couple of counselors that I saw...

"The harvest is ripe, but the laborers are few."

—From "And Such Were Some of You," by Cyril Starcross (pen name), *Social Justice Review*, vol. 89, March-April 1998.

### Massachusetts Celebrates Homosexuality

"One-third of Massachusetts' schools have clubs for homosexual students, many started with seed money from the state Department of Education. Teachers and staff in that state are required to attend sensitivity training sessions, where homophobia—which must be eradicated from schools, they are told—is defined as virtually any criticism of homosexual behavior. Elementary school libraries feature photo exhibits depicting homosexual couples with children. The display heading tells impressionable grade-

schoolers that 'love makes a family.'

"And on May 16, Boston again hosted the nation's first 'gay' youth pride parade with several thousand marchers, followed by a homosexual prom—at City Hall. One has to ask: have the citizens of Massachusetts lost their minds?

"...And, sadly, most of the school officials of these communities have no idea how they are being manipulated, and what lies ahead for children as a result.

"It starts with the concept of 'safe schools'...the Massachusetts strategy is being exported to other states across the country, and school boards—eager to be seen as progressive—are jumping on the tolerance bandwagon without understanding the ramifications."

—From "Nation's Schools Naively Welcome Homosexuality," *Mission: America*, Summer 1998, p. 1.

### NARTH Member Warns Psychiatric Association about P-FLAG

Recently a NARTH physician-member, who belongs to the American Academy of Child and Adolescent Psychiatry (AACAP), expressed his concern about the AACAP's booklet #63, *Facts for Families: Gay and Lesbian Teens*.

The AACAP booklet endorses the group P-FLAG (Parents and Friends of Lesbians and Gays).

P-FLAG is a radical group which recommends pornographic and obscene reading material to teenagers, as well as books which encourage religious bigotry. P-FLAG's recommended literature for teens portrays bisexual orgies, voyeurism, sex with strangers in a public park, and sex involving children. Were similar books recommended by parenting groups for "straight" teenagers, they would be considered violations of community standards of decency. (See the April *Bulletin* for excerpts.)

"I for one am being grossly misrepresented by the AACAP in Booklet No. 63, and I believe I am not alone in this matter," wrote Dr. Mark Stauffer of Eagle River, Alaska. "Homosexual behavior is fraught with risks, as the AACAP well knows, not the least of which is the acquisition of HIV, contributing to substantial psychiatric morbidity and mortality. I am surprised that a research-oriented organization such as the AACAP has not investigated this important matter before making what seem to be blind endorsements or organizations which may do as much harm as good. If you are going to endorse such organizations...You [will be] doing these youth a tremendous disservice by not at least including information on a contrasting and valid point of view, such as that espoused by NARTH.

"Enclosed is a copy of an article in the NARTH Bulletin which outlines some of the literature to which youth are exposed when they seek information from P-FLAG." ■

## 1996 Collected Papers

The Collected Papers from our 1996 NARTH Conference are available. Suggested donation is \$20, postpaid. (Outside U.S. and Canada, \$25--in U.S. funds only, please)

For all three Collected Papers (1994, 1995, and the 1996 issue) please send \$50. (\$60 outside the U.S. and Canada)

## Just in!

**The 1997 Collected Papers**  
Suggested donation: \$20

## Articles Wanted

Readers are invited to submit original articles to be considered for publication in the *NARTH Bulletin*.

To those NARTH members have been sending article reprints and news clippings for our use, we thank you for keeping us informed. Even though we have not responded to you individually, please be assured of our continuing appreciation.

## Brochures Available

Are you attending an important school, government, church, or clinical professional meeting where the NARTH brochures should be available? Call us; for a donation to cover our costs, we will send you brochures. Also as a handout, we have available a one-page summary of NARTH's Survey on Change, with an editorial on the reverse side entitled, "Am I Gay, Or Am I Straight? Not a Decision to Be Made by a Teenager."

## Resource Available

NARTH has completed a 120-page booklet reprinting the most informative sections from previous publications by Jeffrey Satinover M.D., Charles Socarides, M.D., Thomas Schmidt, Ph.D., and Joseph Nicolosi, Ph.D., among others. An excellent all-round resource in readable language. Ask for "Understanding Homosexuality." Suggested Donation-- \$15.

**Visit the NARTH Website**

## Sex-Education Guidelines Available

Are you meeting with your school board to discuss sex-education and school counseling policies? Does the "other side" seem to have all the answers--but the wrong ones?

Now available--our 16-page, comprehensive School Sex-Education Guidelines: Teaching about Homosexuality.

Suggested donation for your postpaid copy: \$3. For orders of five or more to the same address, suggested donation is \$2 each.

## Attention Members:

Would You Be willing to Help NARTH  
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Many other non-profit organizations have similar arrangements with Lifeline. NARTH's own office has changed service to Lifeline, and is receiving a 10% rebate.

Thank you for helping NARTH!

## Paper Available from NARTH:

This 22-page, detailed historical description describes the behind-the-scenes proceedings that resulted in the deletion of homosexuality from the Diagnostic Manual. "Sexual Politics and Scientific Logic: The Issue of Homosexuality," by Charles Socarides, M.D., originally appeared in the *Journal of Psychohistory* (Winter 1992). Suggested donation: \$10.

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