

NARTH BULLETIN

NARTH Fact Sheet Opens Public Debate

Recently NARTH sparked a debate which was given wide exposure through radio host Dr. Laura Schlessinger.

Last fall, NARTH discovered a major study in the American Psychological Association's prestigious *Psychological Bulletin* which found little or no harm—and sometimes benefit—in consensual pedophilia between men and boys.

To publicize this study and warn of its implications, NARTH produced a Fact Sheet called "The Problem of Pedophilia" and based it on three points: the new *Psychological Bulletin* study in which the A.P.A. offered a platform to pedophile advocates; the A.P.A.'s change in the diagnostic criteria, which has left room for the possibility of the psychologically normal pedophile; and a 1990 *Journal of Homosexuality* double issue called "Male Intergenerational Intimacy," which made the case for man-boy sex.

We sought to make the point that pedophile advocates are now being heard in influential places.

A New Group Demands Inclusion: —By What Logic Do We Say 'No'?

"Recently, pedophile advocates—like gay advocates and radical feminists—have been arguing with convincing force from the postmodern perspective that there *is no* natural order, no moral law, and no objective truth," said Dr. Joseph Nicolosi. "From this perspective, man can fashion himself

as he chooses. Gender is seen as a social construction, and psychology can no longer operate from a logically consistent foundation which recognizes the naturalness of male-female design and the family unit."

"Those ideas have taken over the academy with little resistance, but now we move to the next stage: pedophile advocates also want their logical share of the benefits of this thinking. They are saying the taboo against pedophilia is, like gender, made up for the purpose of keeping a particular group—the sexually privileged—in power.

"They argue that psychological research like the *Psychological Bulletin* study proves that since there is little or no psychological harm to the child, then the taboo is in no way good, or necessary."



Dr. Laura Schlessinger

In a recent issue of our own *Bulletin*, NARTH interviewed former A.P.A. "insider" Dr. Michael Wertheimer, who made a similar case against the pedophilia taboo—saying he saw no convincing evidence of harm, and no evidence that traditional moral sanctions against it were more than a social construction. Similarly, the *Journal of Homosexuality* has just recently given lead-article status to another defense of man-boy pedophilia (to be reviewed in the next *NARTH Bulletin*).

"Dr. Laura" Enters the Picture

This angered radio talk-show host "Dr. Laura" Schlessinger. She received an outraged letter from a listener which described a different radio program on which one of the authors of the *Psychological Bulletin* study had gone on the air to make a case for man-boy sex.

Dr. Laura receives NARTH literature, including the Fact Sheet, "The Problem of Pedophilia." Disgusted at the increasing boldness of pedophile advocates, she used her next one-hour show to read the NARTH Fact Sheet along with a prepared statement from our Scientific Advisory Board member Dr. Gerard van den Aardweg of Holland. Dr. Laura has as many as 18 million listeners.

The Field of Discussion Widens

Then the *Washington Times* published an account of the debate, and

Some Ethical Issues for Psychotherapists

By Joseph Nicolosi, Ph.D.

In a previous *Bulletin*, we published an interview with O. Brendt Caudill, Jr., a Tustin, California-based lawyer who represents psychotherapists in malpractice cases.

Mr. Caudill offered some good advice for therapists which I'd like to reiterate here.

As sexual-reorientation therapists, we must be especially careful to clarify our position about homosexuality in the first session. The client should sign a specific "consent to treat" form, kept with our case notes, which says that we will provide assistance in overcoming unwanted homosexual attractions. The client must understand that there is no guarantee of success, and that therapy may produce life changes that could be difficult to deal with.

A very specific "consent to treat" form is especially important when the therapist is providing any unusual form of therapy. This form should also clarify that there is serious controversy in the profession about change of sexual orientation.

Malpractice Case Scenarios

Mr. Caudill has seen two different problematic scenarios which seem to repeat themselves in legal cases. About a half-dozen times, he has represented heterosexual woman therapists who had never had a lesbian relationship, but became sexually involved with a lesbian client, who later sued them. Also perhaps a half-dozen times, he says, an openly gay patient made claims of sexual impropriety against the therapist (who was either gay or straight).

"I have seen quite a few cases where the therapist was straight and the client was gay, and the client developed an obsessive interest in the therapist that got very ugly and involved false claims against the therapist," he said. "I saw one case where a lesbian client actually sued a straight female therapist for *refusing* to have sex with her. Although the psychologist had acted ethically, the insurance company settled the case out of court—without the psychologist's consent—and gave the plaintiff money, just to avoid the expense of a court case. The psychologist in turn sued her insurance company for settling the case without her consent, because this left her with a malpractice settlement on her record."

As for therapists who do sexual reorientation therapy, Mr. Caudill said, "the malpractice cases that come to mind usually involve Christian therapists whose clients claim they coerced them through religious guilt about their homosexuality, or some other morally proscribed behavior. When the treatment has religious overtones, the therapist must be especially cautious."

Persuading a Client to "Try" Homosexuality

"I've also seen cases," he said, "where the client was confused about his sexual orientation and the ther-

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THE NARTH BULLETIN

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"Victory on the Bow of a Ship"

Interview: Gordon Opp

*What can a man expect from the change process?
With disarming candor, Gordon Opp describes the fulfillment he found,
as well as the lessons—sometimes painful—he learned along the way.*

He is interviewed by Joseph Nicolosi.

J.N.: Gordon, thanks very much for offering to share your story. Let's go right ahead and run through the basics of your life. You've been president of the Credit Bureau of Lincoln, Nebraska for 21 years, and married for 20 years now. You're about to complete your master's degree in counseling, and for quite some time, you've run a support group for men transitioning out of homosexuality.



Gordon Opp and Family

When did you first think you might be struggling with homosexuality?

G.O.: I think it was in junior high school that I recognized that I had attractions for the guys instead of the girls, and it gave me a lot of anxiety. There was nobody to talk to in those days, so I just kind of hid it.

J.N.: Back then you didn't have a "Project 10" school counselor who would affirm you as gay, and introduce you to the gay community.

G.O.: Right, and I'm glad for that. At least I wasn't pushed into thinking that it *wasn't* a problem. I was a Christian and I had faith, and I believed in morality. So I kept myself from acting out with another guy until I was 21. In fact, I made it through three years of college without acting out. Then, as with most homosexuals, my first sexual experience was unbelievably... it's like you've been on a desert for two weeks without water, and all of a sudden you come upon an oasis. It's extremely compelling that way.

I dabbled in the gay life from age 21 to 25, and during that time I had a lot of one-night stands. I did the "park scene," and I had a few relationships—maybe three—that lasted a few months. During that time I was extremely depressed, kind of living a double life. Also, I never was satisfied or fulfilled in a relationship for any length of time. Even with men that were many times more attractive than I, I would lose interest after awhile. But I didn't really understand the dynamics at that time.

J.N.: What were the dynamics?

G.O.: Right now looking back, I can see what homosexuality is—especially in my life, although everybody's experience is a little bit different.

J.N.: What is homosexuality in your life?

G.O.: It is a way to meet certain unfulfilled needs with sex.

J.N.: What kinds of needs?

G.O.: Needs for acceptance... feeling like one of the guys... for compassion and understanding from men. In fact it's interesting, even now, the remaining homosexual desires that I have, I realize have so little to do with sex. It's like I look at a guy, and if I go so far as thinking what he would look like without clothes on—at this time in my life, such a thought would be disgusting to me. But it's something else I'm feeling... I wish he would come over and shake my hand and talk to me and give me some kind of attention.

But looking back to when I was a young man, I didn't understand those dynamics. Today, I see that the feelings—and how they transform when I understand them—are very much like a magic act. It's very intriguing when you see somebody perform a magic trick; you want to see it over and over again, so you can figure out how the magician is actually making this thing disappear. But when you fully understand the feelings—that is, you learn what's behind the trick—it takes away all the old excitement. Then the attraction isn't "magic" anymore.

J.N.: What is the analogy with homosexuality?

G.O.: That's the way homosexuality is for me. I will look at a man who is attractive to me and I just can't proceed with pursuing that, because, as you might say, I "know the trick." That is, I know what the fantasy is. I know what's behind the illusion. And I have the logical understanding that it's not going to satisfy—if I did pursue any type of sexual encounter, I know it would have nothing but negative effect on me. But it's more than that, though.

J.N.: Not just a cognitive awareness.

continued

G.O.: It's more than just a cognitive awareness. It's recognizing that the whole experience is counterfeit. It's knowing this, based on my own repeated attempts for four years, to make it work.

In your book, you said Elizabeth Moberly explains that unmet same-sex love needs are the root of the problem, but then you amplified on that a lot. You described that same-sex friendships are helpful to meet those needs. I have found that when I have a close friendship with a straight man who I find attractive, I can get those needs de-sexualized. I can get them met in a satisfying way.

J.N.: A lot of the men tell me this. They say that their homosexual attractions or fantasies diminish, or even disappear.

G.O.: Right, they do. They do in many cases. The problem, though, as Dr. Satinover explains in *Homosexuality and the Politics of Truth*, is when you've already gotten into a habit pattern. The sexual experience is like taking an opium drug. It's soothing, its anesthetizing, and it's a "quick fix." This can make it very difficult to leave homosexuality. When we have sexualized those emotional needs—when we have already learned to get those needs temporarily met in a sexual way—we've taken a normal, legitimate, God-given need and met it with a "drug." Then when you're getting your needs met through a straight relationship with a nice-looking guy, in a very wholesome relationship, it won't have the "zing" that the homosexual encounter does. That's one of the things that I've had to recognize and admit to myself; it wasn't *meant* to have that kind of zing.

J.N.: That's right, because the zing is artificial, and it won't last. And it will only create the desire for another, bigger "zing" from yet another partner. We are beginning to see gay writers admit this, at least indirectly. In *Love Undetectable*, Andrew Sullivan says erotic relationships cannot be trusted to provide enduring love, and it is friends who will be the reliable source of support and affection.

G.O.: The "zing" is artificial, but it is very compelling, and it is what keeps a lot of men in the gay life.

J.N.: Exactly. Jeffrey Satinover talks about the neurological pleasure pathways that get embedded into the brain—actually structurally embedded—and although you may learn new fantasies on top of the old ones, along with better ways of meeting your emotional needs, still, you never completely erase the underlying neurological responsiveness. You can lay new pathways on top of that underlying

one. But many men are having to *really struggle* with an addictive pattern.

G.O.: Right. And unfortunately, getting caught up in that habit pattern like I did, will turn out to be very short-sighted. But the thing that encourages me, thinking about the brain, is that we don't use very much of our brains...and there are so many other "highs" that a person can experience. We get trapped in the idea of thinking that the only way we can enjoy ourselves, or experience any kind of "high" in life, is the unhealthy way we're used to doing it. I try to encourage the men I work with to broaden their perspectives. Even though other experiences might not give them the zing that they're used to, they should go ahead and pursue healthy male relationships, and also

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in gay life.”

find something different that they can really put their hearts into.

J.N.: Exactly. And speaking of finding something else to put your heart into...tell me a little bit about your marriage. You're 46 and you've been married now for twenty years.

G.O.: Yes. Like I said, I lived in the gay life for about four years until age 25, but I was very depressed because it just wasn't working for me. I'm from Nebraska, and I decided to move to California. I figured that would be the best place to live a gay life, and if that didn't work, perhaps I would find some help out there.

In California, I met a youth pastor. He was about seven years my senior, married and with a couple of kids; and without ever having knowledge of your book—it just wasn't written then—he worked with me in just the way you suggest. Neither one of us knew what was going on. In fact, he was a nice-looking man who cared about me, and he saw in me somebody who wanted to do the right thing, but just didn't know how. I remember sitting in his office and he said, "You may have an attraction for me, but nothing is ever going to happen, because I am different." He said, "It doesn't make me feel any different toward you; I'm going to love you and care about you anyway." His attitude just totally diffused my attraction. That was the beginning of help for me. I counseled with him for the better part of a year. During that time I met my future wife and we became really good friends. Before I married, I wanted to be out of any kind of sexual activity for at least a year.

J.N.: Was there sexual attraction to her as well?

G.O.: There was no sexual attraction until close to the time

we were to be married. I started thinking, I'm going to be married soon, so I started thinking about my fiancée more in that way. If I could have counseled myself back at age 25, I would have given myself a little more help and direction, but in the end, I would still have encouraged the marriage. I've taken the position that we are all really heterosexuals, so I do encourage men to get married if I believe they will honor their commitment. I don't want them to endanger or disappoint a woman. But if the man takes the commitment seriously and will honor it above any passing temptations, that is a different matter. I myself am somewhat of a disciplined person, so that helped.

J.N.: Of course, the woman should know.

G.O.: Absolutely, the woman should know. I told my wife before we were married. It was a breath of fresh air for her to find someone who would love her as a friend, and not just want her sexually. So I think that was part of the strength of our marriage. Today I'm a grandfather. We have three children—two girls and one son, a 13-year-old boy.

J.N.: What's your family life like now?

G.O.: The first years of my marriage were more a matter of "doing the right thing." However when you spend so much time with somebody and have children together and live together, you can't help but learn to really love that person. Today I love my wife as much, if not more, I believe, than most guys love their wives. The sexual experience may not be exactly like it is for guys who have *never* struggled with homosexual issues, but it is satisfying, and I look forward to it and it is pleasurable. I would be totally devastated if I lost my wife. I must say that I've changed not only my behavior, but also the way I think about myself; I've changed my identity. I'm very comfortable being a husband, father and now a grandfather.

J.N.: Your children know about your background?

G.O.: Yes. My daughters are 19 and 17, and my 19-year-old is engaged to be married in August. My relationship with my daughters is awesome. But I think some of us guys with a homosexual background think maybe we can't be a very good father to a boy.

J.N.: Yes, especially a boy with a lot of anxieties about his masculinity.

G.O.: So the first two children were girls, and I thought, "Well, the Lord gave me girls and that's fine, so I don't have to deal with worrying about being a father to a boy." I tell you, loving little daughters is unbelievably natural for

me. It's one of the most beautiful pleasures in life. It has always been that way, even as they were growing into their teens. Then my wife wanted a third child, so we happened to get a boy and he has been an unbelievable delight. In fact, going into his room at night and tucking him in and telling him a story or patting him on the back, now that he's a little older, ruffling up his hair and being a little bit rough with him, it is almost like having someone do it to me. It's unbelievably constructive—I'm "healing by giving," and I'm so thankful. It's like having a second chance.

J.N.: You are resolving some of your old needs, by fulfilling them for someone else. I think this is true for all fathers.

G.O.: I would think so, because everybody has some unmet needs from their past. I am extremely content in my life. I would not trade my life for any other. Early on—I

have been married twenty years—during the first ten years of marriage I would occasionally lapse into some depression and I would get pretty down and feel like I was missing out on something, but for years now, I haven't struggled with depression at all.

J.N.: Do you know any other ex-gay men who are married? Is there a circle of support friends?

G.O.: For a number of years I have run a support group with eight or ten guys in it. Men would come and go, but there is a handful who have also gotten married and have children, and they are a good support. I can think of one, my friend Bill, who just told me that his wife is pregnant with their second child, and he is excited about that. But you know, as you said in your book, other guys overcoming homosexuality can be good friends, and some of those friendships are extremely valuable, and I would never want to minimize that. But as far as healing is concerned, I get a whole lot more from straight guys.

J.N.: From "ever-straights."

G.O.: Right. There are "ever straights" that I really enjoy being with, and that's terribly helpful. Then there are the few that are particularly attractive, and with those guys, I kind of force myself to get to know them well enough so that they don't intimidate me and give me that feeling of weakness, of being "less than" them, which could trigger an unwanted attraction on my part.

J.N.: Yes, exactly. That's a very good point. People who are trying to overcome homosexuality should know that you have learned to *push against* the intimidation, especially with good-looking straight guys. You have to get to know them, to break down some of the mystique.

It is often a feeling
of inadequacy
and intimidation
that triggers
a male attraction.

G.O.: It's really funny when you do, because like I say, I make myself do that, because somebody will come across my path—maybe I'm on a committee with them, or whatever—and I notice that my old pattern would be to recoil into myself and to feel inadequate, and then to begin to notice them. They're a residual object—an object of attraction from an old way of relating. So instead I try to get to know them, maybe even touch them with a pat on the back, or a healthy handshake or something, and get under their skin just a little, and then all of a sudden I see their weaknesses—this is *just a guy*, and the mystique is broken.

J.N.: What you see is their humanness, you see the common element. You see how you and he really are connected. You break down that tension, and with it, the fantasy.

G.O.: Somehow, that's what I've felt homosexuality for me has been anyway. It's like there's this "mysterious male" out there, what is he like? Why don't I feel like him? And so by getting to know these guys a little more intimately, that takes the mystique away.

J.N.: That's exactly right. Was there a critical time in your life when you had an insight that helped you with this understanding?

G.O.: Yes. Something happened to me happened about ten years ago. I was going through a midlife crisis—I was about 35, 36 years old—and I had three healthy kids, my business was going fine, we had a nice home, I drove new cars, I had "made it." At such times, guys ask themselves, "Is this *it*?" For me the big question was, "Well I've never really experienced that 'thing' in relation to men. Have I been missing something?"

The way I had thought to get "that thing" was homosexuality, and my way of dealing with those remaining feelings in the early years of my marriage had been to protect myself from attractive men by distancing myself. There would be guys in my past who would say, "You know, I was just getting to know Gordon and we were doing things together, and then all of a sudden we just drifted apart. I don't know what happened." Well, I know what happened. I did not want to make them a sexual object. I did not want to have the hassle, so I just withdrew, and there would be a defensive detachment.

Then I had an experience that knocked me out of the depression and broke apart that old illusion. There was a guy—in fact, he is my brother-in-law—and he and I traveled across the country to pick up an antique car. We had to sleep together on the way back, and in the middle of the night—I had been married ten or eleven years, and hadn't

touched a man for all that time in a sexual way—in the middle of the night, I impulsively touched his penis. (He knew about my background but he had just figured, "Well, Gordon is married and the problem is solved.") I was so terribly embarrassed I wanted to die. He woke up and he said, "Are you OK?"

He didn't condemn me at all. So for another thousand-mile drive and another night in a hotel, we talked about it, and we became friends. He would not let me detach from him. He kept me engaged. He just kept at it. He said, "I don't know, I'm no psychologist, but it just seems right for me to continue to engage you." For me it was real difficult because I was embarrassed, I was ashamed, and I was forced to confront what had happened and work through it. Working through that was the peak—the mountain that I crossed over. It took away the depression, it helped me to open up, and it furthered the emotional healing that I'd already experienced intellectually.

J.N.: Today, would you say today you have no homosexual attractions?

G.O.: No, I wouldn't say that. But the feelings are so different. The way I would like to explain it is, in the early days, it was like I wore this sweatshirt that had a great big "H"

on the front. That was who I was: the shirt said, "Homosexual." Now it's kind of like, it's a little business card tucked in my shirt pocket that is somewhat frayed and dog-eared. Once in awhile I find myself sticking my hand in there and pulling out that old card, and it bothers me a little bit, but life goes on beyond that. It's an occasional irritation, but no longer an obsession.

My life, in fact, is very good today.

J.N.: Your experience tells us a lot about the nature of psychological change. Whatever a man's difficulty—drug addiction, overeating, alcoholism, low self-esteem—it is unlikely that change will simply "erase" those old problem areas. You've made a major emotional shift through insight and new experiences. But some sex-feelings will recur, and because you understand what they signify, now they've lost most of their power.

Sometimes, too, a man must simply *make a willful decision* to put aside the lingering remnants of the old, unwanted homosexual self, as you did, and commit himself to moving on and marrying, if that's what he wants in life.

Thanks very much, Gordon, for sharing your life experiences with such eloquence and transparency.

"I've changed not only my behavior, but the way I think about myself. My life is very good today."

Mothers of Male Homosexuals: A Study

A recently completed doctoral dissertation by Gregory Dickson, Ph.D. found statistically significant differences between the childhood recollections of heterosexual and homosexual men. The dissertation was entitled, "An Empirical Study of the Mother-Son Dyad in Relation to the Development of Adult Male Homosexuality: An Object Relations Perspective."



Gregory Dickson, Ph.D.

A total of 135 men were surveyed—57 ego-dystonic homosexuals; 34 ego-syntonic homosexuals; and 44 heterosexuals from various parts of the United States. Utilizing the Parent-Child Relations Questionnaire (PCR-II; Siegelman & Roe, 1979), the study found that heterosexual males recalled a much better relationship with their mothers. Heterosexual men reported a significantly more loving, less demanding, and less rejecting mother than did homosexual males.

The study further found that male homosexuals reported significantly higher levels of current depression, as well as significantly higher levels of childhood sexual abuse than their heterosexual peers.

Homosexual Men Experienced Their Mothers More Negatively

The study's results supported previously published empirical research that homosexuals and heterosexuals have significantly different recollections of their childhood mother-son relationships.

Going beyond the scope of previous research, the study found that ego-dystonic (dissatisfied with their orientation) homosexual males recalled having experienced a *more demanding mother* than ego-syntonic (satisfied) homosexual men. Otherwise, no significant differences in the recollection of the childhood mother-son relationships were found between the two subgroups of homosexual men.

Commenting on the findings, Dr. Dickson stated, "A cursory review of research to date suggests a lack of uniform findings on the role of the mother-son relationship in the development of male homosexuality. Some authors have found a *close, overly protective mother*, while others have found the opposite—a less loving, more demanding, and more rejecting mother.

While these results are seemingly contradictory, further investigation reveals an underlying consistency, in that the homosexual male has repeatedly reported a significantly

different relationship with his mother than that reported by his heterosexual peers. Whether he reported her as overly close or distant, a negative relational pattern is apparent."

He added, "It is reasonable to assume that either type of relationship (overly close or distant) may negatively impact the developing boy's ability to complete the necessary steps leading toward the accomplishment of the developmental tasks of *individuation and separation*. The overly close and binding relationship with the mother may prevent the young boy from "abandoning" her in order to join his father and his male peers. Likewise, the overly distant relationship

may not allow him to feel secure enough in the mother's love to leave it in order to explore peer relationships with other boys."

The Homosexual Male Often Had to "Choose" One Parent Over Another

Findings of this study and of Dickson (1996) support earlier literature which suggests that the adult male homosexual has experienced a greater dissimilarity of relationships between his mother and father during his developmental years than did his heterosexual peers. The current study drew upon previous literature regarding the healthy early triangulation in which the boy is able to develop both a sense of connectedness to, and distance from, both parents.

"A lack of this healthy triangulation," stated Dr. Dickson, "may result in the developing boy finding himself 'stuck' between parents. He must choose one parent over the other. It appears that this phenomenon is present and much more extreme in homosexual development."

While both heterosexual and homosexual groups reported a significantly higher sense of attachment to mother and a higher sense of love from mother, the study found that the dissimilarity experienced between parents is most apparent in the areas of love, demand, and rejection.

Dr. Dickson stated, "A further complicating factor appears in that while the mother-son relationship demonstrates a negative relational pattern, the homosexual son feels, at the same time, relatively closer to mother than to father. In other words, the child may consciously feel closer to the mother, yet unconsciously feel *unsafe* with her. That unsafe sense may be triggered by either a *close-binding impingement* and/or a *less-loving distance*."

He continued, "It appears the process of growing into a mature masculine identity may be impeded by any of these factors including the mother-son relationship, the father-son relationship, the dissimilarity between the mother and father relationship, and/or a combination thereof...and this conscious and unconscious organization may have resulted in the many seemingly contradictory retrospective findings reported in the literature."

Gender-Identity Development is Thwarted by an Unbalanced Parent-Child Relationship

These findings regarding the mother-son relationship, combined with those found by Dickson (1996) regarding the father-son relationship with the same group of participants are consistent with the object-relations theory of an unhealthy and unbalanced triangular parent-child relational pattern. Such a pattern may thwart the boy's gender and identity development from both the mother's and the father's side, hindering the accomplishment of developmental tasks necessary in order to attain and sustain adult heterosexual relationships.

Furthermore, the study sheds light on the potential relationship of a history of sexual abuse and the development of adult male homosexuality. **An alarming 49% of homosexual surveyed, compared to less than 2% of heterosexuals, reported sexual abuse.**

Dr. Dickson also found results suggesting that homosexual men are significantly more depressed than heterosexual men. However, his findings do not support the experience of sexual abuse alone as an adequate explanation for the homosexuals' level of current depression. Significant differences in the depression scores remained in the comparison of non-sexually abused homosexual and heterosexual participants for current levels of depression.

Childhood Sexual Abuse is Correlated with Male Homosexuality

Results of this study underscore the need for increased understanding of the effects of sexual abuse in the development of adult male homosexuality. Dr. Dickson's findings are congruent with those of Finkelhor (1984) which found that **boys victimized by older men were four times more likely to be currently involved in homosexuality than were non-victims.** All of the respondents in Dr. Dickson's study reported their molestation as having occurred by a male perpetrator; none reported female abusers. This finding, perhaps one of the most significant of Dr. Dickson's study, suggests that sexual abuse should be considered in evaluating etiologic factors contributing

to the development of adult male homosexuality. Dr. Dickson stated, "An experience of sexual abuse could possibly contribute to the sexualizing of the unmet needs for male affection, attention, and connection."

The study's findings do not support the experience of sexual abuse as an adequate explanation of the difference in the way adult males experienced their mothers during childhood. The differences in the recollection of parent-child relations reported by the two groups remained significant following the removal of all sexual abuse cases. Non-sexually abused homosexual males continued to report having a less loving, more demanding, and more rejecting mother than non-sexually abused heterosexuals.

The Relationally Deficient Child is Vulnerable to Sexual Abuse

Commenting on the abuse factor, Dr. Dickson stated, "It is possible that the male child who experiences the negative relational pattern with his mother, along with the less present and negatively perceived father, becomes more susceptible to the perpetrator's advances. Given the relational deficits experienced by the male child, it is also possible that the molestation, as devastating

as it may have been emotionally, simultaneously may be experienced by some of the boys as *their first form of adult male affection*, as well as something relational that is not shared in common with his mother. The abuse could, theoretically, be perceived by the boy as a facilitation of some form of separation-individuation between himself and mother."

Dr. Dickson continued, "It is also reasonable to assume that the sense of shame, secrecy, violation and anger which may result from childhood sexual abuse contributes to the development of a distorted paradigm through which the child views subsequent relationships with self and others. The duty of the parent to protect the child from all harm, as understood by the child, may be perceived as having been forsaken.

"The negative relational pattern present in the family may impede the child's ability to look to his parents for assistance in resolving the pain resulting from the molestation."

The multi-faceted approach of Dr. Dickson's study helps to clarify some of the previous literature's apparent contradictions about potential contributing factors in the development of male homosexuality. His study underscores the significance of the influence of multiple environmental factors in the development of adult male homosexuality. It further emphasizes the complex, often subliminal, yet powerful forces of not only the childhood mother-son and

Childhood sexual abuse
may well be a
contributing factor to
adult homosexuality

New Parents' Group Forms in Maryland

A new group called Maryland Citizens for Parental Rights has recently been formed by Tres (pronounced "Tray") Kerns, a parent with children in the state's public school system. Mr. Kerns attends "Diversity Conferences" and "Making Schools Safe" meetings to present a perspective in opposition to gay advocates.

At those meetings, he sees a growing threat to parents' rights to guide their children's educations. Using the rationale that some parents are "ignorant, dysfunctional, and unable to know what is best for the children," some guest speakers and educators say gay-affirming programs must be introduced to educate the children. But the schools are not neutral on homosexuality as they claim, Mr. Kerns says, because they do not invite other speakers who will promote an opposing viewpoint.

The *Montgomery* [MD.] *Journal* recently published an essay by Mr. Kerns entitled, "School is Not the Place for Homosexual Propaganda." In it, Mr. Kerns describes some of the scenarios that have come to his group's attention:

"A young teenage girl in a local Montgomery County school is sexually assaulted by another female student. Upset and confused, she seeks help from her guidance counselor. To her dismay, the guidance counselor says she is hiding her lesbian tendencies and hands her a book about lesbianism, advising her not to tell her parents.

"In another part of the state, a 15-year-old boy sees his counselor because he is unsure about his sexuality. He is referred to a homosexual club where he eventually has sex with men almost twice his age.

"Back to Montgomery County, where a tenth-grader tries to minister to a friend who thinks he's gay. His local private Christian school reprimands this tenth grader, and sends him to sensitivity classes because of his religious convictions.

"As a parent myself, where is the safe haven for my children?...Parents have a fundamental right to raise their children without interference...*You* can make the difference. What do you want for your children?"

Mr. Kerns' group can be reached at Citizens for Parents' Rights, 410-544-2177.

The Wisdom of Avoiding Premature Self-Labeling

From "Action Group Forms in Seattle: Parents and Teachers for Responsible Schools," by Eleanor Durham (April 1998 NARTH Bulletin):

"Studies by homosexual researcher Gary Remafedi have shown ...that early self-labeling as homosexual or bisexual is one of the three top risk factors for homosexual teen suicide attempts. The risk of suicide decreases by 80% for each year that a young person delays homosexual or bisexual self-labeling (*Pediatrics* 1991:87:869-857). Many other individuals within the gay community have written about the harm caused to young people when they 'come out' at a young age.

"Many youngsters who are thought to be homosexually-oriented are in fact experiencing transitory same-sex attractions for various emotional reasons. A 1992 study by Dr. Remafedi also published in *Pediatrics*, reported that 25.9% of 12-year-olds are uncertain if they are heterosexual or homosexual. This is significant because *only about 2%* of them will identify as homosexual in adulthood. This means that **23.9% may erroneously be identified as homosexual** if they are affirmed as gay at age 12.

"If they are introduced to a homosexual sexual habit pattern while in this transitional stage, they may eventually find themselves confirmed in that behavior pattern—a behavior they might not have adopted on their own, but to which they have effectively been turned, often with devastating personal and social consequences."

Dr. Uriel Meshoulam Also Urges Caution in Gay Self-Labeling

A Massachusetts middle school recently was in the center of controversy because of its decision to celebrate homosexual diversity. In an effort aimed to "make students feel safe," the school's principal approved a gay-affirming bulletin board featuring famous historical figures who may have been homosexual. Dr. Uriel Meshoulam cautioned the school with the following letter-to-the-editor, published in the Boston Globe:

"The bulletin board, although well-intentioned, has the effect of perpetuating the popular notion that people fall neatly into categories of sexual orientation. This false notion strongly encourages teenagers to close the question of their sexuality in a simplistic way, and shut it prematurely.

continued on next page

"Rather, teenagers must give themselves time to grow, and learn to think about their sexuality in more sophisticated and complex ways.

"As a psychologist, all too often I see people in therapy, sexually conflicted and confused, have their plight compounded by social pressures coming from both sides of the aisle—the religious right and the 'correct' left. Well-intentioned affirming messages, such as 'be true to your real self,' imply a fixed, 'true' and probably inborn sexual orientation. This powerful truism, more often than not, makes young teenagers feel that they need to quickly make up their minds as to 'who they really are.'

"Although much less comfortable, it is important for many to keep the issue of their sexuality, as well as their minds and hearts, open to alternative definitions. As G.A. Kelly taught us, we continually invent ourselves. Political correctness, unfortunately, serves to encourage kids to hastily settle on a certain definition of themselves, and slam the door at the possibility of self-reinventing."

Jeffrey Satinover Receives NARTH Fellow Award

At the annual NARTH meeting last fall, Scientific Advisory Board member Jeffrey Burke Satinover, M.D. was granted the NARTH Fellow award for his distinguished contributions to psychiatric research and literature. Dr. Satinover is the author of *Homosexuality and the Politics of Truth*, published by Baker/Hamewith in 1996. Excerpts of that book can be found on the NARTH website, www.narth.com.

NARTH Website Use is Growing

Visitors to our website (www.narth.com) numbered 10,133 in the month of February—an all-time high figure. Our web visitors logged on that month from 61 countries worldwide.

Then in March—perhaps due to the publicity generated by the "Dr. Laura" radio show—usage reached a new high figure of just over 15,000.

One web user (name withheld) wrote NARTH as follows:

"Saturday night, I found the NARTH website on my computer. I couldn't believe the articles, the truth that was being told. I knew it in my gut. Why hadn't I seen this anywhere before? Why was this knowledge being hidden?

"In the gay community there is acceptance of anyone, any act, any abuse. Personal values are lost in the lust. Anything and everything can be explained away in the expression, 'I like it,' 'He made me do it,' or 'I did the best I could.' Having been an Eagle Scout and Sunday School teacher, this troubled me. I knew values gave my life

strength and meaning. Reading the statistics—that the way for lovers to stay together was to have 'open' relationships—doesn't appeal to me. Most gay men have no time for relationship; there is too much sex to be had."

It's a War of Words

Social scientists know the influence of a name; in recent years, for example, clinicians who work with the mentally retarded have succeeded in erasing some of the stigma by labeling such children "exceptional" and "special." While few begrudge a handicapped child the advantage of a different name, the war of words is played with different stakes when it is used to shame one's opponents or to confuse the argument in a public debate.

Advocates now justify gay-affirming school counseling and sex education with program titles such as —(who but a grinch could argue with programs with names like these?) "Making Schools Safe," "Teaching Respect for All," "Tolerance and Diversity in a Multicultural World," "Suicide Prevention Among Gay Youth," and "Recognizing the Needs of Our Sexual Minority Children."

The term "sexual minority" in particular appears to have been adopted for its implied link to the civil-rights movement, in spite of the fact that a "sexual minority" group would necessarily include less desired categories such as pedophiles, sadists, fetishists, etc.

As author Joe Dallas pointed out in his book *A Strong Delusion*, the public tends to ally itself with whichever side seems "nicest...usually, that means the gay spokesman asking for antidiscrimination laws, or support clubs for gay teenagers. The person against these things...doesn't seem 'nice,' no matter how nice he may truly be." Mr. Dallas sees this same tendency in many churches — "'niceness' is taking precedence over truth."

Gay Advocacy Groups Gain Momentum

The Advocate announced that the Human Rights Campaign (a gay group) has a 1999 budget of \$15.1 million, and the National Gay and Lesbian Task Force increased its budget 30% this year to \$3.6 million. *The Advocate* attributed the increase in funding to an angry reaction against the growth of "right-wing groups," as well as the recent "Truth in Love" ad campaign which stated that change is possible.

Exodus Conference in July

The international Christian ex-gay organization, Exodus, will hold its annual conference at Wheaton College in Wheaton, Illinois from July 26th through July 31st this year. Featured speakers will include Leanne Payne, author of

The Broken Image.

Exodus is the largest religiously-based, ex-gay support and counseling network in the country. In recent years, the group has been the subject of considerable media attention, particularly through the "Truth in Love" advertising campaign, and media interviews with numerous ministry leaders who have offered public testimony of change from homosexuality.

"Don't Believe Everything You Read"

Recently a conservative Catholic publication picked up on NARTH's Fact Sheet, "The Problem of Pedophilia." Reprinting it almost in its entirety, the newspaper titled its article, "APA Pushes for Public Acceptance of Pedophilia."

While NARTH always appreciate friendly publicity, sometimes our sympathizers carry the issue too far. As we wrote in a letter to that publication:

"The truth is, some advocates within the APA appear to be gradually *opening the door* to the normalization of pedophilia—but APA certainly cannot be accused of 'pushing for public acceptance of pedophilia.' (In fact, APA's official stance would be quite the opposite.)

"We do not claim that 'normalization of pedophilia' has occurred—but more accurately clarify that the A.P.A. has *offered a platform* to normalization advocates."

Ann Landers Still Misinforms

Although several NARTH members have written columnist Ann Landers to offer both scientific information and personal stories of change, she continues to mislead her readership.

In a recent column Ms. Landers told a gay reader how to deal with her mother as follows: "Explain to her that your sexual orientation is not something you chose—it's the way God made you." She then proceeded to recommend P-FLAG, the radical organization described in a previous *NARTH Bulletin*.

Planned Parenthood Encourages Valuing of Homosexuality

On its website Teen Wire (www.teenwire.org), Planned Parenthood encourages teenagers to circumvent the authority of their parents in sexual matters. It also bestows its approval on a homosexual orientation ("It's a fine thing") as well as a gay lifestyle. The organization states:

"Frankly, a web page can't decide for you if you're ready [for sex] or not. Neither can your best friend, boyfriend,

girlfriend, parent, brother, counselor, rabbi—well, you get the idea. The only person who can know when the time's right is *you*."

"The truth is this: if you're lesbian, gay, straight, or bisexual, that's what you are, and it's a **fine** thing. Don't sweat it, accept it, because no amount of denial is going to change what makes you hot."

Is The Sky Blue? No Clues There, Either

"Clearly, there is a lot more [in causation of homosexuality] than just genes going on...What is *not* known is, **What** about the environment is important? And for that, **we are just as clueless** as we were 100 years ago."

—Gene researcher Dean Hamer ("The Fading Gay Gene," *Boston Globe*, 2-7-99, p. C1), who is gay.

Reincarnation is "In," Reorientation is "Out"

Recently the *San Bernardino Sun* published a letter-to-the-editor by NARTH member Mitchell Harris, Ph.D. Dr. Harris criticized an advice column written by Deb Price, a lesbian activist who applauded the American Psychiatric Association's rebuke of reparative-type therapies. Ms. Price considers such therapies abusive and fraudulent.

"Since APA is attempting to rid the marketplace of 'fraudulent' therapies," Dr. Harris wrote, "perhaps their next target will be **past-lives therapy**. This is not a tongue-in-cheek jibe. In California, numerous practitioners use a therapy based on the assumption of reincarnation. Or are these therapies within the politically protected preserve?"

In a separate letter to NARTH, Dr. Harris noted that psychologists can receive continuing education credit toward license renewal for courses in disciplines such as "Sandplay" and "The History and Cultural Evolution of the Japanese Courtesan."

Gay High School Clubs Put Students in Spotlight

A Massachusetts parent recently wrote us to express her anger that her 15-year-old son had been involved for some time—without her knowledge—in a school club called the Gay-Straight Alliance (GSA). Her son was photographed with the club for a local newspaper article.

The GSA distributes materials to sexually questioning students, offering them a "safe place" to talk about their sexuality. A GSA pamphlet, sent to NARTH by the concerned mother, encourages questioning teens to free themselves

from narrow, either-or, "Western stereotypes" and "try on a little Eastern thinking"—that is, consider seeing themselves as bisexual.

The boy's mother said that she is "appalled at the voluminous amount of marketing material" that is distributed to students from a one-sided position. She wrote:

"If one is a 'questioning' student, this material provides them little escape from believing they are gay! The GSA working in isolation has enormous unsupervised power to influence a questioning child's self-perceptions.

"Because my son is a 'questioning' boy of 15, I am greatly concerned at the school's role in leading him down a path which may cause him great distress, not to mention his family...My son is now so firmly connected to the GSA that my refusing him to be involved would cause great distress and would work further against me as a parent. If the GSA is to exist, it must acknowledge that the [gay-is-who-you are] ideology is not the only ideology. Information must be made available that covers a full range of thinking on this topic, and be given equal play.

"It should be assumed that ALL children who are participating in this group are 'questioning' children. As it is now, the material available assumes the child 'knows' they are gay or lesbian and SUPPORTS them in coming out. Parents should have a voice in helping their child work through the sexual-identity confusion.

"Please understand that I'm not against the safety of gay/lesbian children in the schools. This is critically important. I am against the sweeping power the GSA has to promote a matter-of-fact ideology without any supervising controls—especially from parents."

Gay Activists Describe their Values

Gay activists Gabriel Rotello (author of *Sexual Ecology*) and Michelangelo Signorile (*Life Outside*) are both conservatives in the gay community, in the sense that they have spoken out strongly about the dangers of irresponsible promiscuous sex and sexually transmitted diseases, and have taken rancorous criticism from the gay community's more liberal faction.

Interestingly, however, the label "conservative" in the gay community does not mean the same as thing as "conservative" in the larger community. Signorile speaks non-judgmentally of the "raunchy, impersonal atmosphere" of sex in public parks and bathrooms—and he is careful to note that he, himself, would never make a moral judgment about such public sex:

"There's *nothing morally wrong* with this—and I say that as someone who has certainly had my share of hot public sex, beginning when I was a teenager and well into my adulthood." (p. 27)

Similarly, activist Gabriel Rotello says he has been maligned as a "moralistic crusader" for his stand against unsafe sex. Nevertheless it is interesting to note that he reassures the gay community as follows:

"Let me simply say that I have no moral objection to promiscuity, provided it doesn't lead to massive epidemics of fatal diseases. I enjoyed the '70's, I didn't think there was anything morally wrong with the lifestyle of the baths. I believe that for many people, promiscuity can be meaningful, liberating and fun." (p. 24)

—*The Harvard Gay and Lesbian Review*, Spring 1998, Volume Five, No. 2

Gay Advocates Move into Two New "Taboo" Areas

During its preliminary stage in the quest for social for acceptance, the gay movement first focused on appeals for tolerance and diversity. Now, however, advocates have begun to move into two new areas where they will encounter much more social resistance – the areas of pedophilia, and of public sex.

The pedophilia advocates are asking for a lowering of age-of-consent laws, along with an end to labeling of consensual child-adult sex as abuse. A recent study in an American Psychological Association-sponsored journal claims that some homosexual, consensual adult-child sex appears to be psychologically harmless. (NARTH's Fact Sheet "The Problem of Pedophilia" describes this study.)

Now, advocates are speaking out in favor of public sex as well. The National Gay and Lesbian Task Force (NGLTF), for example, recently sponsored a conference in Pittsburgh called "Creating Change." The NGLTF is not a fringe group but a national voice, with a 1999 budget of \$3.6 million.

The *Lambda Report* revealed in its January-February issue, that a panel was offered by the NGLTF entitled, "Transforming Campus Sex Panics into Sex-Positive Policies." This panel was described in the NGLTF brochure as follows:

"Public sex is a reality of campus life. There are rules and cultural norms for participation in public sex. Complaints arise when these norms are broken. We will present a **sex-positive** approach to facilitate practical, **non-judgmental** solutions, as campuses seek to balance the needs and inter-

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ests of the educational institution with those of public-sex participants."

Some licensed counselors are also now advising their gay clients to try public sex as a means of maintaining sexual interest in longterm relationships. Advocacy of these practices has begun to be seen in mainstream psychotherapy journals.

The relatively sober journal *Family Therapy Networker* published a case history in its March/April 1999 issue entitled, "Monogamy and Gay Men: When are Open Relationships a Therapeutic Option?" (p. 63-71) in which the counselor sought to help a monogamous but sexually bored gay couple stay together by bringing in a third person for group sex, and also by trying sex while others watched in a gay bathhouse, or sex on a public beach.

This counselor—an instructor at Hunter College School of Social Work—advises: "As a gay therapist who has seen hundreds of gay couples in a vast range of unconventional, loving and sustaining relationship configurations—including monogamy, semi-open relationships (Thursday nights off), three-partner relationships and more—I have grown to respect the fluidity and customized relationship forms that can work well for gay men."

He celebrates the gay culture's "permissiveness and sexual freedom," saying, "As a couples therapist, I am always trying to find options that match the needs of the people in front of me...As someone who has seen such relationships work, I avoid pious judgments."

He sees the variety of options for gay relationships as "a tremendous strength and resource," and adds that "the honesty with which many male couples address the issue of nonmonogamy may, in fact, serve as a model for heterosexual couples as well."

How Easy It is, to Research the Causes of...Smoking

In a cover article on the politically favored issue of smoking, the *APA Monitor* pieced together the puzzle of what causes addiction to cigarettes. Without a vocal lobby of "addictees" to offend, APA is able to write with a bold and breezy self-confidence. This model of causation will sound familiar—because it almost exactly describes what NARTH says about homosexuality:

"Researchers already know that about half the blame for smoking goes to environmental factors, including parents and friends who smoke, society's acceptance of smoking, the availability of cigarettes and the abundance of cigarette advertising. The other half can be blamed on heredity, according to studies that show identical twins are far more likely to share a smoking habit than fraternal twins...As with most behavioral traits, there are likely many genes

that contribute to one's proclivity to smoke. And each gene likely wields a relatively small effect, and interacts not only with the other genes, but also with the environment...

"The next step is to see how these genetic effects relate to psychological, social and environmental factors and to develop a comprehensive model of addiction...The easy part is finding genes. The hard part is sorting through the gene-environment interactions."

Ironically, one researcher said that the "public health imperative of the smoking problem almost demands" that researchers immediately cooperate to thoroughly understand the causes and treatment for smoking.

—*APA Monitor*, vol. 30, no. 1, January 1999, page 1.

It's a Schizophrenic Culture

Multiculturalism reigns today as a prevailing philosophy among the intellectual elite—that is, all cultures are studied without evaluative judgment, and are considered to be merely different—not unequal. Yet ironically, Hillary Clinton recently made a strong public statement demanding that all cultures respect an intrinsic moral absolute—that is, the right of women to be free from paternalistic oppression.

The exception to multiculturalism made by Mrs. Clinton was noted with some amusement by cultural traditionalists. The latter have believed all along that even as man must live by certain laws of physics (the law of gravity, for instance), so, too, must he live in harmony with certain natural laws which he ignores only at his peril.

Then in April, *Newsweek* ran a story about child sacrifice among the early Incas, which it described without qualitative judgment. It presented human sacrifice from the ostensible Incan point of view as a tender, charming time of "peace and worship" when the drugged children were placed on a freezing mountaintop and smothered with snow and rocks. *Newsweek* also described (also with a startling absence of judgment) the practice of slowly squeezing a baby's skull into the shape of a mountain peak as a way of honoring the mountain gods.

The American Psychiatric Association is just as philosophically conflicted as the multiculturalists. Since homosexuality was normalized in 1973, the association has been reluctant to label disordered the most bizarre sexual behaviors, such as fetishism and sadomasochism. The A.P.A. has begun to divest itself of any theory based on unconscious motivation, accepting instead the adaptational view that if no distress and disability can be readily measured, then the condition is psychologically normal. One wonders what price will be paid for this ultimately untenable position. ■

the Family Research Council, a Washington-D.C.-based public policy organization, scheduled a press conference on the subject. Counselor Richard Cohen, M.A., is slated to represent NARTH at that conference, where he will describe his own experience as a former gay man and also as a childhood sexual-abuse survivor.

World magazine featured an article using the information in NARTH's Fact Sheet. In an essay entitled, "Tossing the Last Taboo: Psychologists Hail the Benefits of Pederasty," by Gene Edward Veith (4-10-99, p. 28), *World* noted that 42% of the male college students surveyed retroactively viewed their abuse as "positive" while a substantial proportion also thought it had a positive influence on their current sex lives.

"If so many of the men considered their abuse to have been a good thing and a 'positive influence on their lives,' this is simply more of the abundant evidence that child molesting turns its victims towards homosexuality," the newsmagazine commented.

NARTH's Fact Sheet also had an effect in Washington: House Majority Whip Tom DeLay told the Associated

Press that he was "appalled and sickened" by the conclusions in the A.P.A.-published study. DeLay's views were expressed in an April 15th AP article, "DeLay Criticizes New Professional Views on Child Sex Abuse."

In the DSM III-R, acting on a pedophile impulse was by itself, sufficient to cause a diagnosis of pedophilia; in the DSM IV, a person must also experience distress and social disability. However after NARTH brought this change to public attention, the A.P.A. issued a public-information sheet which *contradicts* this diagnostic criterion—stating that the molestation of a child would by itself, generate a diagnosis of pedophilia. To its credit, the American Psychological Association has also recently denounced child molestation in very strong and clear language—interestingly, on moral grounds as "wrong."

Yet at the same time, the Association was offering a major platform to normalization advocates in a world-renowned journal.

For a copy of our Fact Sheet, see our website www.narth.com, or write us; for a small donation, we will send it directly. ■

NARTH Seeks Program and Resource Officer

NARTH has experienced remarkable growth in the past year, expanding from a professional group to a nationally known public-policy association.

We are now seeking a new employee with energy and creative vision. This person should have passionate commitment to our goals and objectives and a "roll-up-the-sleeves, get-it-done" attitude. This is an opportunity to join a very hard-working and committed team, and to help drive NARTH into the forefront of the national debate this year.

That person will—

- *Serve as chief fundraiser to develop a broad donor base from individuals and charitable foundations;*
- *Manage financial and administrative matters;*
- *Move NARTH into every arena of the public debate—in education, mental health, media, legislation, parenting, religion, and public health by making contact with the national leaders in those areas.*

This person will work directly under Executive Director Joseph Nicolosi in the NARTH office. Salary will be competitive. Please send your resume to NARTH

"On Arriving at the American Psychiatric Association Decision on Homosexuality"

By Irving Bieber, M.D.

To keep the record straight against the threat of psychological revisionism, NARTH will from time to time, publish important historical articles documenting psychoanalytic and psychological studies on the subject of homosexuality.

The author of this article is the late Irving Bieber, M.D., the eminent scientist in whose honor NARTH has named the research library now forming. Dr. Bieber was one of the key participants in the historical debate which culminated in the decision to remove homosexuality from the psychiatric manual.

Dr. Bieber's article describes psychiatry's attempt to adopt a new "adaptational" perspective of normality. During this time, the profession was beginning to sever itself from established clinical theory—particularly psychoanalytic theories of unconscious motivation—claiming that if we do not readily see "distress and disability" in a particular psychological condition, then the condition is normal.

On first consideration, such a theory sounds plausible. However we see its startling consequences when we apply it to a condition such as pedophilia. Is the happy and otherwise well-functioning pedophile "normal"? As Dr. Bieber argues in this article, psychopathology can be ego-syntonic and not cause distress; and social effectiveness—that is, the ability to maintain positive social relations and perform work effectively—"may coexist with psychopathology, in some cases even of a psychotic order."

NARTH President Charles Socarides argued the same point in a review he wrote of gender researcher Robert Stoller's *Pain And Passion: A Psychoanalyst Explores The World Of S & M*. In that book, Dr. Stoller acknowledged the psychodynamic causes of sadomasochism, and then described practices, utensils, and bodily parts used in sadomasochistic performances. He offered a six-page listing of the various methods used to inflict pain and humiliation on willing victims, including the different hanging techniques used to achieve orgasmic ecstasy. But then Stoller claimed sadomasochism was no more abnormal than "dislike of zucchini"—asserting that only our "deep prejudices" about perversion lead us to label it abnormal.

Indeed, as some prominent cultural observers have noted, the democratic drive toward ever-greater equality has turned Americans against any conclusion which entails values and consequences—resulting in a growing trend toward rejection of all evaluative conclusions as unkind and "undemocratic." Legal scholar Robert Bork sees this as a natural consequence of democracy untethered from

its Judeo-Christian roots of self-restraint and responsibility, guided instead by unrestricted egalitarianism.

Reading the following account by the eminent Irving Bieber, the reader is reminded of the historic role played by Dr. Bieber and NARTH President Charles Socarides. Both influential and courageous men stood, we believe, for truth in a profession that has set itself adrift by rejecting its theoretical and philosophical roots.

Reprinted by permission from *Scientific Controversies: Case Studies in the Resolution and Closure of Disputes in Science and Technology*, edited by H. Tristram Engelhardt Jr., and Arthur Caplan, Cambridge U. Press, 1987.

The article has been slightly abbreviated for inclusion in the Bulletin, and subtitles were added.

The deletion of the term *homosexuality* from the American Psychiatric Association's revised diagnostic and statistical manual was not simply arrived at after carefully considered judgment by a group of psychiatrists. It was the climax of a sociopolitical struggle involving what were deemed to be the rights of homosexuals.

It is my aim here to separate out the psychiatric and conceptual issues from the sociopolitical issues; to document my own theoretical and clinical position; and to describe the events that I participated in and observed—all of which I trust will bring into focus the elements that went into the American Psychiatric Association's decision of 1974.

The complexity of homosexuality as a category of human adaptation has stimulated argument and controversy among lawmakers, the clergy, and behavioral, social, and biological scientists. Is it a sin, a crime, a deviation? Is it a dislocation of sexual development or an illness? Is it a constitutional disorder, a genetic misprint, a habit? The question of whether homosexuality is or is not an illness played an important role in the APA decision.

Coming from another direction was the influence of the gay activist groups who believed that prejudice against homosexuals could be extinguished only if, as homosexuals, they are accepted as normal. They claimed that homosexuality is a preference, an orientation, a propensity; that it is neither a defect, a disturbance, a sickness, nor a malfunction of any sort. Therefore, homophile leaders and their followers consistently impugned the motives and ridiculed the work of those psychiatrists who asserted that homosexuality is other than normal. The long-term research that has engaged my attention for many years has demonstrated that homosexuality is other than a normal sexual adaptation.

**What the Bieber, *et al* Research
Revealed about Homosexuality**

In 1962, the research team that I had led, consisting of nine practicing psychoanalysts and two psychoanalytically trained psychologists, published the findings of a nine-year study of male homosexuals.¹ The team psychiatrists and 77 respondents to a 500-item questionnaire were members of the Society of Medical Psychoanalysts, whose roster consisted of faculty and graduates of the Psychoanalytic Division of the Department of Psychiatry of New York Medical College.

The research sample consisted of 106 male homosexuals and a comparison group of 100 male heterosexuals, all in psychoanalytic treatment with members of the society. The data obtained were analyzed statistically in consultation with statistical experts,² and the clinical implications were carefully analyzed and evaluated.

When the volume first appeared, critics questioned the methodology on two major points: First, how reliable were data obtained from analysts, rather than directly from the patients, whose information concerned not only themselves but their families, whom the analysts had never seen? Second, could the findings obtained from a white, middle- and upper-class population be generalized to the homosexual population at large? I am now in a position to address those issues.

Dr. Spitzer suggested
that if the
voyeurs, fetishists,
and sexual sadists
were to organize,
they, too,
might find their
conditions normalized.

In the many years since our volume was published, I have interviewed more than 1,000 male homosexuals in psychoanalytically focused psychiatric interviews. I have also examined about 75 pairs of parents of patients. In all regards, the data were in accord with the findings reported in our volume. Most subjects of this large sample were interviewed at a city hospital, came from a lower socioeconomic strata, and belonged to one of three ethnic groups: black, Puerto Rican, or white, distributed about evenly.

Patient and Non-Patient Samples Had Similar Findings

In 1960, Westwood had published a study in England of 127 working-class male homosexuals, only 5 percent of whom had ever been in psychiatric treatment.³ In those areas where our study tapped similar items, the findings were similar. A study of nonpatient homosexuals by Snortum and his coworkers, and another by Evans, each using our questionnaire, reported findings similar to ours, although there were differences in interpretation.⁴ The consistency of findings on nonpatients coming from lower social classes supports the appropriateness of generalizing from a patient sample to the homosexual population at large.

Our study contained questions that tapped the following areas: interparental relationship; mother-son relationship; father-son relationship; siblings; the triangular family system; developmental aspects of the prehomosexual child; homosexuality in adolescence; sexual adaptation of the male homosexual; latent homosexuality; and the results of treatment. Space will permit only a brief review restricted to the relationship of mother and son, father and son, and aspects of the development and socialization of the child. Statistics describing the homosexual and heterosexual sample will be given to emphasize the differences between them, bearing in mind that psychological problems brought each group into therapy.

The items listed in Table 18.1 significantly differentiated the homosexual from the heterosexual sample at levels of confidence varying from 105 to .001. For about 80 percent of the mothers in the homosexual sample, a picture merged of a woman who was overly close to this particular son, spent a great deal of time with him, and preferred him to his siblings. More often than not, she openly preferred him to his father. The son became her confidant, and some mothers even confided to him the details of their sexual life with the father or lovers. Such a mother carried on a nongenital yet sexually oriented, romantic relationship with a son who replaced the father in this role.

The Close-Binding, Intimate Mother

Not only was there an exaggerated concern about the son's health and possible injury, but other salient findings revealed that these mothers interfered with the son's assertiveness, and they tended to dislocate his relationship with the father, with siblings, and with peers. We called this type of mother "close-binding-intimate" (CBI). Most mothers of homosexuals whom, at a later time, we were able to interview also conformed to this profile. But not every mother of a homosexual had these characteristics. In the study, six were found to be detached and uninterested; in a few cases, the sons had been boarded out to institutions and foster homes. We found that homosexuality can develop without the frequently occurring CBI mother-son bond.

Table 18.1 The Mother-Son Relationship

| <u>Questionnaire Findings</u> | <u>Level of Confidence</u> |
|--|----------------------------|
| The patient was mother's favorite. | .050 |
| The mother demanded to be the centre of patient's attention. | .001 |
| Mother was dominating. | .050 |

| | |
|--|------|
| Mother was seductive. | .050 |
| She spent a great deal of time with patient. | .001 |
| She did not encourage masculine attitudes and activities. | .001 |
| She discouraged masculine attitudes and activities. | .010 |
| She encouraged feminine attitudes and activities. | .001 |
| She was puritanical. | .050 |
| She was considered to be sexually frigid by her son. | .001 |
| She allied with her son against her husband. | .010 |
| She openly preferred son to husband. | .010 |
| She was more intimate with the patient than with his siblings. | .050 |
| She interfered with heterosexual activities. | .010 |
| The patient was the mother's confidant. | .050 |
| The mother was the patient's confidant. | .050 |
| The mother was unduly concerned with protecting the patient from physical injury. | .050 |
| The mother's concern about health and injury caused her to interfere with or restrict his play, socializing, and other activities. | .001 |
| The patient considered his mother to be overprotective. | .010 |
| The patient was excessively dependent on his mother for advice in making decisions. | .010 |
| The mother babied the patient. | .010 |
| She administered frequent enemas. | .050 |
| The patient could cope with the mother more easily than with the father. | .010 |

The Detached Father

The items listed in Table 18.2 distinguished the fathers of the homosexual sample from the fathers of the heterosexuals. The father-son relationship was almost the diametrical opposite of that between mother and son. The paternal portrait was one of a father who was either detached or covertly or overtly hostile. Detachment of a parent from a child is in itself an oblique manifestation of hostility, and perceptive children easily catch subtle attitudes toward them. But even where hostility may not be present, children are apt to interpret the detachment as a negative attitude of some sort.

Although we found that most mothers were CBI, there was also, as pointed out, variance in the mother-son pattern. Some mothers were not remarkable; some were detached; a few were hostile. The father-son relationship, however, revealed uniformly an absence of loving, warm, constructive paternal attitudes and behavior. In my long experience, I have not found a single case where, in the develop-

ing years, a father had a kind, affectionate, and constructive relationship with the son who becomes homosexual. **This has been an unvarying finding.**

Father is the Crucial Variable

It is my view, and I have so stated and written, that if a father has a kind, affectionate, and constructive relationship with his son, he will not produce a homosexual son, no matter what the mother is like. It turns out, contrary to popular thought and some psychoanalytic theories, that the crucial and determining relationship in the evolution of male homosexuality is usually not with the mother but instead with the father. When a homosexual is questioned about his childhood with his father, frequent answers are of this type: "He was not there"; "I don't remember"; "He played no part"; "He was not interested"; "He was hostile, mean"; "He hit me"; "I hated him"; and so on. The son leaves his childhood years with, on the one hand a profound fear and conscious or unconscious hatred of his father and on the other a deep yearning for his acceptance and affection. These elements of the father-son relationship dominate the psychopathology of the adult male homosexual.

Table 18.2 The Father-Son Relationship

| <u>Questionnaire Findings</u> | <u>Level of Confidence</u> |
|---|----------------------------|
| The patient was not his father's favorite. | .001 |
| Another sibling was the father's favorite. | .010 |
| The patient was the child that the father least favored. | .010 |
| The patient did not feel accepted by father. | .010 |
| The father spent very little time with patient or was absent. | .001 |
| The father did not encourage masculine activities. | .050 |
| The patient consciously hated his father. | .001 |
| He hated and feared his father. | .001 |
| He did not respect his father. | .010 |
| He did not accept his father. | .001 |
| The father had less respect for the patient than for other sons. | .050 |
| The patient did not side with his father in parental arguments. | .010 |
| He did not cope with his father more easily than with his mother. | .010 |
| He feared that his assertiveness would anger his father. | .010 |
| He feared that his father would hurt him. | .050 |
| He felt his father did not consider his needs. | .010 |
| He did not feel currently respected by his father. | .010 |
| He did not admire his father. | .001 |

A Continuity of Poor Male Relationships

Table 18.3 lists the developmental aspects for which we found statistically significant differences between the heterosexuals and the homosexuals during their childhood years. We noted a continuity of traumatic experiences with males, starting with the father. Brothers were also usually feared and hated, and the prehomosexual child had difficulties with same-sex peer groups, until adolescence. The consistent history of unremitting fear of and hostility to other males throughout childhood has led me to conclude that male homosexuality is basically an adaptation to a disorder of a man's relationship with other men.

In childhood and beyond, affection and trust are felt toward the mother, perhaps women relatives, sometimes a sister, and not infrequently girl friends. At adolescence there tends to be a change, and social life improves. With the opening of this era there is an abatement of the combative play of preadolescent boys, making it easier for the homosexual teenager to come into contact with peer mates.

Table 18.3 Developmental Aspects

| <u>Questionnaire Findings</u> | <u>Level of Confidence</u> |
|--|----------------------------|
| The patient was excessively fearful of physical injury. | .001 |
| He avoided physical fights. | .001 |
| Play activity before puberty was predominantly with girls. | .001 |
| He was a lone wolf in childhood. | .001 |
| He did not participate in competitive games. | .001 |
| He did not play baseball. | .001 |
| He was a clinging child. | .010 |
| He was reluctant to start school. | .010 |

Fear of Heterosexual Relationships

The psychoanalyses of adult homosexuals reveal that they perceive other men in two ways: as aggressors who are feared and are identified with the father, with successful brothers, and with combative peers; and as nonaggressors and as homosexuals like themselves who are not feared. This division enables them to come into a relationship with men, men who need not be defended against. Relationships with women in adult life are more trustful and positive, as long as the possibility of sex and romance is excluded. The fear is that a heterosexual attempt will elicit a dangerous, even lethal attack by combative men. A frequently reported dream tells the story. The opening segment depicts the patient with an attractive young woman. Then there is a threat of attack or an actual attack by an aggressive male. In the third sequence, heterosexuality is

abandoned, and the dreamer is involved in substitutive homosexual activity.

The cues that "turn on" a homosexual illuminate the operant psychopathology. Elsewhere I have delineated three categories,⁵ but undoubtedly there are more. The first relates to the displacement of a heterosexual stimulus to a homosexual object; that is, a particular feature of a woman significant in the patient's life is perceived in a man. It becomes an arousing stimulus, although there is no awareness of it.

Arousal Cues

One patient became aware that he was attracted to men who had eyebrows like his mother's. Actually he was reacting to a heterosexual stimulus, a feature associated with a woman, his mother, but the incestuous aspect of the arousal had to be disguised by displacement to a male. Other physical features also serve as arousal cues, particularly eyes and skin texture. Some homosexuals are attracted only to men with very smooth skin or who are hairless, or men whose fat distribution suggests femininity or whose attitudes and behavior may suggest femininity. Thus, feminine traits are not infrequently sought for their ability to stimulate sexual arousal, although such motivations may be completely unconscious.

The second category includes the eroticizing of the feared stimulus. For example, a bisexual patient became aware that he was aroused by men who had hands like his father's. His father was a strong, burly workman with large, thick hands. He had often beaten the patient with his hands. Yet, as an adult, hands like the father's excited the patient sexually.

During an interview, an exclusively homosexual young man told me that he was attracted to hairy men. I obtained the following dream from him: In the opening scene he is in bed with a young woman. It is obviously a heterosexual setting. Next, there appears from under the bed a big, brawny, very hairy arm with knife in hand, threatening to kill him. Again, the dream sequence starts with a heterosexual segment; then there is a lethal attack by a man whose arm is covered with hair, the stimulus that is homosexually arousing.

Another common arousal phenomenon is the sight of a large penis. Only the very large penis is sexually exciting to certain homosexuals. It is the symbol of ultimate masculinity. The dynamics of the compulsive urge to possess this symbol of masculinity, which is also feared, is an attempt to neutralize fear through eroticizing the feared stimulus. Unconscious attitudes toward the large penis vary. One patient, the night after he had fellated a large penis, had a dream that he had blood on his teeth, a depiction of his wish to castrate the penis that had consciously excited him.

The Wish to be Loved by Males

A third category consists of interpersonal reparative attempts. Many homosexuals become sexually excited when a man shows them warmth and acceptance. They are turned on by it even though the partner may not conform to the physical type who is usually arousing. This is a central element in the dynamics of homosexuality. As previously stated, the homosexual leaves his childhood relationship with his father and other males with profound fear and hatred but also with envy, admiration, and the wish to be accepted and loved by them. The homosexual response very often is based on a need to redeem masculine affection.

Results of Treatment

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 data on 15 of the 29.⁶ Of these 15 men, 12 had remained exclusively heterosexual; the other 3 were predominantly heterosexual, had married, but had occasional episodes of homosexuality when under severe stress.

Of the 12 who had remained consistently heterosexual, 7 had been among the 14 who had been exclusively homosexual when they started treatment. Thus, 7 men who started treatment exclusively homosexual had been exclusively heterosexual for at least six or seven years.

What is Normal?

Now to turn to the issue of normalcy: It has been the position of the gay activists that homosexuality is within the normal range of human sexual behavior. They claim that the only reason psychiatrists and others designate homosexuality as abnormal is because society does not look upon it as socially acceptable. They also claim that homophobic psychiatrists have used prejudicial social criteria to designate homosexuality as other than normal.

This, of course, is not the case. Any phenomenon that is statistically normal refers to the average, the mean, or near the average. Normalcy also refers to health as opposed to illness or pathology. The common cold is statistically normal because most people catch cold, but having a cold is not a normal condition. A cold is a viral infection, and there are demonstrable pathophysiological signs and symptoms that make the cold abnormal. In designating any behavior or condition as other than normal, psychiatrists use neither frequency distribution, nor standards of social acceptability as criteria.

Is Fear-Based Behavior "Normal"?

Behavior is psychologically abnormal when it is based on irrational or unrealistic fears. In the case of homosexuality,

as I have emphasized, the fears are of hostile responses by other men, should heterosexual, romantic wishes be fulfilled. Such fears may have been realistic during early life when other males were in fact hostile, as in cases where a father was specifically hostile when observing the son's closeness with the mother. But in adult life, the fear of injury from other men for heterosexual activity is not rational. Homosexuality first develops as a consequence of such fear and is maintained in adult life, usually unconsciously, by the continuity of fear.

The A.P.A. Decision

The questions that were raised at the outset in committees—that is, Is homosexuality a mental disease? Are homosexuals as well adjusted as heterosexuals? — only obfuscated the basic issue. The term "mental disease" in the *DSM-II* applied only to *psychotic illness*, and no psychiatrist with expertise in the subject has ever considered homosexuality, in that sense, as a mental disease.

Not All Psychiatric Disorders Result in Work or Social Impairment

Factors such as excellent occupational performance and good social adjustment were cited as evidence of the normalcy of homosexuals; such factors do not, however, exclude the presence of psychopathology. Although psychopathological disorders frequently impair occupational and social adjustment, the converse is not necessarily so. Men with potency problems, or women who are sexually frigid, may function well at their jobs and in their social circles, yet, excluding the infrequent occurrence of physical illness, these conditions are viewed as symptomatic of sexual psychopathology.

A number of important events and circumstances preceded the voting by the Board of Trustees of the APA in December, 1973, and the vote of the general membership in 1974. On September 18, 1967, the United States Department of Health, Education and Welfare of the National Institute of Mental Health issued a press release announcing the formation of a task force to encourage research on homosexuality.

Task Force Includes Only Psychiatrists Who See Homosexuality as Normal

The study that I had conducted in 1962 was by then widely known. In 1964 the APA had bestowed upon my group the Hofheimer Research Award, Honorable Mention, yet neither I nor any member of the research team was invited to join the task force. Other colleagues who had published important contributions were also overlooked: Lionel Ovesey, Charles Socarides, and Lawrence Hatterer.⁷ Common to our work was the conclusion that homosexuality was not a normal sexual variant.

Not a single psychiatrist who held the view that homosexuality was anything other than an adaptation within the range of normal sexual organization was invited to participate. Evelyn Hooker had written two papers based on a

study of the adjustment of homosexual men, members of a homosexual association known as the Mattachine Society.⁸ She found that their adjustment was in the normal range, in some ways even superior to that of heterosexuals.

The only other member of the task force who had written on the subject was Judd Marmor,⁹ a well-known psychiatrist, psychoanalyst, and a former president of the APA. In his view, homosexuality is a normal variant but has been considered pathological because many psychiatrists had not freed themselves from the long-standing prejudices against homosexuality.

The task force issued its final report on October 10, 1969. First, they recommended the establishment of a center for the study of sexual behavior to include research, training, education, prevention and, treatment. A second category encompassed considerations of social policy in regard to legal and societal prejudices, emphasizing the adverse effects of social discrimination. "Homosexuality presents a major problem for our society largely because of the amount of injustice and suffering entailed in it not only for homosexuals but also for those concerned about them."

The Gay Movement Gains Power

The political, intellectual, emotional and psychiatric thrust of this movement is well demonstrated by the writings of Franklin E. Kameny, a leading spokesman.¹⁰ In a statement describing the forces that gave rise to the gay liberation movement, he wrote:

Gay liberation as a formal entity had its birth in a riot by homosexuals in late June, 1969, at a bar called the Stone Wall on Christopher Street in Greenwich Village, New York City...

The message was we have been shoved around for some three thousand years. We are fed up with it and we are starting to shove back. If we don't get our rights and the decent treatment as full human beings which we deserve and get them now, there's going to be a lot more shoving back.

Riots at Scientific Meetings

The gay activists thus explicitly targeted psychiatry as its main enemy. Among their major activities was the disruption of psychiatric meetings. My first direct contact with the Gay Activist Alliance occurred during the 1970 annual meetings of the APA in San Francisco. I was a member of a panel on "Transsexuals and Homosexuals." As we were preparing to start, a number of gays dressed in fantastic garb entered the meeting hall, distributed literature, behaved as if they intended to disrupt the meeting, and, in fact, did. We finally got under way when arrangements were made for gay representatives to remain and be given the opportunity to speak.

My next direct contact with disruptive tactics occurred in 1972 at the APA annual meeting in Dallas. I was to present a paper entitled "Homosexuals Dynamics in Psychiatric Crisis."¹¹ When I learned from an informed source that the gay activists intended to disrupt the meeting, I conferred with several colleagues who were in charge of arrangements. They worked out an agreement with the gays to deliver their remarks following my presentation. Frank Kameny was their major speaker.

The gay activists had from the beginning of their social protest action blamed the psychiatrists for perpetuating discriminatory practices against homosexuals, and although homosexuality was listed in the *Diagnostic and Statistical Manual* with the limitations previously described, the homosexual community nevertheless considered its inclusion to be damaging. Many psychiatrists shared the gay point of view, especially the younger colleagues.

Socarides and I decided to constitute an *ad hoc* committee for those APA members who believed that the term homosexuality should not be removed from the diagnostic manual. We cochaired this meeting and composed a letter stating our position and sent it to all members of the Board of Trustees of the APA in April 1973. Our major points were that our studies indicated that homosexuality was not a normal variant and did belong in the statistical and diagnostic nomenclature.

Will Prevention of Homosexuality Be Prohibited?

Moreover, deletion threatened the prophylactic treatment of children who, in preadolescence, constitute a population at risk for becoming homosexual. Such children, particularly boys, are easily identified, not only by psychiatrists but by teachers and peer-mates. If treated, many may not become homosexual. The question remained: What will the APA position be on the prophylactic treatment of this population of preadolescent boys? We requested the trustees of the APA to constitute a task force whose views would include the ones we represented, unlike the homogeneous group that had been appointed by the national Institute of Mental Health.

In the fall of 1970, the New York District Branch of the APA appointed Socarides as chairman of a task force to investigate the problem of sexual deviation. I became a member of this group, along with ten other psychoanalysts who represented a broad spectrum of theoretical orientations.

After working together for about two years, the task force submitted a detailed report of its findings and conclusions. We unanimously agreed that homosexuality was not a normal sexual variant, but was a manifestation of psychopathology; that it was experientially, not organically derived; and that a significant number of homosexuals could shift to exclusive heterosexuality if they had a psychoanalytic type of psychotherapy.

Task Force Findings Ignored

The council of the New York district Branch refused to accept our report on the ground that the issue of homosexual normalcy or pathology was controversial and that the society could not take a stand on controversial scientific issues. Yet this same council did indeed take a stand on a controversial issue when it directed its delegate to the assembly at the district branches to vote to remove homosexuality from *DSM-II*. Further, they took this stand without consultation with the general membership of our district branch.

In the fall of 1972, I was appointed chairman of this task force, but shortly thereafter we were instructed by the council to disband, on the ground that since they had submitted our report on homosexuality there was no reason for our committee to continue its work, even though we had been appointed as a task force to study the broader topic of sexual deviation.

Shortly thereafter, Robert Spitzer, a leading member of the Nomenclature Committee, invited me to participate on a panel of which he was chairman, scheduled for the 1973 APA meetings in Honolulu. The subject again was whether homosexuality should remain in *DSM-II*. My fellow panelists were Ronald Gold, a representative of the Gay Activist Alliance; Richard Green; Judd Marmor; Charles Socarides; and Robert Stoller. There was an audience of about 2,000, and it was evident from the mood and response that the majority supported the Gay Alliance position.

Should Psychiatry Remove Diagnoses to Eliminate Prejudice?

The first issue was clear: Was homosexuality a normal sexual variant, or an expression of psychopathology? The second issue was sociopolitical. Did the inclusion of homosexuality in *DSM-II* significantly contribute to the continued prejudice against homosexuals, and, if so, was the solution one of removing the term from the manual, even if homosexuality was deemed to be pathological? Instead of keeping to the issue, clarity was lost by introducing the concept of mental illness and by discussing a new set of criteria for diagnosing psychiatric conditions.

Spitzer was appointed chairman of a subcommittee of the Committee on Nomenclature and Statistics to investigate the broad problem of homosexuality and to determine whether or not it belonged in the diagnostic manual. He introduced two criteria for determining which psychiatric conditions should be listed in *DSM-II*. The condition must

- (1) regularly cause distress, or
- (2) interfere with social effectiveness.

Pathology is Not Always Accompanied By Adjustment Problems

In a position paper published in *Psychiatric News*, I stated that psychopathology can be ego-syntonic and not cause distress; that social effectiveness—that is, the ability to maintain positive social relations and perform work effectively—may coexist with psychopathology, in some cases even of a psychotic order.

In a dialogue with Spitzer, reported in the *New York Times* December 23, 1973, I pointed out that there were several conditions in the *DSM-II* that did not fulfill his criteria: voyeurism, fetishism, sexual sadism, and masochism. He replied that these conditions should perhaps also be removed from the *DSM-II*, and that if the group so affected were to organize as did the gay activists, they, too, might find that their conditions would be removed as a diagnostic entity from *DSM-II*.

On December 14, 1973, the Board of Trustees of the APA was to meet in Washington, D.C., to vote on whether or not to remove the term from the manual. Socarides and I agreed that our viewpoint should be represented, and we decided to go to Washington. Robert McDevett, a fellow psychiatrist, joined us there, and we each addressed the committee, offering our considered opinions as to why the term should not be deleted.

I stated that apart from scientific error, if they voted for removal, their decision would be interpreted by the gay community and the public as an APA declaration that homosexuality is normal. My major concern was and continues to be the effects of their decision on prophylaxis and the treatment of children and adolescents who show clear-cut signs of developing homosexuality.

Research, Not Power Politics, Should Settle the Question

I emphasized that scientific issues must be settled by research, not by vote, and that a task force of colleagues holding varying opinions should be constituted to study the problem further. The Executive Council, with two absentions, voted unanimously to remove the term *homosexuality* from the *DSM-II*.

Now that a vote had been used to settle a scientific issue, it was Socarides' thought that the entire membership should therefore have a voice and that a petition for referendum should be initiated. The required 200 signatures were soon obtained, and Socarides and I became cochairman of an *ad hoc* committee for the referendum.

Before the vote, two letters were circulated to the entire APA membership. One was signed by the president-elect of the APA; the other letter was written by a group calling themselves the Committee of Concerned Psychiatrists. Each of the letters asked the membership to support the

Board of Trustees and vote against the referendum. Ballots were returned by 9,644 members, roughly 37 percent of the membership; 5,834 backed the board and 3,810 voted against the decision we supported. We later learned that there was an overrepresentation of younger colleagues who supported the board, though it probably did not affect the outcome.

Gay Task Force Conducts Direct-Mail Campaign

Shortly after the referendum was completed and action was taken to remove the term *homosexuality* from the *DSM-II*, the following circumstances came to light: the letter that had been sent to the entire membership under the signature of the two officers and three candidates for office had been written by a gay-activist group and had been financially supported and distributed by them. The failure to identify gay sponsorship prompted demands that the APA investigate this seeming impropriety. It was the *National Gay Task Force* who had written the letter, solicited the signatures, purchased a membership list from the APA for \$360, and mailed the letter to 17,900 psychiatrists, urging them to vote in the referendum and to uphold the APA trustee's decision to eliminate the term *homosexuality* from the list of mental disorders.

A number of APA members questioned the propriety of sending a letter to the membership before the vote on the referendum without noting that the letter had been financed by the National Gay Task Force. The ethics committee of the APA investigated the matter and came to the conclusion that although the actions had been unwise, there had been no impropriety.

After the Decision: Disruption Continues

On April 6, 1976, more than two years after homosexuality had been removed from the *DSM-II*, a meeting that was to be devoted to a discussion of male homosexuality was scheduled to be held at the New York Academy of medicine under the auspices of the Columbia Psychoanalytic Society. The three main speakers were to be Socarides, Ovesey, and myself. The meeting was completely disrupted by the gay activists, and the papers were not given. Thus, several years after winning their position, the gays were still breaking up psychiatric meetings.

Despite Vote, Many Psychiatrists Still See Pathology in Homosexuality

The November 1977 issue of *Medical Aspects of Human Sexuality*, a magazine widely circulated among physicians in the United States, published the results of an analysis of the first 2,500 replies to a questionnaire it had sent out to 10,000 psychiatrists. The questions and answers follow:

Q: *Is homosexuality usually a pathological adaptation (as opposed to a normal variation)?*

A: Yes, 69 percent; no, 18 percent; uncertain, 13 percent.

Q: *Can homosexuals become heterosexual via therapy?*

In most cases, 3 percent; fairly often, 37 percent; almost never, 58 percent.

Q: *Are homosexual men generally less happy than others?*

A: Yes, 72 percent; no, 26 percent.

Q: *Are homosexual men generally less capable than heterosexual men in mature loving relationships?*

A: Yes, 60 percent; no, 39 percent.

Q: *Are lesbian women less capable than heterosexuals of mature loving relationships?*

A: Yes, 55 percent; no, 43 percent.

Q: *Are homosexuals' problems in living a result of personal conflicts more than of social stigmatization?*

A: Yes, 70 percent; no, 28 percent.

Q: *Can bisexuals have successful heterosexual marriages?*

Usually, 21 percent; occasionally, 65 percent; almost never, 12 percent.

Q: *Are homosexuals generally more creative than heterosexuals?*

A: Yes, 22 percent; no, 74 percent.

Q: *Are homosexuals generally a greater risk than heterosexuals to hold position of great responsibility?*

A: Yes, 42 percent; no, 54 percent.

Summary

The factors that seemingly determined the decision of the APA to delete *homosexuality* from *DSM-II* may be summarized as follows:

- (1) The gay activists had a profound influence on psychiatric thinking.
- (2) A sincere belief was held by liberal-minded and compassionate psychiatrists that listing homosexuality as a psychiatric disorder supported and reinforced prejudice against homosexuals. Removal of the term from the diagnostic manual was viewed as a humane, progressive act.
- (3) There was an acceptance of an altered concept of psychiatric conditions. Only those disorders that caused a patient to suffer or that resulted in adjustment problems were thought to be appropriate for inclusion in the *Diagnostic and Statistical Manual*.

continued

The First Scientific Matter to be Settled by Membership Vote

The way the APA decision was arrived at was unique, in that never before had a scientific controversy been settled by vote of the members of a large professional society. There was no precedent for this procedure in the APA, and probably not in any other scientific organization.

The initial decision of the board of trustees was also arrived at by a vote—unanimous, with two absences—and had the subsequent referendum not taken place, the board's pronouncement would likely have stood without protest. Yet their decision by no means reflected broad agreement among the membership. A substantial minority, 29.5 percent, voted **against** deleting *homosexuality* from *DSM-II*.

In the final analysis, scientific controversies are settled in time, when the overwhelming weight of evidence makes the continuation of controversy irrelevant. Long before convincing evidence is in, however, there usually tends to be a polarization of opinion, with one side attaining decision-making power and influence. It seems obvious enough that scientific differences should be settled by scientific methods, not by vote nor by power politics, but given a choice between a small group decision and a democratic vote, I do not regret that the APA had a mechanism that permitted the membership to have a voice in the outcome.

¹ I. Bieber, H. Dain, P. Dince, *Homosexuality: A Psychoanalytic Study of Male Homosexuals* (New York: Basic Books, 1962).

² Richard Christie, Professor of Social Psychology, Columbia University; Robert Cohen, Professor of Social Psychology, New York University; Robert Lee, research psychologist, IBM.

³ G. Westwood, *A Minority: A Report on the Life of the Male Homosexual in Great Britain* (London: Longman Group, 1960).

⁴ J. R. Snortum, "Family Dynamics and Homosexuality," *Psychological Reports* 24 (1969): 763-70; R. B. Evans, "Childhood parental Relations of Homosexual Men," *Journal of Consulting and Clinical Psychology* 33 (1969): 129-35.

⁵ I. Bieber and T. Bieber, "Male Homosexuality," *Canadian Journal of Psychiatry* 24 (1979):409-22.

⁶ I. Bieber, "Sexual Deviations," in *Comprehensive Textbook of Psychiatry*, ed. A. Freedman and H. Kaplan (Baltimore: Williams & Wilkins, 1967), pp. 959-76.

⁷ L. Ovesey, *Homosexuality and Pseudohomosexuality* (New York: Science House, 1968); C. Socarides, *The Overt Homosexual* (New York: Grune 7 Stratton, 1968); L. J. Hatterer, *Changing Homosexuality in the Male* (New York: McGraw-Hill, 1970).

⁸ E. Hooker, "The Adjustment of Male Homosexuals," *Journal of Projective Techniques* 22 (1957):17-31; and "Male Homosexuality in the Rorschach," *Journal of Projective Techniques* 22 (1958):33-54.

⁹ J. Marmor, *Sexual Inversion* (New York: Basic Books, 1965).

¹⁰ F. Kameny, "Gay Liberation and Psychiatry," *Psychiatric Opinion* 8 (1971):18-27.

¹¹ I. Bieber, "Homosexual Dynamics in Psychiatric Crisis," *American Journal of Psychiatry* 128 (1972):1268-72.

American Counseling Association Passes Resolution to Oppose Reparative Therapy

The American Counseling Association (ACA) passed a resolution at its annual meeting on April 13th in San Diego to oppose promotion of reparative therapy for homosexuals. With this action, they allied themselves with the American Psychiatric and Psychological Associations. The ACA joins a new coalition of groups which has banded together to oppose therapy, as follows:

American Academy of Pediatrics
American Federation of Teachers
American Medical Association
American Psychiatric Association
American Psychological Association
The Interfaith Alliance
National Association of School Psychologists
National Association of Social Workers
National Association of Secondary School Principals
National Education Association
New Ways Ministries
People for the American Way

"The ACA has overridden the express directives of two of their regional assemblies—the Western and Southern,"

says Dr. Warren Throckmorton, Past President of the American Mental Health Counselors Association, a division of ACA. "This action is not only contrary to the wishes of many ACA members, but it disrespects the legitimate objectives of many homosexual clients."

The new coalition is currently working on a Fact Sheet which it plans to distribute to school administrators and school boards. The Fact Sheet will be used to discourage school counselors from recommending an alternative to its sexually confused students—either in the form of reparative therapy, or religiously-based ministries.

Oddly, the ACA passed the resolution in the interest of "respecting diversity."

"This coalition is particularly dangerous to clients' rights because it is targeted at the schools," said NARTH Executive Director Joseph Nicolosi. "The schools are the new battleground, and these groups aim to shut out NARTH's alternative position before we even have a chance to present it."

Book Excerpt:

Psychology as Religion: The Cult of Self-Worship

by Paul Vitz (1977, 1994, William Eerdmans Publishing)

This book provides a compelling look into the self-actualization theories first popularized in the 1960's and 1970's. Self theories are significant because they set the stage for many social changes—including the cultural acceptance of homosexuality, and the increasingly radical redefinition of the family. The philosophy—i.e., “religion”—of unconstrained self-actualization (“selfism”) now underlies much of today's psychotherapy.

Because of its association with the hard sciences, psychology is often erroneously considered to possess scientific-truth status. But as Jeffrey Satinover has noted, psychology is meaningless without the backdrop of a framework of values. So the question then becomes, whose values? Religious values have been banished as underlying principles—but as another observer recently commented, this merely frees the “religions that don't call themselves religions from the burden of competition.”

Here, Paul Vitz says that contemporary psychology has abandoned its earlier attempts at objectivity. Instead, it has devoted itself to a philosophy of self-centeredness which refuses to acknowledge limits and responsibilities.

Here, we quote directly from the book:

This book is for the reader interested in a critique of contemporary psychology—the reader who knows, perhaps only intuitively, that psychology has become more a *sentiment* than a *science*, and is now part of the problem of modern life, rather than part of its resolution.

Self theory is a widely popular, secular, and humanistic cult or “religion,” not a branch of science...for our present purpose of showing that self-psychology commonly functions as a religion, it is appropriate to use Fromm's own definition of religion: “any system of thought and action shared by a group which gives the individual a frame of orientation and an object of devotion.”

Life Has Limits

Fromm's definition...set[s] in bold relief the aggressive ideological character of the kind of secular humanism we have been talking about, with its devotion to the “self” and to humanity. We shall use the term *selfism* to refer to this religion and its rationale for self-expression, creativity, and the like...Selfist psychology emphasizes the human capacity for change to the point of almost totally ignoring the idea that life has limits, and that knowledge of those limits

is the basis of wisdom.

For selfists there seem to be no acceptable duties, denials, inhibitions, or restraints. Instead, there are only rights, and opportunities for change. An overwhelming number of the selfists assume that there are no unvarying moral or personal relationships, no permanent aspects to individuals. All is written in sand by a self in flux.

The tendency to give a green light to any self-defined goal is undoubtedly one of the major appeals of selfism, particularly to a people in a culture in which change has been seen as intrinsically good...

The claim that self-theory is a science in invalid by any useful meaning of the term *science*, since humanist definitions no longer distinguish psychology and psychotherapy from religion, literature, political theory, and ethics. Yet by keeping the name *psychology*, which has been represented as a science for decades, by having self-theory taught by psychologists (that is, experts), in countless university classes, and by vaguely suggesting ways in which self-theory might be tested, selfism has falsely benefited from the prestige and generally acknowledged special truth value accorded to any science.

Science Cannot Verify Values

A related weakness is the tendency of selfists to imply that *psychology as a science* has somehow verified the values of secular humanism found in self-theory. Many proponents of selfism are generally quite aware of the ethical character of their system. Indeed, they argue congenitally that therapeutic psychology cannot possibly operate without values. This position is widely accepted by most thoughtful people today. But how do you demonstrate scientifically the intrinsic goodness of the self, the moral desirability of an “actualizing,” “experiencing in the present,” “becoming creative” self? Obviously, such values have not been scientifically verified.

At present, there is no satisfactory evidence that science can verify ANY value. Yet the aura or authority that psychology has derived from its scientific status is often used by those teaching selfism to imply that its concept and values somehow have, or approach, a scientific truth status.

Here I speak from considerable personal experience. As a student I sat in many classes in which, a few weeks after listening to aggressive talk about psychology as the “sci-

“Self-theorists imply that *psychology as a science* has somehow verified the values of secular humanism.”

ence of behavior" or the "scientific study of mind," I heard lectures on "self-actualization" and "encounter group processes and goals." No questions were raised about whether the initial arguments for psychology's scientific status still held.

As a young professor during the 1960's, I taught courses on motivation and personality, in which lectures on the theories of Maslow, Fromm and Rogers followed close after lectures on instinctual, hormonal and biochemical interpretations of motivation. All this was, and still is, typical of the curriculum in the so-called scientific study of motivation and personality. However, had I lectured on [for example] Christian interpretations of human motivation as providing a reasonable, observationally grounded synthesis of the problems of the self, it would have been seen—and would be seen today—as an arbitrary and unacceptable intrusion of religion into a secular discipline that many still think of as a science.

Selfism and the Family

There is every reason to believe that the spread of selfist philosophy in society has contributed greatly to the destruction of families...With monotonous regularity, the selfist literature sides with those values that encourage divorce, breaking up, dissolution of marital and family ties. All this is done in the name of growth, autonomy, and "continuing the flux."

...The problem begins with psychotherapy's neurotic preoccupation with the individual patient. This is reflected in the absence during most therapy of representation for the children, spouse, parents, and the like...Many self-theorists, especially Carl Rogers, give very little value to marriage—and indeed encourage divorce on theoretical grounds... Perhaps we can summarize all this best by noting that a "Rogerian" understanding of marriage created the popular expression that marriage is a "nonbinding commitment."

...[M]odern psychology has created widespread "social pollution" by its analytical and also reductionist emphasis on the isolated individual, and its relentless hostility to social bonds as expressed in tradition, community structures, and the family. It is no accident that it was modern

industrial psychology which first reduced the extended family to the nuclear family, then reduced the nuclear family to the increasingly common subnuclear family of one parent, and now works toward the parentless family where the child is raised by government programs.

The Social Sciences Rest on a Theory

The assumption that the objective method of science is a fair and unbiased procedure for correctly understanding a phenomenon is widely accepted in modern society...used in the study of human beings, this method is a profoundly prejudiced ideological tool, which leads inevitably to a particular theory of humankind.

...The problem raised by the nonscientific character of humanistic psychology began causing serious controversy within the discipline several decades ago. Traditional psychological scientists became deeply concerned by what they

saw as the erosion of the legitimate standards of objectivity for any science...[many psychologists] gave up on the APA because of its lack of commitment to science and to objective research.

Meanwhile, the APA has increasingly shown itself to be both a professional society and a political-ideological interest group. It has taken stands that are quite consistent with its secular and humanistic psychology, in favoring abortion and homosexual rights.

Thus the APA has supported the removal of homosexuality from any official list of pathologies. A strong group of pro-homosexual activists is now pushing the APA to make even psychological treatment of homosexuals who ask to be cured of their homosexual orientation a violation of professional ethics.

Whether this extreme expression of ideological bias will be accepted, remains to be seen, but in any case, the APA has become just another political interest group, lobbying for favors in Washington and elsewhere.

It now has the objectivity and professional integrity of the American Tobacco Institute.

With monotonous regularity, self theory sides with destruction of the family in the name of autonomy.

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My Experience on the Roseanne Show

By *NARTH member Mitchell E. Harris, Ph.D.*

Recently, I was called by the Roseanne Show to speak about reparative therapy. I am by no means a "big name" in this field, but I was excited at the prospect of speaking on behalf of a rarely-heard position. Nonetheless, I knew that this would not be a dispassionate scientific discussion. Indeed, I expected that this show could degenerate into a circus.

I was wrong. It wasn't a circus. It was a zoo. Stage left was occupied by the gay-activist side. On stage right sat Anthony Falzarano (ex-gay Christian speaker) and myself. The audience was similarly divided.

The show began with Anthony Falzarano telling his story. He said he had been walking down the street when the Almighty intruded on his thoughts; he believes he was warned by God to leave the gay life or die of AIDS. The gay audience members berated Anthony for having said this, implying that he is a self-hating homophobe. A gay man in the audience told him that he felt like Anthony was "raping his mind."

If you asked people who know me if I am shy or verbally inhibited they'd deny this—after they finished laughing. I am neither—in spades! Nonetheless, opportunities to speak on the Roseanne show were few and far between. I had decided ahead of time to subdue my typical "aggressive" style. But the pace was pretty hectic and it was almost impossible to break in and be heard. At one point, during a commercial break, I said to Roseanne, "It's not enough to be articulate; to be heard here, one must be rude." She smiled at me (she has lovely teeth) and said, "Jump right in!"

It seemed to me that if I "jumped right in" I'd be seen as rude and hostile—the very essence of the "homophobic" image the gay activists were so eager to malign me with. But if I didn't jump in, then I forfeited the chance to be heard.

Roseanne finally asked me to define reparative therapy. I told her it was difficult to translate all that psychoanalytic mumbo-jumbo into a few pat phrases, but I'd try. I thought for a moment and said, "Reparative therapy seeks to help the gay man feel more like a man on the inside, so that he will not have to take in a man from the outside."

Now here's the really interesting thing. To the best of my recollection, the gay members of the audience and the panel were silent after I said this. On some deep level, I think, they knew what I had said was true—so much so that they became silent. In confirmation, the ex-gay members of the audience and panel jumped in to say that his fit their own experience exactly.

At some point during the show, Anthony used the term "gay lifestyle." This led to an instant uproar on the part of the gay audience members. They yelled, "Define gay lifestyle; define straight lifestyle!" In retrospect, I wish I had said that one of the predominant characteristics of a gay lifestyle is extraordinary promiscuity. I'm sure that if I had said this it would have led to another argument and more cries of homophobia.

But here's the ironic thing. After the show, I was sitting in the Green Room at a table enjoying a well-prepared lunch. Two gay men from the audience approached me and asked if they could join me. I invited them to sit with me, and shortly afterwards, Anthony Falzarano joined us. A pleasant and amicable conversation ensued.

During the conversation, Anthony mentioned that he had lived in Boston during a specific time period. One of the gay men added that he had also lived in Boston during that time. The other gay man said, "Oh, then you must have slept together," and laughed. The first gay man added with a smile, "Yes, then we must have had sex." Anthony looked puzzled.

Not fifteen minutes earlier I had refrained from mentioning the promiscuity so common to gay life, and here was implicit (albeit anecdotal) confirmation. I couldn't possibly imagine saying the same thing to a woman I'd just met under similar circumstances. Even if I thought it, I wouldn't say it. And certainly—even during my most immature, sexually acting out years—I was never so promiscuous that I lost track of who my sexual partners were. And certainly, my wife certainly would never have said, nor even thought of saying such a thing about her single years.

And in fact they were making a joke about something they knew to be true about themselves. But they were joking about something that is not funny. It certainly is not funny that promiscuity is a major risk factor in the high rate of serious and fatal diseases from which gay men suffer. And it's not funny that gay promiscuity is an implicit sign of the inherently unfulfilling nature of homosexuality.

I saw this same cynical humor displayed by one of the same gay men some moments later. We had gotten to talking about the higher rate of molestation in the childhood histories of gay men, as compared to heterosexuals. He replied that he never had been molested—then added whimsically that he "felt deprived."

At a different point in the conversation, this same man told me that it would be impossible for a gay man to have any-

thing but a shame-based motive for entering into reparative therapy. In other words, he was saying that it isn't possible that there could exist *any valid motives* for a homosexual man to want to change.

This position, which I think is the position of the larger gay-rights movement, is alarming because it shows contempt for others' stated convictions and motives. We hear it many times in the form of "His claim of heterosexuality is a self-deluding sham—he'll soon be back with us in the gay community," and "Reparative therapy should be made illegal, because those therapists are just taking advantage of the homophobia of self-hating people." Such an attitude implies contempt for the sincerely-held convictions of others, and is the breeding ground for a totalitarian control of the psychological profession.

If I step back and think about what I witnessed, I can see that this self-contempt and cynical sense of humor are really a defense against pain. Thinking about this helps me put things in perspective. I so often feel angry about the dishonesty, political spinning, and outright McCarthyism which gay activists infuse into this debate that, I confess, I lose sight of the people and of the cost in human suffering and life. Only people who are suffering make jokes about doing things which degrade them, do not fulfill them, and can even kill them.

This needs to be our focus. We are not the bedroom police; we are motivated to help people. The term "gay lifestyle" is, I believe, the ultimate misnomer. From what I have seen, it is neither gay, nor is it life.

Review of Chastity Bono's Book, *Family Outing*

By Jeff Vawter

Chastity Bono's new book *Family Outing* is proclaimed as an instruction manual for coming out as a gay person to oneself, parents, friends, and the world. The author uses her own story and those of a strategic selection of gay men and women who are professionally, racially, and religiously diverse, in an attempt to normalize same-sex attractions and the contributing dysfunctions. Armed with figures from P-FLAG, she teaches that religious beliefs are a narrow-minded burden to be overcome.

Ironically, the book actually provides textbook case studies for the reparative model of treating homosexuality.

Chastity, the daughter of Sonny Bono and Cher, lectures around the country on coming out, and on gay and lesbian portrayals in the media. She is a former entertainment media director for GLAAD (Gay and Lesbian Alliance Against Defamation). The goal of her book is "not only to guide gay men and women through the closet door, but also to give the tools with which they can complete the process by bringing their families, especially their parents, along with them." (p. x) The book speaks with assumed authority to closeted homosexuals, parents, pastors, and the general public. Chastity says, "I felt qualified to write a book on the subject because I had personally grown from a scared, closeted lesbian to a happy, openly gay activist in my community." (p.257).

Same-Sex Alienation

The typical characteristics of men and women struggling with homosexuality are a disidentification from the same-sex parent, same-sex peers, and from their own bodies. Chastity recounts every one of these symptoms, expressing them not as contributing factors, but as *results* of being a

gay child. She compares her experience and one of her interviewees: "My experience and Richard's mirror each other in several ways: we both had a distant, disapproving parent, felt alienated from other kids, and were generally uncomfortable with feeling different." (p.16)

Sonny and Cher divorced when Chastity was four years old. She alternated between two homes and describes the commonly-seen, prehomosexual pattern of being emotionally "stuck" between parents:

"In a way, I think I was the son my father never had... When my father encouraged my tomboyishness, my mother would get annoyed. I think in some ways they acted out their frustration with each other through me: my father would aggravate my mother by encouraging my boyish behavior, and my mother became more uncomfortable with me because she saw me mimicking my father." (p.7)

The first reported conflicts between mother and daughter occurred when Cher noticed her daughter's masculine clothing and lack of female friends. Cher—known for pushing the censorial limits with clothing—encouraged Chastity to wear a skirt to school. She was not happy when her daughter "vowed never to wear anything girlie again," because her male friends called her a sissy (p.6). Most tellingly, she relates:

"I had always been a well-behaved, quiet kid who never gave my mother any trouble, so her anger, which was clearly directed at me, confused me. I began to feel nervous around my mother..." (p.5)

Cher's involvement with her career increased the gulf between herself and Chastity. Cher observes that, "because

I am so preoccupied with my career, and was so preoccupied the whole time you and Elijah were growing up, a lot of times I felt really guilty.” (p.231)

Chastity describes how she first learned to use a tough exterior for emotional protection:

“I also remember the first day of sixth grade. I was starting at a Montessori school and was nervous. Having skipped so much school when I traveled with my mom, I had missed a lot of the fundamentals. As a result, school had become an intimidating place for me. To combat my tenseness, I decided to wear my new black leather jacket as a kind of defense. It worked: I didn’t want the other kids to bother me, and they didn’t.” (p.8).

In seventh grade, Chastity says she “could no longer be one of the boys because my figure was now showing real signs of development. Yet I still felt as if I had nothing in common with the girls, especially those prep school girls, who were obsessed with fashion and boys.” (p.9)

Chastity says she came out to herself at thirteen, and came out to her parents at eighteen.

Cher had worked and socialized with many gay people, and yet she reacted negatively to the discovery that her daughter might be a lesbian: “Most of the people I knew, even though I loved them dearly, were way f—ed up—especially the gay men. Their lifestyle just seemed so much more promiscuous...” (p.226).

Later, Cher changed her mind and became a spokesman in support of the gay movement.

Chastity includes coming-out stories from other gay men and women professing to have found freedom in the gay lifestyle. Yet many give testimonies of childhood loneliness and disappointment. For example, one gay man reports his childhood inability to make same-sex friendships, as well as a deep alienation from his father:

“My father seemed to just avoid me and keep his distance. My mother would always badger him to spend more time with me. I would overhear these conversations and feel humiliated” (p. 13).

Religious Beliefs Can Be “Overcome” by Love

Throughout the book, when Chastity refers to people with religious beliefs, she faithfully attaches adjectives such as

“harsh,” “strict,” “ignorant,” and “prejudiced.” She suggests that Christianity and love cannot coexist without the former altering its standards: “Even the most inflexible religious beliefs can be overcome in response to a parent’s love for his or her child.” (p.215)

She implies that eventually people will come around, but, “Of course, there are situations in which people’s values are so absolute that they will require a much longer, more complicated process to get acceptance; this is often the case in orthodox or fundamentalist religious families.” (p.118)

Chastity and Cher agree that organized religion provides the last barrier to social approval of homosexuality: “Once we take away the moral or religious dimension in viewing homosexuality, there will no longer be a negative value assigned to it.” (p.245)

Chastity reports some statistics from P-FLAG, and attributes these negative lifestyle factors to society, rather than the internal stresses inherent to a gender-identity problem:

“Today gays, lesbians, and bisexuals make up 30 percent of all youth living in the streets of this country; 26 percent of young gays and lesbians are forced to leave home because of conflicts over their sexual identity; and approximately 30 percent of gay youth have alcohol and drug problems (figures taken from P-FLAG). Again, once we begin to redefine what it means to be homosexual, and society and our families don’t respond to outdated, inaccurate definitions, young people will not be forced to run away and endanger their lives.” (p.74)

She also reports from the 1989 U.S. Dept. of Health and Human Services Secretary’s Task Force on Youth Suicide that “one in ten youths are gay,” even though this figure has long been widely acknowledged as inaccurate. (About 2% of the population is gay or lesbian.)

By writing this book, Chastity Bono has unwittingly demonstrated the developmental factors associated with homosexuality—particularly, gender confusion and emotional alienation from same-sex peers and the same-sex parent, along with the search for the unavailable parent through homoeroticism.

Chastity says, “No one I have ever spoken to regrets coming out; all point to the strength and joy the process has given them.” (p.70) Apparently, she hasn’t talked with anyone at Exodus International or NARTH.

The author had a distant, disapproving mother and was alienated from female peers.

Book Review:
Homosexuality and American Public Life

Edited by Christopher Wolfe
Spence Publishing Company, Dallas, TX, 1999

Reviewer: William L. Dreikorn, D. Min., Ph.D.

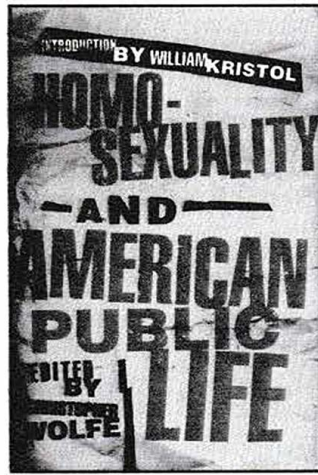
This book is based upon presentations given at the June 1997 American Public Philosophy Conference, an historic conference held in Washington, D.C. which assembled leading national scholars to discuss the profound impact of homosexuality on our nation's public philosophy.

This volume is offered as a contribution to reasonable discussion of the issues, and as an effort to provide a sound intellectual framework for the debate.

In the introduction, William Kristol notes why such books are needed. "America today," observes Kristol, "is perilously close to being two nations, in the sense of two cultures, each of whose adherents barely understand the concerns and beliefs of the other's." Kristol believes there is no longer any way to avoid debating this difficult and divisive question.

Part I of the book is a discussion of medical and scientific issues related to homosexuality. Jeffrey Satinover reviews the biological explanations of the etiology of homosexuality. He points to the results of an exhaustive review of virtually all the existing literature on the biological foundations for homosexuality conducted by Byne and Parsons, and notes how their analysis revealed "that not only is there little convincing evidence for a biological explanation of homosexuality, but there is little high-quality, scientific research for any explanation."

George Rekers next gives a survey of the common developmental influences associated with homosexual attractions. Then Robert Fitzgibbons describes measures used to prevent and treat homosexual attractions. Joseph Nicolosi contributed a chapter on the influence of self-deception in a homosexual identity. Of interest is Nicolosi's conception of a three-step, psycho-social model—that is, gender distortion in childhood; eventual assimilation into the gay counterculture, and "the expansion of the gay community's successful self-deception into the further deception of a large portion of society." Concluding Part I is a discussion by Patrick Derr on how the present attitude of "AIDS exceptionalism" has impacted our national response to this disease.



*A Modern Classic on
Homosexuality*

Part II looks at the natural-law arguments about homosexuality. Drawing on the work of Thomas Aquinas, Janet E. Smith argues that homosexual intercourse is fundamentally flawed, because it is not compatible with what Aquinas saw as the naturally inherent good of heterosexual intercourse. Additionally, Robert George reasons that marital sexual acts have an essentially different moral component, because sexual morality must hold the potential for what is known as the "one-flesh communion of marriage."

Part III considers why homosexuality needs to be a topic of public concern. Based on an analysis of several constitutional arguments, Hadley Arkes explains why the law cannot maintain a neutral stance on sexual orientation. Michael Pakaluk then endeavors to show the negative impact on the family and society in general that would result from acceptance of same-sex marriage. Next, the current efforts to legitimize same-sex marriage are reviewed by Gerard Bradley. The section concludes with David Coolidge pointing out the essence of the debate on same-sex marriage—namely, the question as to the nature and meaning of marriage.

Father Richard John Neuhaus concludes the book with a discussion of what he expects the future may hold. Father Neuhaus contends that America may well tolerate homosexuality, but Americans are not of a mind to affirm it. Referring to the gay community's repeated question, "Can't we talk about it?" he raises an important point about what the tenor of the discussion needs to be: "We will talk about it, God willing, in a manner that is informed by the classical virtues of prudence, temperance, courage, and justice," and "in a manner that is graced by the virtues of faith, hope, and love. Love above all. Love, no matter what."

For anyone wishing to gain greater insight into the complex issues involved in the debate over homosexuality in American life, this volume will provide sound information and much food for thought. The tone of the book is not argumentative, but informational.

Indeed, more such top-quality, scholarly resources are needed to frame the arguments of this debate on the role of homosexuality in our communal life.

The Fading "Gay Gene"

The following article by Matthew Breilis was published on February 7, 1999 in *The Boston Globe*.
This excerpt is reprinted courtesy of that publication.

The research project in 1993 that indicated many gay men shared a common genetic marker in the x chromosome was hailed as a momentous scientific discovery—one that would help society to transcend bigotry, heal family wounds, and lay to rest the nagging question: Is sexual orientation genetic?

The idea of a "gay gene" offered an ironclad defense of homosexuality; if it was genetically predetermined, then being gay could not be cast as "deviant" behavior, something "correctable."

T-shirts emblazoned "Thanks for the genes, Mom!" were sold in gay and lesbian bookstores. Many gay activists and editorial writers predicted the discovery would give homosexuals greater legal standing to fight discrimination.

Six years later, however, the gene still has not been found, and interest in—and enthusiasm for—the "gay gene" research has waned among activists and scientists alike. And there is a growing consensus that sexual orientation is much more complicated than a matter of genes.

Dr. Richard Pillard, a professor of psychiatry at Boston University School of Medicine who was involved in a study of twins and sexual orientation, has done research showing that sexuality is greatly influenced by environment, and that the role of genetics is, in the end, limited.

According to Pillard's findings, a gay man's fraternal twin had about a 22 percent chance of being gay; an adopted sibling had a roughly 9 or 10 percent chance; and a person selected by random draw has a 3 or 4 percent chance. The message: Environment—in this case, the environment that adoptive siblings share—clearly helps to shape sexuality.

Pillard offers a further bit of evidence on the limited (although still significant) influence of genes: With identical twins, if genes were everything, you would expect a 100 percent overlap in sexuality; in other words, if one twin was gay, so, too, the other. But identical twins shared sexual orientation only 50 percent of the time, he reports, and statistics for lesbians are similar.

Dean Hamer, the molecular biologist at the National Cancer Institute who led the 1993 study (and its validation study in 1995), believes a gay gene does exist and will be found within five years. But he also acknowledges the limits of genetic predisposition. For example, he has been unable to find in women the same genetic marker found in some gay men. "Clearly," Hamer says, "there is a lot more than just genes going on."

In fact, he says, "It is the same for every human behavior: Environment matters for extroversion, smoking cigarettes, just about anything you can name.

"What is not known is what about the environment is important. And for that," he says, "we are just as clueless as we were 100 years ago."

"It is the same
for every human behavior--
environment matters
for extroversion,
smoking cigarettes, just about
anything you can name."

--"Gay gene" researcher
Dean Hamer

One reason the gay community has cooled to the idea of a "gay gene" is that a justification of sexuality is no longer seen as so important. Indeed, a fuller picture of civil rights has emerged.

"Our position is that, to us, [the gene] may be a scientific question but it is not a political one," says Kerry Lobel, executive director of

the National Gay and Lesbian Task Force. "Gene or no gene, every person deserves full civil rights under the law."

Ruth Hubbard, a board member of The Council for Responsible Genetics, professor emeritus of biology at Harvard University, and the author of "Exploding the Gene Myth," says history is replete with discrimination for biological reasons...

"I think the job is to widen the range of acceptable behaviors and not to discriminate on the basis of who people choose to love and live with, and not invent biological reasons for it," she says.

Searching for a "gay gene," says Hubbard, is not even a worthwhile pursuit. "Let me be very clear: I don't think there is any single gene that governs any complex human behavior. There are genetic components in everything we do, and it is foolish to say genes are not involved, but I don't think they are decisive."

John D'Emilio, co-author of "Intimate Matters: A History of Sexuality in America," agrees. "I don't want to be in a position to say scientists should not do research, but it is not something that I would look for."

D'Emilio says he is skeptical about a genetic key unlocking understanding to sexual orientation because of cultural and historical evidence that points to "an immense malleability of human sexuality. In Western society, in the classical world, there were huge numbers of men who were married and also had ongoing homosexual relationships."

Still, despite there being little evidence for a biological basis for homosexuality—one group of Canadian researchers could not replicate Hamer's findings—it is something many Americans rush to embrace.

For the most part, says D'Emilio, that feeling comes from a "very noble and generous place. On the one hand, many American people, I think, would really like to embrace gay people and feel things that have happened to gay people are wrong. In open democratic societies, people should be accepted for who they are," he says.

"Culturally, however, homosexuality makes people uncomfortable. If people can be persuaded you are born this way, that you have no choice, it resolves a complicated moral issue."

But if genetics plays only a supporting role in determining our sexual orientation, it means there are no easy answers about where sexual orientation comes from, only questions about how we respond. ■

Ethical Issues, continued from page 2

apist was sued for "lobbying" the client to be gay—that is, over-persuading him at a time when he was struggling with sexual identity issues. In some cases, the female therapists actually gave the female clients an assignment to 'try' homosexuality."

"Far and away the most likely-to-sue client is the one with borderline personality disorder," he says. "Probably 70% of all malpractice cases involve borderline clients."

Encouragement vs. Over-Persuasion

This brings us to the important subject of "over-persuasion." The therapist who is willing to do reparative or conversion therapy is, as we know, "under the gun" in today's political climate. Knowing this, he must be particularly careful about the issue of "over-persuasion." Just as gay-affirmative therapists have faced ethical charges for urging conflicted clients to "try" homosexuality, likewise is the reparative therapist open to question if he does not respect the client's self-determination.

Although we as therapists believe that sexual reorientation is *possible* for some people and *desirable*, we have to be sure that the decision to pursue change *comes from the client*. We must not *over-persuade* him, although we can ethically *encourage* a client who expresses an openness to our position.

And yet, there is a problem with this distinction. The nature of the (male) homosexual condition is often a certain passivity, a certain avoidance, an indecisiveness—a helplessness about making life decisions. The client is inclined to use this passivity unconsciously to provoke the therapist into taking charge of his life and making decisions for him. The therapist has to be very careful of his own counter-transference, so that he doesn't assume the responsibility for the client's life. Always, the power should remain in the client's hands.

The decision to pursue change has to be examined within the larger context of the client's personality and his life as a whole. There must be an investigation of the client's motivations and whether or not the desire to change is authentic, and is indeed his own. The client must always feel the freedom to leave therapy, or to openly disagree with the therapist.

The Problem of Balance

It's a tricky balance for the therapist to avoid providing too much encouragement, because these men invariably *want* encouragement. They want a salient man in their lives who can convey the confidence and the belief that—in spite of what the culture tells them—*they can overcome*. But at the same time, the therapist must never leave the client with the suspicion that he is being "sold" a particular viewpoint which he, the client, doesn't really share.

This becomes problematic when the client presents us with resistance to moving forward in the therapy. Almost every client (who is in therapy for whatever reason) will offer certain *predictable, unconscious defenses* against progressing. The therapist must determine if that resistance is truly an authentic expression—however half-hearted and unformed—of the *very real desire to leave and give up the attempt to change*, or if it is part of the normal and predictable resistance process. This is a delicate distinction.

The guiding principal here is for the therapist to watch his counter-transference and stay honest with himself, stay honest with the client, and really try to hear what the client is saying. Would he really like to stop struggling, but he's afraid to tell you? Has he changed his mind about what he believes homosexual feelings represent in his life? We must always be ready to accept that *the client must make the decision* as to which direction he will take in his life at any point in time.

Response to the American Psychiatric Association

by Charles Socarides, M.D.

On December 11th, the American Psychiatric Association issued a statement opposing sexual-orientation conversion therapy.

The Psychiatric Association says it opposes treatment "which is based upon the assumption that homosexuality per se is a mental disorder, or based upon a prior assumption that a patient should change his/her homosexual orientation."

The A.P.A. based its stance on the fact that it no longer considers homosexuality disordered, and on the belief that a therapist who shares society's "prejudices" about homosexuality will increase the patient's self-hatred, anxiety, and self-destructive behavior.

NARTH President Charles Socarides responded to the A.P.A. as follows:

The statement of the Board of Trustees, APA reported by you in *Psychiatric News*, (34/2; January 5, 1999), entitled "APA Maintains Reparative Therapy Not Effective" is so filled with misunderstandings and unwarranted conclusions on the subject of the treatment of homosexual patients that it calls out for correction and explanation as a matter not only of scientific accuracy, but of public health information.



Charles Socarides

The homosexual patient, his family, and the world-wide psychiatric community should not be misled by what is actually sociopolitical activism within our organization, the aim of which is to normalize all homosexual behavior and to demean and discredit efforts of psychiatrists and psychoanalysts who attempt to help these patients and their families.

The obligatory homosexual is a victim of certain early developmental conflicts which have left him with a disturbance in his gender-defined sexual identity—the core of his disorder—a condition over which he has little or no conscious control or understanding. We cannot cast a blind eye or a deaf ear to the entreaties of those who urgently desire our help.

Let us be crystal clear:

(1) the phrase *reparative therapy* is one which counters the nihilism of those who declare homosexuality as "normal as apple pie" and for which nothing could or should be done. It is a phrase offering hope to many, where previously there was only despair. Its meaning is to repair the damage unfortunately inflicted in early childhood, and to open the road to possible heterosexual functioning. It is now misused by gay activist psychiatric propagandists in "spin" fashion in an attempt to separate reparative therapy from what it truly is—an eclectic psychiatric treatment involving psychoanalytically oriented psychotherapy, individual psychoanalysis, brief psychoanalytic psy-

chotherapeutic measures, group therapy, and supportive therapy. "Religious conversion" is not one of its methods.

(2) The conclusion by the Board that reparative therapy has no efficacy in "changing someone's sexual orientation" is not only false, but misguided and misleading. There are dozens of psychoanalytic reports that support the efficacy of treatment. They are well-known and quite extensive, and are presented in my chapter "On Advances in the Psychoanalytic Theory of Male Homosexuality" in *The Sexual Deviations*, edited by Ismond Rosen, Oxford University Press, (1966), pp. 252-278.

To cite simply one of them, as reported by H. MacIntosh, (1994), *Journal of the American Psychoanalytic Association*:

"... [In]response to a survey of 285 psychoanalysts [graduates of the Western Psychoanalytic Institute, DC] who reported having analyzed 1,215 homosexual patients, 23% changed to heterosexuality from homosexuality and 84% of the total group received significant therapeutic benefit" (p. 274).

The statement that psychoanalytic psychotherapy is "destructive" is completely false. Being homosexual against one's conscious will becomes "destructive" when one is *not* given help, counseling, reassurance, and understanding. We feel that alleviation of the patient's distress, in all its protean manifestations, is essential and is conceived of as a dual effort.

Assurances are made that we do not attempt the forcible removal of the symptom. Our policy is not to interdict homosexual acts, for alleviation comes about only through a gradual resolution of the unconscious anxieties and unconscious motivations that produce these acts. We proceed with correct empathy for the patient's feelings, ever

mindful of the need for gratification through homosexual acts—sympathetic in tone, manner, and voice, and thereby *diminish* guilt and other associated anxieties.

(4) While the APA removed homosexuality as a disorder in 1973-74 (a decision heavily marked by sociopolitical activism and behind the scenes lobbying, see Socarides, C.W., 1992 "Sexual politics and scientific logic: the issue of homosexuality: *Journal of Psychohistory* 10/3:308-329), the diagnosis is maintained as an official one in the *International Classification of Diseases* and subsumed in our own diagnostic manual (DSM IV) as "Sexual Disorder: Not Otherwise Classified."

Our therapeutic position is not based on "a priori assumption" that a patient *should* change his or her homosexual orientation. This is left up to the patient who comes to us for help and is desirous of change. No decision is made about the course of treatment before a thorough diagnostic, clinical interview with the patient.

We therefore welcome the statement of the APA Board of Trustees (a statement strongly objected to by gay activists within our association), which "recognizes that in the course of ongoing psychiatric treatment there may be appropriate clinical indications for attempting to change sexual behaviors." Such clinical conditions would include anxiety, severe inhibitions, panic disorders, homosexuality as a defense against depression, homosexuality as a defense against the appearance of psychotic manifestations, as well as a host of other associated symptoms.

Finally, the Board's negative declarations regarding reparative therapy amount to a breach of our freedom to practice psychiatry (a freedom rooted in Article One of our Constitution). This freedom to practice was furthermore *unanimously* protected in a Resolution passed by the American Psychoanalytic Association, 5/20/93 sponsored by the Social Issues Committee of the American which stated, "The American Psychoanalytic Association goes on record stating:

"Scientific issues should be researched, discussed, and debated in a scientific atmosphere of free and open exploration. Threats to disrupt scientific meetings, *intimidation of clinical researchers*, and *sexual politics* [emphasis my own] have no place in our continuing

attempts to understand human sexual behavior."

"The contract entered into by analyst and analysand is a private one. Once embarked in a treatment, the goals are the concern of the patient and analyst only; and these goals may be changed and clarified as treatment progresses" (*Resolution passed 5/20/93 American Psychoanalytic Association, San Francisco*).

I seriously hope that these comments are as important to you as to me, and as they should be to any psychiatrist worldwide. We trust that these clarifications and corrections will be reported in your Letters to the Editor column in detail, for countless individuals need the help and understanding of all psychiatrists.

Respectfully yours,

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NARTH Welcomes News Articles

As always, NARTH welcomes the news articles, reviews,
and items of interest our members send us.

We ask our membership to continue keeping us informed.

Some Clarifications about the American Psychological Association's Statement

Brent Scharman, Ph.D., president of the Utah Psychological Association, spoke to two of the American Psychological Association's leaders while at the State Leadership Conference in Washington, D.C., in March of this year. The earlier "rebuttal of reparative therapy" by the American Psychological Association was not intended to prevent the use of reparative therapy per se. Indeed, it is presented here as an acceptable choice. He reports in The Utah Psychologist (Winter 1998, p. 11):

"Dr. Martin Seligman, this year's APA president, said that he felt the media had misunderstood the intent of the statement. He felt a client had a right to request the type of therapy that he or she wants, and receive it.

"He said his reading of the literature, as stated in his book, *What You Can Change And What You Can't*, was that those who have had fewer homosexual experiences, or who have bisexual feelings, would be most likely to successfully change and those who have had more longterm, ingrained homosexual feelings and activity, would be less likely to change.

"Dr. Ray Fowler, APA Chief Executive Officer, said he had received many telephone calls and letters on this topic. He seemed to feel that people need to re-read the statement, and that individual choice, whatever it is, must be respected. If an individual is comfortable with his or her homo-

sexuality, it is not the role of the therapist to convince the client otherwise. If one's feelings are ego-dystonic and there is a desire to talk about changing, that is an acceptable choice and a psychologist may participate if he or she desires.

"Both authorities made positive comments about client self-determination (i.e., the right of a consumer to determine the goal and content of psychotherapy). Their statements were clear, precise, rational and reasonable. Clients have a right to make choices for their own lives, including the choice about what to request from therapy.

"Therapists, of course, have an obligation to inform clients about their own professional perspectives, and the therapy should be based on understanding all sides of an issue."

Dickson study, continued from page 8

father-son relationships, but also the childhood experience of sexual abuse, as all of these factors relate to the development of the child's sense of self, including gender identification and future relational choices.

Pop culture and political rhetoric suggest that it is *society's lack of acceptance* which is solely responsible for pathology associated with homosexuality. Such a simplistic conclusion ignores homosexuals' *repeated reports in psychology literature* of conflicted parental relationships, as well as other important issues such as sexual abuse.

Dr. Dickson stated, "The current study, in concert with past literature, suggests that the issues surrounding committed adult homosexual identification may be more *core structural and relational*, rather than sexual in nature."

The findings of his study underscore the alarming prevalence of early sexual abuse, and also help to clarify the contradictory types of mother-son relationship found in the

backgrounds of male homosexuals.

Dr. Dickson concluded, "Recent investigation of homosexuality has been hindered by the American Psychological and Psychiatric Associations' philosophical shift, which fails to consider *the role of environmental factors* in the development of male homosexuality. The clearly complex nature of the issue should not be over-simplified, nor should scientific exploration be limited by politics."

Copies of the dissertation, "An Empirical Study of the Mother-Son Dyad in Relation to the Development of Adult Male Homosexuality: An Object-Relations Perspective," by Gregory L. Dickson, Ph.D., are available through UMI, 300 North Zeeb Road, Ann Arbor, MI 48106-1346, or by telephone at 800-521-3042.

Dr. Dickson is employed by Thomas Aquinas Psychological Clinic, Encino, CA. ■

A Further Perspective on American Psychiatric Association's Rebuke of Reparative Therapy

NARTH officer Harold Voth, M.D. wrote the following letter to the American Psychiatric Association which offers further objections to the resolution:

In the January 15, 1999, issue of *Psychiatric News*, APA President Munos announced the decision made by the APA Board of Trustees, "That there is no scientific evidence that reparative or conversion therapy is effective in changing a person's sexual orientation." He adds, "There is, however, evidence that this kind of therapy can be destructive."

Having observed the effects of somatic therapies and psychotherapies, including psychoanalysis over a span of 49 years as a psychiatrist and 35 years as a psychoanalyst using formal research techniques and having made abundant clinical observations, I now state with complete confidence that there is *no* scientific evidence that *any* of our treatments have been effective. There is, however, ample clinical evidence that all of our treatments have been helpful and that *all* of our treatments have done damage, some of it very severe.

I have observed patients become zombies from drug therapy only to clear up when drugs were removed and for some, later expert psychotherapy helped them substantially. I have observed psychoanalyses and psychotherapy go on endlessly when ultimately, behavior therapy and drug therapy appeared to have been more helpful.

Psychoanalysis and psychotherapy can do great good, but I have seen these therapies do enormous harm by inducing self-destructive and destructive acting out, serious regressions, the eruption of depression, anxiety, and various symptoms. Counselors have given very good advice, but also very bad advice. Behavior therapy has failed to help patients when dynamic psychotherapy was successful, and vice-versa.

All mental health professionals have done great good, but

they have also inflicted damage. This includes physicians, psychologists, social workers and ministers.

Why then do the APA Trustees single out and condemn reparative therapy? Obviously they are politically motivated and have again come under the sway of the homosexual activist social movement. I doubt if the Trustees and Dr. Munos know how reparative therapy is conducted. In fact, like all therapies, there is the stamp of the individual doing the treatment. Furthermore, what data do they base their opinion on? And finally, what standard have they used as the basis for this sweeping, biased proclamation?

If the Trustees believe it is their duty to condemn reparative therapy and all therapies which endeavor to help homosexuals become heterosexual, how can they *not* condemn psychiatrists who give their blessings to the surgical mutilation of a person's genitalia for those who wish to assume the identity of the opposite sex?

How can they *not* condemn someone who believes a psychiatrist who converts a homosexual into a heterosexual has created psychopathology? Is heterosexuality *abnormal* in some people? Of course there are abnormal heterosexuals, but is that condition *itself* abnormal? Some gay activists believe children who exhibit gender disorders should not be treated. The Trustees have remained mute on these issues.

Why, then, should not a homosexual who wants to become heterosexual have the right to be treated without his treater being charged with malpractice? And when the person doing the treatment uses a technique—reparative therapy—which has produced good results?

Reorientation Therapists Applaud the Journal *Psychotherapy* for Yarhouse Article

Two recent journal articles by Mark Yarhouse of Regent University in Virginia made a strong case for the ethics of reparative-type therapies. The first appeared in *Psychotherapy* (vol. 35, Summer 1998, no. 2, pp. 234-259), and was entitled "When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the 'Right to Choose' Debate." Such articles are few and far between in the current political climate.

Many psychotherapists applauded *Psychotherapy's* decision

to publish. Several letters of appreciation for the Yarhouse article were published in the subsequent issue of *Psychotherapy*, suggesting that—in spite of the professional associations' recent public rebukes—there is a groundswell of support for sexual-reorientation therapy.

Letter writers included Steven Dahl, LCSW; J. Douglas LeCheminant, MEdW; John J. Villaroman, MSW; Stephen D. ZoBell, Ph.D.; Terry Robrecht, LCSW; and John T. Hill, MFT.