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Historic Gay Advocate Now Believes Change is Possible

The psychiatrist who led the team that deleted homosexuality from the diagnostic manual in 1973, now says homosexuality is likely changeable for some people.

His provocative new study drew worldwide media attention at the American Psychiatric Association's annual conference on May 9th.

Dr. Robert L. Spitzer's research study was funded by his department's research unit. He is Professor of Psychiatry and Chief of Biometrics at Columbia University.

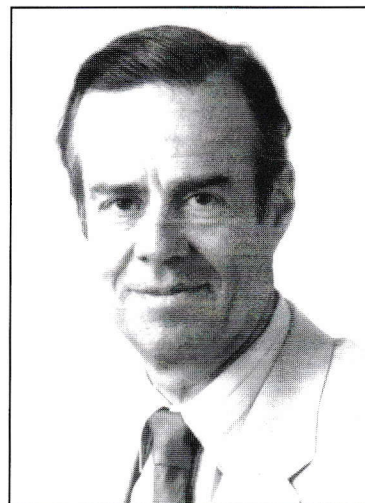
"Like most psychiatrists," says Dr. Spitzer, "I thought that homosexual behavior could be resisted—but that no one could really change their sexual orientation. I now believe that's untrue—some people *can* and *do* change."

Most mental-health associations have recently issued warnings about therapy to change sexual orientation. Homosexual fantasies and feelings can be renounced or resisted, most clinicians agree—but not transformed.

But in a panel discussion at the annual A.P.A. meeting, Spitzer released the evidence for his conclusions.

He reported interviewing 200 subjects (143 men and 57 women) who were willing to describe their sexual and emotional histories, including their self-reported shift from gay to straight.

Dr. Spitzer is best recognized in psychiatric history for his scientific role in 1973—he led the team that investigated whether homosexuality should be removed from the psychiatric manual. He drew bitter criticism during that historic event from



Robert Spitzer, M.D.

psychoanalysts who sought to retain homosexuality among the list of disorders. Since then, Dr. Spitzer had been convinced that sexual orientation is unchangeable.

But on the opening day of the American Psychiatric Association's annual conference two years ago—in 1999—he was drawn to a group of ex-gays staging a demonstration at the entrance to the conference building.

The picketers were objecting to the A.P.A.'s recent resolution discouraging therapy to change homosexuality to heterosexuality. They carried placards saying, "Homosexuals Can Change—We Did—Ask Us!"

Others said, "Don't Affirm Me into a Lifestyle that was Killing Me Physically and Spiritually," and "The APA Has Betrayed America with Politically Correct Science."

Some of the psychiatrists tore up the literature handed out to them by the protesters. But others stopped to offer the protestors a few quiet words of encouragement.

Dr. Spitzer was skeptical, but he decided to

Spitzer Study, top of p. 28

Remembering the Is/Ought Distinction

Can the mere *existence* of a sexual interest constitute a rationale for its *psychiatric normality*? It would seem logical that the answer would be *no*.

Yet there is an increasing assumption that "what is" cannot and *should not* be distinguished from "what ought to be."

In his recent book *Real Boys*—which critiques masculine gender roles as oppressive—Dr. William Pollack lays out human sexual responsiveness on a continuum, from homosexual to heterosexual:

"There is every reason to believe that homosexuality and heterosexuality are not absolutes, and that substantial gray areas exist... Determining our sexual orientation, at the end of the day, is not about finding simple black and white answers. Our sexual identity is almost always complex, unclear, confusing."

Following this reasoning, many social scientists promote the assumption that a young person's task is simply to find out *who or what it is* that sexually attracts them, and then to follow it.

As one social worker advised her readers in a column in *New Woman* magazine not long ago, "We cannot choose who makes our hearts beat faster, and I wish we could all stop worrying about it."

But the forgotten factor in this mode of reasoning is the "is/ought distinction" (also known as the "fact/value dichotomy"). In other words, "what is" cannot simply be assumed to imply "what ought to be."

The Normal Brain is "That Which Functions in Accordance with Its Design"

Researchers have no problem understanding the concept of design as it applies to brain functioning. We do not simply normalize "what is" and assume that it "ought to be." If a person is mentally retarded, autistic, or has attention-deficit disorder (ADD), such functioning is acknowledged

as deficient. Scientists see ADD, Down Syndrome and autism as biological flaws because people with those conditions cannot function in accordance with human design.

But in the case of sexual behavior, the trend is to ignore design, and instead conclude that *is equals ought*.

"When this idea filters down into the general culture," says Joseph Nicolosi, "I call it the philosophy of Oprah. Here is a group of people who are telling their stories...and her spin is simply, 'Well, here they are.' This philosophy of 'Whatever is, ought to be' worked when gay activists appealed to the American Psychiatric Association in 1973, and it still works today on Oprah."

This blurring of *is* and *ought* is facilitated by a gradual replacement of the old, morally laden terminology, with the use of new terms like *adult-child sex* and *extra-dyadic sex*, which replace old terms (pedophilia, child abuse, promiscuity) carrying unwanted connotations.

Then there's the book, *The Bisexual Option*, by psychiatrist Fritz Klein. Endorsed by sexuality experts as "must reading" for anyone who wants to "understand where they fit on the sexual orientation continuum," Klein's book claims that anyone who is not in conflict with their attractions should feel free to act on them. In fact, the whole concept of "normal," Klein explains, has no inherent meaning. It is "only a set of values defined for the purpose of maintaining or securing economic, political or other advantages for society—or more likely, some portion of society."

But in assuming that it is healthy to act upon one's desires, *simply because they exist*, we have not arrived at a neutral, purely "scientific" conclusion. Instead, we have made a philosophical judgment, which is *to normalize the full continuum of sexual responsiveness*. Increasingly, the layman has come to think of this as the "scientific position."

As our culture's earlier convictions about human anthropology begin to lose their authority, the "philosophy of Oprah" slowly obliterates the old scientific view—grounded in human design and biology—that normality must be "that which functions in accordance with its design." ■

THE NARTH BULLETIN

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"Victory on the Bow of a Ship"

Firsthand: My Experience Attending the American Psychiatric Association Panel Discussion

By Joseph Nicolosi, Ph.D.

Can gays change sexual orientation? The psychiatric establishment used to believe the answer to that question was a qualified "yes." But in recent years, influential gay activists within the profession have succeeded in shifting that prevailing wisdom, and many in our profession now say "no."

So when Bob Spitzer told us a couple of years ago that he was interested in reopening this controversial question, NARTH was eager to cooperate.

Last year, NARTH published a study of over 800 people who had made a substantial degree of change in their sexuality. The study was published in a peer-reviewed journal, and announced with a press release. But to our great disappointment, only a few news outlets picked up the story.

Then when Dr. Spitzer told us he was undertaking his *own* study, we knew *this* study would be news. Spitzer was a hero in the gay community in 1973, and he was a highly regarded researcher with no political axe to grind and no particular position of advocacy. NARTH got busy locating subjects that could fit Spitzer's stringent criteria. He was scheduled to announce his study results at the May 9th Psychiatric Association Convention in New Orleans.

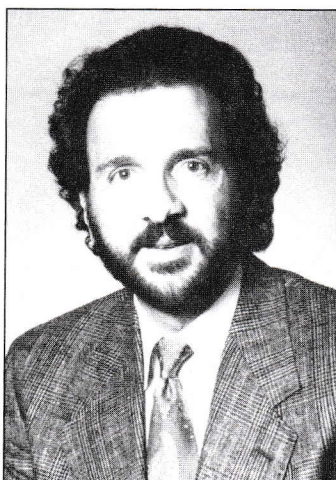
With great care, we put together a press release that would be balanced and scientifically accurate, and then arranged for it to be released to all the major world news outlets.

I flew to New Orleans to be at the conference when Spitzer made his presentation, which we knew could be historic. Beforehand, I had lunch with Dr. Spitzer and another panelist, Mark Yarhouse. Spitzer, who was clearly nervous about his upcoming ordeal, told me he anticipated some stiff opposition.

Walking in to the A.P.A. conference room in New Orleans, I had the distinct feeling he would be right. Ex-gays John Paulk and Mike Haley of Focus on the Family had also flown in, and we felt like a beleaguered minority. Wanting to be sure I would have a chance to get to the microphone to support Spitzer during the question-and-answer session, I got to the room early and sat down in the front row.

The room, which could hold perhaps 200 people, was full to the limit. Spitzer gave his presentation to an outward-

ly respectful audience, all intently listening and focused, while security personnel circulated throughout the room to make sure each person in the audience had a press pass or a convention ticket.



Joseph Nicolosi, Ph.D.

The most caustic and provocative speaker was psychiatrist Jack Drescher, who singled out NARTH for specific criticism. Dr. Drescher is Deputy Representative of the American Psychiatric Association's Caucus of Gay, Lesbian and Bisexual Psychiatrists, and has long been an outspoken and influential opponent of efforts to change sexual orientation—calling reparative therapy "the laetrile of the mental-health profession." Drescher quoted a number of passages from the *NARTH Bulletin*, putting them in a context that implied that NARTH is engaged in a political battle to take away the civil rights of gays. His tone was accusatory and strident.

Psychologist Marshall Forstein also spoke for the opposition, referring specifically to my own published work and professional position as being "homophobic." He equated the gay movement with the movement for racial equity, and compared opposition to gay activism with the Crusades.

Psychologists Ariel Shidlo and Michael Schroeder made a presentation of their own study, which had advertised in the gay press seeking people who felt they had been damaged by reparative therapy. Their study was funded by a major backer of many gay causes, the H. van Ameringen Foundation, and it was conducted in association with the National Gay and Lesbian Task Force (NGLTF).

A great irony struck me: earlier, NARTH's *own* study was dismissed by critics because we are a scientific group which advocates for people who seek change. Yet here was a study conducted by two gay-activist researchers—funded by a well-known gay-supportive foundation—which had sought subjects through gay publications—and which was conducted in cooperation with a gay advocacy group that stridently *opposes* all efforts at change!

Yet the gay press apparently saw no irony in their public denunciation of the Spitzer study, which they had dismissed on the grounds that Spitzer's subjects had been recruited from "anti-gay groups such as Exodus and NARTH."

continued on bottom of page 27

Same-Gender Attraction: *Clinical Observations From a Self Psychology Perspective*

Ben Z. Sorotzkin, Psy.D.
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I was very pleased to read Dr. Nicolosi's discussion on "grief work" in the April 2001 issue of the *NARTH Bulletin*. I have long felt that psychotherapy based on Self-Psychology principles⁽¹⁾ would add a significant and necessary depth to Reparative Therapy for same-gender attraction. Reparative Therapy emphasizes that a male has to feel comfortable and secure in his masculine role before he can venture into the world of females. Self Psychology emphasizes that developing a stable and positive sense of self is a necessary precursor to developing a gender identity.

I would like to share some clinical insights gleaned from Self-Psychological psychotherapy with patients struggling with same-gender attraction. These observations highlight the importance of understanding the specific psychological meaning of symptoms and the necessity of resolving problems regarding the patient's sense of self before attending to gender identity issues.



Ben Z. Sorotzkin, Psy.D.

"David"

David (names and details have been changed to preserve confidentiality) was a 26-year-old single, religious male struggling with same-gender attraction. David's family fit both the classic "triadic family" model, with a critical, rejecting father and an over-involved mother, and the "expanded triadic narcissistic model" described by Dr. Nicolosi. David was expected to mold himself in a manner that met his parent's unmet emotional needs rather than have his parents adjust themselves to meet **his** unique developmental needs.^(2, 3)

During one session David expressed amazement that his friend "Samuel" had to struggle not to lust after pretty women. The cause for David's amazement wasn't that someone could lust after women. Rather it was the fact that Samuel was not particularly good looking. "What makes him think that a pretty woman would ever agree to have a physical relationship with him!?" he wondered.

This amazement reflected the superficial nature of the attitudes and relationships in David's family. There was little emotional depth nor an appreciation of the multifaceted nature of human motivations, needs and emotions. In such an atmosphere, the idea that someone might very well like you for internal, non-obvious reasons, such as

personality, character, sense of humor etc. seemed impossible. (David's mother once reacted to my suggestion that her daughter sounded depressed by showing me a picture of her daughter. "How can she be depressed, she's beautiful!?") Likewise, growing up in a very critical family makes it very difficult to imagine that someone would overlook minor flaws because of their appreciation of other qualities.

Not surprisingly, David's ideas regarding attraction to others were also totally superficial. In spite of being intelligent, knowledgeable and articulate, years of criticism and rejection by his father made it difficult for him to believe that anyone would be interested in him for anything other than his body. (As a result he became extremely anxious over the earliest signs of thinning hair.)

David couldn't lust after females – not because he inherently wasn't capable of desiring females. Rather, it was because

he couldn't imagine them desiring him. The source of this belief wasn't, at its root, gender related. In fact, as a result of his father's lack of interest in him (as a separate individual) it was difficult for him to believe that **anyone** would be interested in him. However, since he had some same-gender sexual experiences in high school, he could imagine males being interested in him.

Another interesting feature in David's same-gender attraction was the underlying motivation for his sexual interest in males. What "turned him on" was the fact that he could get them to desire him, rather than his desire for them. (The sexual component was necessary because he needed **concrete** evidence of their interest in him.) For someone who never felt cared for by his parents, being desired for any reason could be quite a powerful experience.

A related feature of his attraction was that he was primarily interested in males whom he perceived to be (based on their external appearance) very religiously devout. The subconscious reasoning went as follows: This person obviously has no sexual desires (!). If he, nonetheless, is willing to have a sexual relationship with me, it must be that he really cares about **me**. The fact that, in David's imagination, someone was more concerned with **his** (David's) needs than his own, was in sharp contrast with his experience with his parents.

At times David found himself attracted to low status, disheveled looking males. This surprised him, especially since he was so focused on external appearances. Further exploration revealed that when David was feeling particularly unlovable, he would be convinced that a high status, good-looking person would never take an interest in him. He would then have to settle for an object of interest that he considered a "safe bet."

The primary purpose of David's sexual acting out was to feel wanted by someone – a feeling he was sorely lacking. The enhancing of his masculine identity was secondary.

"Joseph"

Joseph was a 16-year-old student in an all-male religious high school. It was later revealed that, at nine years of age, an older male had sexually molested him. Since then he has had ongoing sexual contact with a number of males. At first, it was always with peers, but then he molested a boy four years younger than himself. He was discovered and referred for psychotherapy. Joseph related that by the age of 11 he realized that there was something wrong with his sexual acting out. When I inquired why he didn't ask his parents for help, he exclaimed, "I would rather have killed myself!"

I explored with Joseph the reason for this reaction. We eliminated the usual culprits. He wasn't afraid that they would react punitively or that they wouldn't be supportive. Rather, since 7th grade he had become a star pupil and a source of tremendous pride for his parents. In fact, his father described him as having been the "apple of our community's eye." He was seen as the model that the children of their tight-knit religious community were encouraged to emulate. Joseph couldn't tolerate the thought of disappointing his parents.

In his younger years, Joseph was a mediocre student while his two older brothers were highly accomplished in their academic studies and in their level of religious observance. In retrospect it became clear that his parents required the success of their children in order to counteract their own feelings of inadequacy. It became Joseph's subconscious goal to also bring pride to his parents. His motivation for academic success was not the healthy internal drive for accomplishments and growth. Rather, it was the need to satisfy his parents' unmet emotional needs. This led to the "quest for perfection" where any evidence of imperfection has to be disavowed.^(4,5) Since his sense of self depended on bringing pride to his parents, the thought of losing this status provoked thoughts of suicide.

Least someone think that this scenario is far-fetched, let me share with you a conversation I had with Joseph's

father many months into the treatment. I commented that it would have been helpful if Joseph had felt comfortable enough to confide in his parents regarding his sexual acting out. "That would have been reflective of a lack of honor for one's parents to cause them such aggravation," he protested. He totally rejected my suggestion that giving parents the opportunity to help you solve your difficulties is more honorable to them in the long run. Is it any wonder then, why Joseph felt that suicide was preferable to causing aggravation to his parents? If he hadn't been discovered, Joseph's need to serve as a "self-object"⁽⁶⁾ for his parents would have prevented him from seeking help and thus he would have most likely become actively homosexual as an adult.

Conclusion

These two brief vignettes underscore the importance of attending to deficits in the sense of self, in addition to the deficit in gender identity, when helping patients who suffer from same-gender attraction. Despite the objection of some therapists to what they term "self-pity," it is insufficient to merely exhort patients to "move forward" and "don't dwell on the past." It is imperative that they work through the rage and grief resulting from existing for the purpose of gratifying their parents' narcissistic needs rather than their own developmental needs.

I agree with Dr. Nicolosi that many therapists avoid dealing with these issues because it requires exposing ourselves to intense feelings of primitive rage and grief. While this can often be more emotionally draining than we can tolerate, the rewards of working through these feelings are great, both for the patient and the therapist.

Endnotes

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Democracy and Psychiatry

Interview with Joseph Nicolosi

"In response to social changes taking place on many levels, psychiatry has felt compelled to drop some of the old labels and theoretical concepts."

Joseph Nicolosi: Psychologists today are very concerned about self-esteem. Since ours is a compassionate, egalitarian, and non-judgmental society, we strive to include everyone; to avoid stigmatizing; and to avoid judgmentalism.

Linda Nicolosi: Of course, this emphasis on compassion is a good thing.

JN: It is. As long as it's kept in balance and doesn't distort our perception or politicize our understanding of the research.

LN: But tell us: how did psychology end up so non-judgmental that no one seems to have any real guiding sense, any more, of what is normal?

JN: I think it's the end result of falling too much in love with democracy. We're heading toward what's called "hyper-democracy"—a political system which knows no values other than liberty and equality.

When that happens, the consuming drive for ever and ever greater equality creates a "leveling effect," to the point that it begins to seem undemocratic to be a critical thinker.

LN: Especially if one's critical thinking entails seeing some lifestyle choices as better than others. That seems to be a threat to the democratic ideal of equality.

JN: Right. Ultimately, I think, this leveling instinct is leading us toward a blurring of all the essential distinctions that have made civilized life possible.

LN: And of course, the distinctions relating to the gay issue are those that distinguish the genders.

JN: Exactly. The deconstruction of gender is a major public issue right now. In law, psychiatry, education...

LN: The idea that a male gender identity is natural to a man, and a female gender identity to a woman... "Who's to say what's natural?"

JN: That is the question. California has passed legislation that defines gender—in certain circumstances—as "actual or perceived." In defiance of reality, if you are a man but you *feel* like a woman, then you are considered to be a woman... "I can be whoever I *think* I am."

LN: That in-your-face defiance of nature... It's a curious turnaround after the '60's, isn't it? During those years, the rallying cry was "back to nature."

JN: And we are also seeing the loss of the distinctions between the generations. And between the species... "Is a human being morally equivalent to an animal? Do we have the same rights, are both sacred? Or is neither sacred?"

LN: And between life and death... "When does life begin? Is a disabled newborn a human being with rights?"

JN: And between good and evil... "What is evil, after all?" All those old dividing lines and distinctions are falling.

LN: And the distinction between what is, and what ought to be. Where does one draw the line?

JN: Plus, we're losing the whole range of esthetic distinctions... "What is art? How does one define excellence?" No one seems to be able to define art. "Art is... simply *what an artist does.*" This has thrown the art world into the very same chaos we now see in psychiatry.

LN: So in response to this social change taking place on many levels, you say psychiatry has felt compelled to drop some of those old labels which made some people feel bad about themselves...

JN: Exactly. It's part of that "hyper-democratic" cultural ethos to erase as many hierarchies and distinctions as possible. To wipe out all those civilization-making differences and hierarchies of value. To maximize equality.

But there's been a price to be paid for following this road. Psychology has had to go through all kinds of intellectual contortions and compromises with reality to justify its new ideas about what is normal and natural.

LN: What happened to the age-old understanding that there's a natural order?

JN: The concept of natural law, the idea that we have a distinctively "human" nature, is falling in favor of the intellectual chaos of deconstructionism. The popular name for deconstructionism is that catch-all, mindless term, "celebration of diversity."

LN: And how do you explain the idea of a "law of the uni-

verse," a natural law, to those who just don't see it? That's the problem. The idea that there's a design, a physical law, that means we have to live a certain way or pay a price? Your detractors would like to make this into a narrowly religious issue.

JN: I remember a pastor trying to explain the natural law as it relates to sexuality. He said, "What would you think of a man who was trying to drink through a straw—and to do that, he put the straw in his ear, or up his nose?" Of course, people would say, "There is something wrong with that man." And that was his argument; a simple but *from-the-gut* illustration why same-sex sexuality is not normal.

LN: So, what is taking the place of the old concept of a natural order?

JN: We see a growing interest in inter-subjective psychologies, with their emphasis on the individual's personal, subjective experience as the determiner of psychological health—"whatever works for you."

At the same time, with the growing influence of postmodern philosophy, there's a loss of confidence that we can know very much about objective reality, or psychological normality.

LN: Do you think most psychologists hold to these views?

JN: Most psychologists today are trying to be inclusive and nonjudgmental. "Who am I to judge?" There is a pleasant feeling that communicates itself with this attitude; they want to be people-pleasers. Their first absolute is tolerance—the kind of tolerance that *really* means not just putting up with, but *valuing* all lifestyles and opinions as equivalent. They may believe their job as a psychologist is simply to facilitate the goals and objectives of each individual. This sounds very egalitarian and democratic; it has a strong emotional appeal; but it is intellectually naive. It is more of a *sentiment* than an organized system of thought.

LN: A sentiment?

JN: Yes. Because psychologists who defend homosexuality as normal and natural have still not come up with any plausible, non-deficit-based theoretical model to explain homosexual development. They simply don't have a theory.

LN: Other than the "born that way" fallacy?

JN: Right. They haven't explained how a history of alienation from same-sex peers, gender-disidentification, alienation from the same-sex parent, and so often the feeling of not having been "seen" and understood by one's father or mother could result in a happy and well-functioning man

or woman. But this is the childhood history of a remarkable percentage of homosexual men and women.

Psychologists can't explain how this could be normal, because it doesn't make sense. How could a childhood of deficits, fears, and feelings of alienation and inadequacy be a pathway that we call normal?

LN: So how *do* you think most psychologists explain it?

JN: Some of them say, "Yes, these clients have had a conflictual childhood, and never identified with the same-sex parent. True—there's been a disturbance in gender identity. But who among us has had a 'normal' childhood?" These clients have made a useful adaptation, they say, and have simply directed their erotic attractions to a same-sex person. Many such people are living productive lives—working and loving. And who says one's gender-identity must be consistent with their biological sex? *Why should gender even matter at all?* Therefore, they say, we can't label homosexuality a problem.

LN: And of course, there's a kernel of truth in some of that. We all make adaptations to less-than-ideal circumstances, and some of those adaptations work out pretty well. Obviously there are gay people

who are quite content with their lives.

JN: Which was a major part of psychiatry's rationale when it normalized homosexuality... "If they're happy with their lives, who are we to say otherwise?"

But this is important: there is a *difference* between saying, "He's made the best of his situation that he knew how," and "His condition is normal and healthy." You have a person who has a twisted leg; he may learn how to adapt and how to put his weight on the other foot, or walk on crutches; and when he goes into a restaurant, he takes the crutches and he puts them under the table...he does the best he knows how. *But we still can't deny that it's better to have two good legs.* We have to be honest about that.

LN: Why has there been so little dialogue about the developmental factors in homosexuality?

JN: Psychologists don't want to talk about it. Everybody wants to be the good guy. What these psychologists don't realize is that in order not to make a portion of the population feel bad, what they are doing is making a major compromise with reality. And this attitude is having incredible secondary consequences for our culture. By systematically eroding the conviction that opposite-sex coupling is normative, you are failing to support the many young people who are going through a period of gender-identity and sexual-orientation confusion.

continued

How do you explain the concept of a "natural order" to those who just don't see it?

LN: So if psychologists were willing to be more honest about what they see...society would be more supportive of healthy development.

JN: Yes, and it has always been the role of society to support and facilitate the transition to heterosexuality. For two reasons: First, heterosexuality is better for society; and second, heterosexuality is healthier for the individual.

LN: Would you explain that?

JN: Let's look at society's attitude toward single parenting. Because we fail to take a stand that single parenting is undesirable, we are getting more and more kids who don't have a father. And through our compassion and eagerness to be nonjudgmental, we are doing children and families a great disservice.

This goes back to what I was saying earlier. Motivated by compassion—and also that democratic “leveling” instinct—our culture is erasing all the old hierarchies of value and the essential distinctions. We just don't want to hurt anyone by pointing out that his family configuration is not the way it's supposed to be....that it is a “make do” adaptation, often to tough circumstances.

LN: Right, because a single mother may be really struggling, doing the best she can.

JN: Of course. It may well represent a *heroic effort* on that mother's part to do the best she can with adverse circumstances. However, it is not the way things ought to be.

LN: But there's a fear that by talking about “what ought to be” will mean limiting people's options, making judgments, setting oneself up as an authority. Makes us really uncomfortable. Seems like a threat to equality.

JN: So we end up, by default, with a social system that endorses every form of personal liberation. But a lot of distortions—even outright untruths—are necessary to shore up that faulty logic.

Family Research Council did a great study awhile back on the distortions in high-school textbooks. Textbook writers are forced to point out the research that shows that single-parent families are *not* the best way to raise kids, and such families actually place kids at a serious developmental disadvantage in many ways, compared to the traditional family. But then, the textbooks conclude, “*All choices of family configuration are valid!*”

The editors just *can't let* the facts lead to a conclusion that might hurt somebody's feelings. They place “tolerance” (which now requires actual *approval*) over honesty. And in so doing, they sadly mislead our children. ■



Psychiatry and Homosexuality

By ROBERT L. SPITZER

In 1973, I opposed the prevailing orthodoxy in my profession by leading the effort to remove homosexuality from the official list of psychiatric disorders. For this, liberals and the gay community respected me, even as it angered many psychiatric colleagues. I said then—as I say now—that homosexuals can live happy, fulfilled lives. If they claim to be comfortable as they are, they should not be accused of lying or of being in denial.

Now, in 2001, I find myself challenging a new orthodoxy. This challenge has caused me to be perceived as an enemy of the gay community, and of many in the psychiatric and academic communities.

The assumption I am now challenging is this: that every desire for change in sexual orientation is always the result of societal pressure and never the product of a rational, self-directed goal. This new orthodoxy claims that it is impossible for an individual who was predominantly homosexual for many years to change his sexual orientation—not only in his sexual behavior, but also in his attraction and fantasies—and to enjoy heterosexuality. Many professionals go so far as to hold that it is unethical for a mental-health professional, if requested, to attempt such psychotherapy.

This controversy erupted recently, when I reported the results of a study that asked an important scientific question: Is it really true that no one who was predominantly homosexual for many years could strongly diminish his homosexual feelings and substantially develop heterosexual potential?

What I found was that, in the unique sample I studied, many made substantial

changes in sexual arousal and fantasy—and not merely behavior. Even subjects who made a less substantial change believed it to be extremely beneficial. Complete change was uncommon.

My study concluded with an important caveat: that it should not be used to justify a denial of civil rights to homosexuals, or as support for coercive treatment. I did not conclude that all gays should try to change, or even that they would be better off if they did. However, to my horror, some of the media reported the study as an attempt to show that homosexuality is a choice, and that substantial change is possible for any homosexual who decides to make the effort.

In reality, change should be seen as complex and on a continuum. Some homosexuals appear able to change self-identity and behavior, but not arousal and fantasies; others can change only self-identity; and only a very few, I suspect, can substantially change all four. Change in all four is probably less frequent than claimed by therapists who do this kind of work; in fact, I suspect the vast majority of gay people would be unable to alter by much a firmly established homosexual orientation.

I certainly believe that parents with homosexually oriented sons and daughters should love their children—no matter how their children decide to live their lives—and should not use my study to coerce them into unwanted therapy.

However, I continue to hold that desire for change cannot always be reduced to succumbing to society's pressure. Sometimes, such a choice can be a rational, self-directed goal. Imagine the following conversation between a new client and a

mental-health professional.

Client: "I love my wife and children, but I usually am only able to have sex with my wife when I fantasize about having sex with a man. I have considered finding a gay partner, but I prefer to keep my commitment to my family. The homosexual feelings never felt like who I really am. Can you help me diminish those feelings and increase my sexual feelings for my wife?"

Professional: "You are asking me to change your sexual orientation, which is considered by my profession as impossible and unethical. All I am permitted to do is help you become more comfortable with your homosexual feelings."

The mental health professions should stop moving in the direction of banning such therapy. Many patients, informed of the possibility that they may be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions. In fact, such a choice should be considered fundamental to client autonomy and self-determination.

Science progresses by asking interesting questions, not by avoiding questions whose answers might not be helpful in achieving a political agenda. Gay rights are a completely separate issue, and defensible for ethical reasons. At the end of the day, the full inclusion of gays in society does not, I submit, require a commitment to the false notion that sexual orientation is invariably fixed for all people.

Dr. Spitzer is a professor of psychiatry at Columbia University.

On Positive Self-Reports of Adult-Child Sexual Relationships:

Why They Are Misleading

by Dale O'Leary

In the fall of 1999, NARTH reported on a major study in the American Psychological Association's *Psychological Bulletin*⁽¹⁾ which found little or no apparent harm in consensual pedophile relationships between men and boys. Clearly, there had to be more to the story.

A study by Doll et al⁽²⁾ produced findings which at first glance, seem to fit the *Psychological Bulletin* analysis. Of 1,001 homosexual and bisexual men surveyed, a disturbing 42% reported a history of sexual abuse—and only 39% of those men said they viewed the experience negatively at time of contact and again at the time of the interview.

Indeed, 27% reported that they had viewed the experience positively at the time of contact. The longer the pedophile relationship lasted, the more it was likely to be remembered positively.

However, Doll *et al* caution that positive self-reports should not be interpreted to mean that the experience was actually positive. As they explain:

"...many of our participants evaluated the contact neutrally or positively either at the time of the experience or as an adult. Clinicians have suggested that these responses may represent a reframing of the experience in a more positive light in order to deal with a potentially overwhelming negative experience."⁽²⁾

Another consideration omitted by the authors of the *Psychological Bulletin* article is the finding that homosexually active men who were molested are, in adulthood, subsequently more likely to be attracted to underage boys and to engage in sexual relations with them.

A 1992 study⁽³⁾ looked at a random sample of 750 men, of whom 15.6% had experienced one or more unwanted sexual contacts (almost all of which was male-on-male) before their 17th birthday. Of those men who had experienced longterm sexual abuse, 11% were currently sexually interested in males younger than 13 years, and 8% had had sexual contact in adulthood with a male under the age of thirteen.

In addition, 23% were currently sexually interested in a male 13-15 years old, and 19% had had contact in adulthood with a male aged 13-15.

In contrast, none of those who had been free of abuse (or experienced only short-term abuse) had been involved with male children under the age of thirteen.

Commenting on the studies, Dr. Joseph Nicolosi observed, "It is not uncommon for victims to 'identify with the aggressor.' Therefore the fact that victims sometimes defend the system that victimized them—or even follow in the adult victimizer's footsteps—should not surprise us. In reality, of course, such a childhood relationship was a terrible betrayal of trust by the father figure the boy clearly wanted and needed."



Dale O'Leary

Some victims acquire a distorted understanding of relationships, and thus label the abuse positive

Endnotes

⁽¹⁾ Rind, Bruce, Tromovitch, Philip, and Bauserman, Robert. (Temple U. Dept. of Psychology, Phila., PA), A Meta-analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples. *Psychological Bulletin*, 1998 (July), vol. 124 (1), 22-53.

⁽²⁾ Doll, L., B. Barholow & J. Harrison, (1992) "Self-reported childhood and adolescent sexual abuse among adult homosexual and bisexual men," *Child Abuse & Neglect* 16: 855-864.

⁽³⁾ Bagley, C., M. Wood & L. Young (1994) "Victim to abuser: Mental health and behavioral sequels of child sexual abuse in a community survey of young adult males," *Child Abuse & Neglect* 18, 8: 683-697.

The Innate-Immutable Argument Finds No Basis in Science

*In Their Own Words:
Gay Activists Speak About Science, Morality, Philosophy*

Dean Byrd, Ph.D.
Shirley E. Cox, Ph.D.
Jeffrey W. Robinson, Ph.D.

The following article was published in the Salt Lake City Tribune, in slightly abbreviated form, on May 27th, 2001. Lead author A. Dean Byrd, NARTH's Vice President, received many responses (mostly positive) to this intellectually provocative editorial.

The *Salt Lake City Tribune* has published several articles in recent months regarding homosexuality. While many of the articles are well-written, they do not reflect the scientific literature. In fact, the social advocacy of many of the articles seem to suggest a greater reliance on politics than on science.

Leaving aside the politics of the issue, perhaps it is time to examine the innate-immutable argument about homosexual attraction. First of all—although the issue is enormously complex and simply cannot be reduced to a matter of *nature vs. nurture*—the answer to that debate is probably “yes” —it is likely that homosexual attraction, like many other strong attractions, includes both biological and environmental influences.

What is clear, however, is that the scientific attempts to demonstrate that homosexual attraction is biologically determined have failed. **The major researchers now prominent in the scientific arena—themselves gay activists—have in fact arrived at such conclusions.**

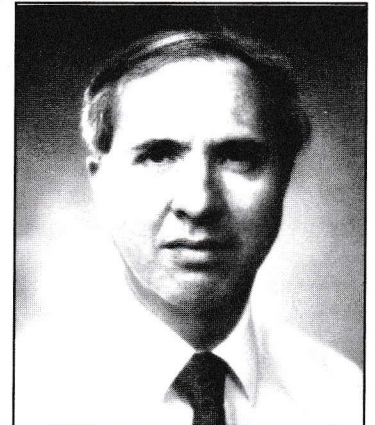
Researcher Dean Hamer, for example, attempted to link male homosexuality to a stretch of DNA located at the tip of the X chromosome, the chromosome that some men inherit from their mothers. Referring to that research, Hamer offered some conclusions regarding genetics and homosexuality.

“We knew that genes were only part of the answer. We assumed the environment also played a role in sexual orientation, as it does in most, if not all behaviors....

“Homosexuality is not purely genetic...environmental factors play a role. There is not a single master gene that makes people gay...I don't think we will ever be able to predict who will be gay.”

Citing the failure of his research, Hamer further writes,

“The pedigree failed to produce what we originally hoped to find: simple Mendelian inheritance. In fact, we never found a single family in which homosexuality was distributed in the obvious pattern that Mendel observed in his pea plants.”



A. Dean Byrd, Ph.D.

What's more interesting is that when Hamer's study was duplicated by Rice *et al* with research that was *more* robust, the genetic markers were found to be *nonsignificant*. Rice concluded:

“It is unclear why our results are so discrepant from Hamer's original study. Because our study was larger than that of Hamer's *et al*, we certainly had adequate power to detect a genetic effect as large as reported in that study. Nonetheless, our data do not support the presence of a gene of large effect influencing sexual orientation at position XQ 28.”

Simon LeVay, in his study of the hypothalamic differences between the brains of homosexual and heterosexual men, offered the following criticisms of his own research:

“It's important to stress what I didn't find. I did not prove that homosexuality is genetic, or find a genetic cause for being gay. I didn't show that gay men are born that way, the most common mistake people make in interpreting my work. Nor did I locate a gay center in the brain.

“INAH3 is less likely to be the sole gay nucleus of the brain than part of a chain of nuclei engaged in men and women's sexual behavior...Since I looked at adult brains, we don't know if the difference I found were there at birth, or if they appeared later.”

Indeed, in commenting on the brain and sexual behavior,

Dr. Mark Breedlove, a researcher at the University of California at Berkeley, demonstrated that sexual behavior can actually *change* brain structure. Referring to his research, Breedlove states,

"These findings give us proof for what we theoretically know to be the case—that sexual experience can alter the structure of the brain, just as genes can alter it. [I]t is possible that differences in sexual behavior cause (rather than are caused) by differences in the brain."

Our Perception of Science Alters Politics

LeVay made an interesting observation about the emphasis on the biology of homosexuality. He noted, "...people who think that gays and lesbians are born that way are also more likely to support gay rights."

The third study, which was conducted by Bailey and Pillard, focused on twins. They found a concordance (both twins homosexual) rate of 52% among identical twins, 22% among non-identical twins and a 9.2 % among non-twins. This study actually provides support for *environmental* factors. If homosexuality were in the genetic code, all of the identical twins would have been homosexual.

Prominent research teams Byne and Parsons, and also Friedman and Downey, each concluded that there was no evidence to support a biologic theory, but rather than homosexuality could be best explained by an alternative model where "temperamental and personality traits interact with the familial and social milieu as the individual's sexuality emerges."

Are homosexual attractions innate? **There is no support in the scientific research for the conclusion that homosexuality is biologically determined.**

Is Change Possible?

Is homosexuality immutable? Is it fixed, or is it amenable to change? The 1973 decision to delete homosexuality from the diagnostic manual of the American Psychiatric Association had a chilling effect on research. The A.P.A. decision was not made based on new scientific evidence—in fact, as gay-activist researcher Simon LeVay admitted, "Gay activism was clearly the force that propelled the APA to declassify homosexuality."

In reviewing the research, Satinover reported a 52% success rate in the treatment of unwanted homosexual attraction. Masters and Johnson, the famed sex researchers, reported a 65% success rate after a five-year follow-up. Other professionals report success rates ranging from 30% to 70%.

An article in the *Monitor on Psychology* reviewed the

research of Dr. Lisa Diamond, a professor at the University of Utah, who concluded that "Sexual identity is far from fixed in women who aren't exclusively heterosexual." What is more intriguing is the research of Dr. Robert Spitzer, the prominent psychiatrist and researcher at Columbia University. Dr. Spitzer was the architect of the 1973 decision to remove homosexuality from the diagnostic manual, a gay-affirmative psychiatrist, and a long time supporter of gay rights. His current study focused on whether or not individuals can change. His preliminary conclusions are:

"I'm convinced from the people I have interviewed, that for many of them, they have made substantial changes toward becoming heterosexual...I think that's news...I came to this study skeptical. I now claim that these changes can be sustained."

What was most interesting was Dr. Spitzer's response to a journalist who inquired what he would do if his adolescent son revealed his homosexual attraction. Dr. Spitzer's said he hoped that his son would be interesting in changing and would get some help. It is interesting to note that Dr. Spitzer has received considerable "hate mail" and complaints from his colleagues because of his research.

Is homosexual immutable? Hardly. There is ample evidence that homosexual attraction can be diminished and that changes can be made.

Comparative Levels of Mental Health: The Data

What is particularly disturbing is the lack of attention paid by the media to the research evidence reported in the *Archives of General Psychiatry* which concluded that gay, lesbian and bisexual people were at higher risk for mental illness, specifically suicidality, major depression and anxiety disorder.

While one might suggest that society's oppression of homosexual people may be the cause of such mental illness, this may not be the case. In fact this study corroborated the findings of a prior, a well-conducted Dutch study, and Dutch society is a very gay-affirming and gay friendly society.

Bailey (of the twin study) offered other possible reasons for the finding of significantly more mental illness in homosexual individuals; homosexuality "represents a deviation from normal development and is associated with other such deviations that may lead to mental illness."

Another possibility he suggests is that "increased psychopathology among homosexual people is a consequence of lifestyle differences associated with sexual orientation." Bailey cited "behavioral risk factors associated with male

homosexuality such as receptive anal sex and promiscuity." He noted that it would be a shame if "sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis."

Regarding change and the right to treatment, lesbian activist Camille Paglia offered the following observations:

"Homosexuality is not 'normal.' On the contrary it is a challenge to the norm...Nature exists whether academics like it or not. And in nature, procreation is the single relentless rule. That is the norm. Our sexual bodies were designed for reproduction...No one is born gay. The idea is ridiculous...homosexuality is an adaptation, not an inborn trait..

"Is the gay identity so fragile that it cannot bear the thought that some people may not wish to be gay? Sexuality is highly fluid, and reversals are theoretically possible. However, habit is refractory, once the sensory pathways have been blazed and deepened by repetition—a phenomenon obvious in the struggle with obesity, smoking, alcoholism or drug addiction...helping gays to learn how to function heterosexually, if they wish, is a perfectly worthy aim.

"We should be honest enough to consider whether homosexuality may not indeed be a pausing at the prepubescent stage where children anxiously band together by gender...current gay cant insists that homosexuality is 'not a choice;' that no one would choose to be gay in a homophobic society. But there is an element of choice in all behavior, sexual or otherwise. It takes an effort to deal with the opposite sex; it is safer with your own kind. The issue is one of challenge versus comfort."

Gay activist Doug Haldeman, at a recent meeting of the American Psychological Association, focused on the right of individuals who were unhappy with their homosexual attraction to pursue treatment aimed at change. He stated,

"A corollary issue for many is a sense of religious or spiritual identity that is sometimes as deeply felt as is sexual orientation. For some it is easier, and less emotionally disruptive, to contemplate changing sexual orientation, than to disengage from a religious way of life that is seen as completely central to the individual's sense of self and purpose....

"However we may view this choice or the psychological underpinnings thereof, do we have the right to deny such an individual treatment that may help him to adapt in the way he has decided

is right for him? I would say that we do not."

Finally, lesbian activist and biologist Dr. Anne Fausto-Sterling of Brown University offers some interesting insight. Referring to the "born that way" argument, she states,

"It provides a legal argument that is, at the moment, actually having some sway in court. For me, it's a very shaky place. It's bad science and bad politics. It seems to me that the way we consider homosexuality is our culture is an ethical and a moral question."

When asked about how much of her thinking about change in sexuality comes from her own life, Fausto-Sterling responded,

"My interest in gender issues precede my own life changes. When I first got involved in feminism, I was married. The gender issues did to me what they did to lots of women in 1970's: they infuriated me. My poor husband, who was a very decent guy, tried as hard as he could to be sympathetic. But he was shut out of what I was doing. The women's movement opened up the feminine in a way that was new to me, and so my involvement made possible my becoming a lesbian.

"My ex and I are still friends. It is true. I call myself a lesbian now because that is the life I am living, and I think it is something you should own up to. At the moment, I am in a happy relationship and I don't ever imagine changing it. Still, I don't think loving a man is unimaginable."

A Moral-Philosophical Issue, or a Scientific Issue?

Gay-activist researcher Dean Hamer makes a revealing statement about science and morality. He states,

"...biology is amoral; it offers no help in distinguishing between right and wrong. Only people, guided by their values and beliefs, can decide what is moral and what is not."

Homosexuality is an issue of ethics and morality. Individuals who experience unwanted homosexual attractions have a right to treatment aimed at reducing those attractions.

Whether or not others agree with that choice is not as important as *respecting their right to make the choice*. In fact, tolerance and diversity demand that they do so. ■

New Study Finds Homosexuals Can Alter Orientation

by Julia Duin

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A groundbreaking new study asserting it is possible for homosexuals to become heterosexuals was released on May 9 at the annual meeting of the American Psychiatric Association (APA) in New Orleans.

The 40-page study, which was debated during a three-hour symposium, is especially unusual because its author, New York psychiatry professor Dr. Robert Spitzer, championed a vote among APA members to normalize homosexuality nearly three decades ago.

Thanks to efforts by the Columbia University physician, the APA in 1973 removed homosexuality from its list of mental disorders.

But a chance 1999 encounter with former homosexuals from the Washington area caused him to change his mind.

"They were claiming that, contrary to the APA position statement, they had changed their sexual orientation from homosexual to heterosexual," he says. "I started to wonder: Could it be that some homosexuals could actually change their sexual orientation?"

His study of 200 former homosexuals, conducted last year, polled people who had experienced a significant shift from homosexual to heterosexual attraction and maintained it for at least five years. Fifty-seven were women, 143 were men. More than 80 percent of both sexes reported "high" same-sex attractions.

Before changing, 20 percent were married. Afterward, 76 percent of the men and 47 percent of the women had tied the knot. The typical respondent started trying to change at the age of 30 but did not feel any different sexually for at least two years. Seventy-eight percent reported a change in orientation after five years.

Due to a combination of therapy and prayer, 17 percent of the men and 55 percent of the women reported they had no homosexual attractions whatsoever. Twenty-nine percent of the men and 63 percent of the women reported "minimal" same-sex attractions.

"History has done some interesting twists," the doctor says. "Some homosexuals can change, to varying degrees."

The findings, compiled in a study titled "200 subjects who claim to have changed their sexual orientation from homosexual to heterosexual," has already drawn fire.

"Dr. Spitzer is clearly biased on this issue," says Wayne Besen of the Human Rights Campaign. "In a press conference last year, he said he's against gay adoptions, gays serving openly in the military and gay marriages. He's a cultural conservative on these issues."

Dr. Spitzer, who terms himself an "atheistic Jew," denies this, saying he appeared on the Geraldo show in 1995 representing the APA position that sexual orientation is unchangeable.

"I said there that studies showing change were so methodically flawed, they lacked credibility. "Since 1973, I had been very

skeptical of the possibility of change."

But while attending the 1999 APA convention in the District, he encountered 20 picketers hoisting signs with slogans like, "Maybe the APA can't heal a homosexual, but God can!!"

"He came up and said, 'You guys are out here again,' " says activist Anthony Falzarano of Falls Church, Va., the national director of Parents and Friends Ministries who debated Dr. Spitzer on the Geraldo show.

"I asked him if he would consider taking us more seriously and attend our press conference. I told him some prominent ex-gays would give their testimonies. To my surprise, he came."

The doctor not only came, he asked Mr. Falzarano's group to supply him with names of several hundred former homosexuals. The doctor settled on 200 individuals, most of whom were referred to him by ex-homosexual groups. He also gleaned a few names from an ad in the *Village Voice* and various therapists.

"I would have worked with the devil if he had referred me subjects," Dr. Spitzer says. "They were not easy to find. When I went to my colleagues, they said they had patients they had helped to change, but they were not comfortable calling them up."

The doctor, who will further describe his findings next month at the 10th Healing for the Homosexual Conference at Catholic University, says there is a possibility the 200 respondents were self-deceived.

"But the following reasons suggested to us that they cannot be easily dismissed," he said. "The gradual nature of the change, and the frequent pattern of less homosexual feelings followed by more heterosexual feelings, indicate it is not a simple made-up story."

Sixty-six percent of the men and 44 percent of the women attained what he calls "good heterosexual functioning." Emotional and sexual satisfaction skyrocketed after people changed, he said. Eighty-seven percent of the respondents reported feeling more masculine if men and more feminine if women.

Joseph Nicolosi, director of the National Association for Research and Therapy of Homosexuality, which provided Dr. Spitzer with names of former homosexuals, calls the study "revolutionary."

"He is reporting something totally against the assumptions of the APA and the American Psychological Association," says Mr. Nicolosi, a California psychologist. "The mental health profession assumes that once gay, always gay."

"The assumption that people can't change is a political conclusion rather than a scientific conclusion. It points to the influential gay lobbyists within the profession, of which there are many. When we issued a study last year saying more than 800 people had changed, it was pushed to the side. But when Spitzer issues this, it has to be listened to because of his track record as a gay advocate."

Mr. Besen remains unconvinced.

"Time and time again we heard of people who say then have changed, only to find out later they have not," he says. "Look at the social pressures these people were under. Ninety-three percent said they were 'very religious.' That shows the pressures they were under and how desperate they were to change."

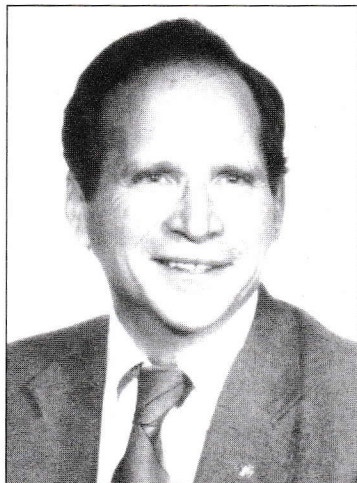
"This is clearly an unscientific, biased study. What about the tens of thousands of people who did not make the cut?"

Dr. Spitzer concedes the study has its limitations but was surprised that two-third of the men surveyed achieved "good heterosexual functioning."

He says: "These are people having sex with their spouse. That was higher than I expected." ■

Now Forming: Interfaith Committee on Theological Concerns

Chairman: Rev. Russell Waldrop, D.Min.



Rev. Russell Waldrop, D.Min.

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pages of free information born out of years of research. And as a resource to your faith group, you can reach people otherwise unknown and unreachable by us. If you pass on this Bulletin to your faith group's library, they will carry the best literature available on this most troubling issue of our time.

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Finally, we want to invite you to join our new committee. The Interfaith Committee on Theological Concerns recognizes that religious faith is the key factor in the lives of many people who seek to formulate an ethical and scientifically sound position on issues of gender and sexuality.

Your clergy and worshipping community may want to know that the Rev. Dr. Russell G. Waldrop is the chairperson of this committee. He is an ordained Southern Baptist minister, a pastoral counselor, a licensed professional counselor, and a psychiatric chaplain. He works with NARTH to offer theological interpretation of scientific findings and to support the religious community of all denominations as they seek to affirm a heterosexual model of human sexuality.

To be a part of this committee, please contact Dr. Waldrop at NARTH, or e-mail russwaldrop@yahoo.com.

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Book Review:
Coming Out Straight:
Understanding and Healing Homosexuality, by Richard Cohen

Reviewed by Philip M. Sutton, Ph.D.

"Seeing individuals come to understand the deeper meaning of their desires, and seeing them become freed from those chains that bound them for years, is both moving and gratifying. This process takes years. There is no quick fix in matters of the heart" (p. 99).

In *Coming Out Straight*, Richard Cohen uses the stories of his own life and the lives of a number of his clients to show that change is possible. He explains both *why* and *how* it is possible for a person to heal out of homosexuality and transition into heterosexuality.

In Part I, Cohen presents his definition of homosexuality as a Same-Sex Attachment Disorder (SSAD) and explains his understanding of the basic causes of same-sex attractions.

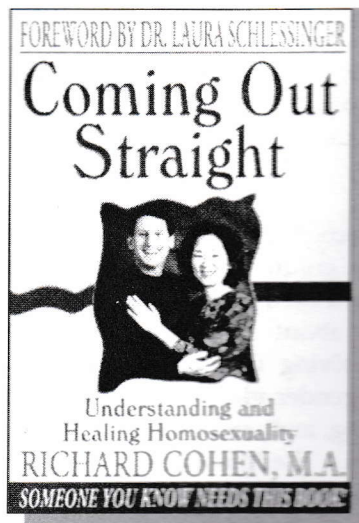
In Part II, Cohen outlines a four-stage model of recovery from SSAD through overcoming. He describes a number of behavioral, cognitive, emotional and psychodynamic tasks that are necessary for a person to heal the past psychological wounds and to overcome the present self-defeating, self-protective behaviors.

In Part III, he offers advice for "Healing Homophobia" through compassionate understanding and wise interventions that avoid the extremes both of condemnation and rejection of homosexually oriented *persons*, and of condoning and acceptance of homosexual *behavior*.

He lists the factors that predispose a person to homosexuality: "heredity, temperament, hetero-emotional wounds, homo-emotional wounds, sibling wounds/family dynamics, body-image wounds, sexual abuse, social or peer wounds, cultural wounds, and other factors: divorce/death/intrauterine experiences /adoption/ religion."

It might have been more helpful to readers if Cohen had more clearly distinguished the factors which have broad clinical and empirical support—particularly, parental abuse and neglect—from those factors that are more speculative, such as intrauterine influences.

Cohen is a second-generation reparative therapist who is as zealous about helping others find and facilitate healing as he was zealous to find healing for himself. Unlike the concepts used by first-generation reparative therapists who



were trained largely in the psychoanalytic tradition, many of Cohen's concepts and recommended techniques appear to reflect the influences of family systems therapy, the recovery movement, faith healing, and the holistic health movement in mental health and pastoral counseling.

Therapists more versed in psychoanalysis and traditional reparative therapy may find it challenging to translate some of Cohen's ideas and language, such as the "adult-child" and "inner-child," and what he describes as the need to "balance both light and dark energies" through fun and play into concepts with which they more familiar.

And although spirituality is not commonly discussed in the psychodynamic literature on reparative therapy, pastors, rabbis, and other clergy – as well as therapists who concern themselves with the spiritual/religious well-being of their clients – may be heartened by Cohen's nondenominational, yet clear presentation of the spiritual tasks and techniques that he regards as fundamental to healing SSAD.

In the light of 80 years of outcome studies that testify to the difficulty in treating homosexuality, *Coming Out Straight* at times sounds overly optimistic about the prospects of healing and transitioning into heterosexuality. "Anyone can accomplish whatever he or she wants," Cohen says. "With a strong determination, the love of God, and the support of others, healing is possible. Anyone can do whatever he wants if he has a burning desire, makes a plan, gets support, and goes for it."

Along with the confidence Cohen places in his therapeutic techniques, he does voice a humility about their use. He lists some of the tools and techniques that he believes may prove useful in the four stages of recovery, describing in detail the more novel aspects of his approach, such as mentoring, touch/holding, and accessing the personal power of anger. He also recommends books that describe how therapists may learn to implement these interventions.

The "tools and techniques to be used in each stage of recovery may change," he says, "but the tasks will remain the same" in overcoming what he clearly sees as a "developmental disorder."

Over the past two years, I have heard Richard Cohen speak publicly on three occasions, talked with him informally on those occasions, and listened to a number of his audiotapes. It is easy for me to understand the confidence that Richard places in the ideas and techniques which he champions. He is a passionate evangelist for the truth that it *is* possible to heal homosexuality, and he is confident that others can accomplish what he has.

"I have been able to guide many men, women, and adolescents out of homosexuality," he says, "because I didn't listen when people told me, 'Be true to yourself, you were born this way, accept it.' I learned where my same-sex desires came from, how to heal those wounds, and how to fulfill the unmet needs of my past." And the stories of his clients suggest that those experiences have enabled him to help many others complete the same journey.

If Cohen's optimism about success sounds over-confident at times, he balances that optimism with cautious advice and prudent suggestions that provide a more realistic, sober sense of what awaits persons who decide to try to overcome their same-sex attractions. The healing process "takes time, patience, and diligent effort. The price is high to get one's life back, but the rewards are well worth the efforts."

How long this will take "all depends on the severity of the wounds and the amount of time and energy the individual is willing to invest in his healing. One to three years is the average time of treatment." As clients discover the source of their problems, he admits, "things get worse as they experience the pain." A key factor in change is personal motivation, for "without a deep-seated commitment to change, the process of healing is virtually impossible." And, he says, "Those who participate in their own recovery by doing homework and other assignments grow and heal much quicker."

Mentoring must not be given prematurely in order to avoid the client's becoming "excessively dependent, or codependent, on the mentor." He advises that partners or spouses of the client be fully aware of the mentoring relationship, expecting that a client may experience sexual feelings for the mentor, especially if the client was sexually abused in the past.

Cohen says that both mentor and therapist should be well-grounded in their gender identity and sexuality. He advises the administering of healing touch "in an appropriate manner, at the right time, and by the right person." Ideally, he says, mentoring and healing touch would be given by a client's own mother and father, but if that is not possible or practical, it should be given by happily married men or women.

In describing homosexuality, he says that **it's not gay** ("the homosexual lifestyle... is full of heartaches and most often an endless pursuit of love through codependent relationships"), **it's not bad** ("same-sex attractions...represent a drive to heal unmet love needs"), but it's **SSAD**—Same-Sex Attachment Disorder—a sad lifestyle, whereby the individual is disidentified with his own masculinity or her own femininity and tries desperately to fill the deficit by joining with someone of the same sex, which only, he says, leads to frustration and pain.

Overall, I heartily recommend *Coming Out Straight* to both struggler and therapist. Reading this book will enable the reader to have a better understanding of the meaning of homosexual feelings, thoughts and behaviors, whether they are his own, or those of friends or family members who are lesbian or gay.

Richard Cohen's story and those of his clients offer hope, encouragement and challenge to anyone who has same-sex attractions. The numerous references and recommended readings offer professionals who are newcomers a wealth of clinical theory, research and technique for more in-depth learning.

Therapists already knowledgeable in the more traditional approaches to reparative therapy will find a creative challenge in deciding how Cohen's theoretical concepts and more novel techniques could be integrated into their existing understanding and clinical practice.

Finally, I think who anyone who reads *Coming Out Straight* will be moved by the courageous struggle for psychological health and gender wholeness of Richard and his clients, who were generous enough to share their stories.

Coming Out Straight is published by Oakhill Press for a price of \$27.95 hardcover (telephone number: 1-800-322-6657). ■

The book's over-optimistic prognosis for success is balanced by a sober accounting of the required tasks.

— 42,000 visitors to NARTH website in May—
A record number of web visitors saw the NARTH site
the month of the American Psychiatric Association meeting.
Are you making use of this valuable resource? See www.narth.com.

"Change of Heart: My Two Years in Reparative Therapy"

by "Ben Newman"

All names have been changed to protect confidentiality. "Ben Newman" is webmaster of the "PeopleCanChange.com" web site and hosts online support groups for men seeking change. A public relations director by profession, he resides in Virginia with his family. He can be reached at ben@peoplecanchange.com.



In May 1997, I was in a complete state of crisis as I entered reparative therapy for homosexual sex addiction. My wife had caught me in yet another lie that was supposed to cover up my double life. Surely, this would be the last straw. Surely, this time she would leave me and never come back, taking our two beautiful children with her. I was completely panicked.

Entering the therapist's office for the first time caused me no particular discomfort; my panic over my marriage eclipsed any nervousness I might have had about what might happen in therapy.

I had met my new therapist, "Matt," just six weeks earlier through a self-help group for men who struggle with unwanted homosexual desires. He had impressed me with two things: his youthful attractiveness and masculine appearance — with eyes that seemed to peer into my soul — and the fact that he reported that he had once dealt with homosexual longings himself but had resolved them.

The latter fact gave me great confidence and hope. I had read the writings of people who made the generic claim that "others have come out of homosexuality, so you can too," but nothing I had read actually identified who these so-called former homosexuals were, and for years I had doubted their existence. Matt was the first real live human being I had ever met who said, "I felt gay, and thought I wanted to live my life that way, but I found a way out that gave me more happiness and peace by healing than indulging." I didn't know what that meant, exactly, but I trusted that he, more than anyone else I had ever met, could help me find a way out of the pit I was in.

And a very deep pit it was. I was living a complete double life. Happy husband and father, church-goer and successful professional on the outside, rabid homosexual sex addict on the inside. After 14 years of this pattern, I had surrendered myself to it, convinced that I was going to have to live my life this way, somehow hoping the inside and outside never collided and destroyed my life.

Now, as I entered the therapists' offices, my hidden life

was in fact on a direct collision course with my false front. I could see my life about to fall down around me. Suicide was becoming an increasingly appealing option

The APA's Disclaimer: This Won't Work and Might Hurt

The first order of business on my first visit with Matt was for me to sign a Consent to Treat form. It required by the clinic, as a result of the American Psychological Association's resolutions which discourage this type of treatment. Reparative therapy was unproven, the form said; the APA's official stance was that it didn't believe it was possible to change sexual orientation; attempting to do so might even cause psychological harm.

Yeah, right, I thought, as if the double life I was living was not causing psychological harm enough.

Too, I resented the suggestion that the only "correct" solution (politically correct, anyway) for me was to abandon my wife and children and throw myself into the gay life. That was not what I wanted. I had had the chance to do that before I met Diane and had children with her, when the stakes were much lower — and I realized then that that was not what I wanted. While dating men, adopting a gay identity, and throwing myself into the gay lifestyle had been exhilarating at first, it had soon felt like it was killing my spirit, alienating myself from my goals in life, from God and a sense of higher purpose. I had realized then that I didn't want to be affirmed as gay; I wanted to be affirmed as a man.

But throughout the early years of our marriage, unable to find significant help in dealing with the homosexual struggles that still raged just below the surface, I had resorted to a horrific double life. Until I met Matt, I had given up all hope that I could ever change. Right now, it felt like Matt was my only hope.

In our first session, I blurted out the whole story with a frankness and abandon that was unprecedented for me. Matt was safe to tell. I didn't have to worry about seeking his approval or about there being any consequences in my life for divulging my story to him. He responded with candor: "Your life is a mess." I was surprised at his bluntness, but knew it to be true. "I can help you work through the immediate crisis," he said, "but unless you go a whole lot deeper than that, you'll just go back out there and delay the inevitable recurrence - probably with even greater consequences next time."

I agreed. I had hit bottom. I was ready to do whatever it took to salvage the mess of my life. Over the next several

weeks, I practically ran to Matt's office each Tuesday evening, finding a place of safety and solace where I could get help and guidance with the darkest secrets of my life. I grieved with him over the intense pain I had caused my wife and her very legitimate hurt and rage at me. How relieved I was that, seeing my resolve to work with Matt and with hope in this new resource, she tentatively decided not to leave - at least not yet.

Uncovering the Wounds

My next crisis was to prepare myself to make a full confession to the high priests of my church, where I served as a lay elder. I knew I would never make a permanent change if I continued to hide my secret life from them, and I had committed to Diane that I would do so, as a condition of her staying with me. But coming clean to these men - men of authority, men I feared would reject me - was the most terrifying thing I could imagine. Yet when I did, they responded with kindness and concern. Still, they could not tolerate that kind of sexual behavior from a church elder. They decided to excommunicate me and give me the opportunity to be re-baptized a year later, with a fresh start, as long as I proved myself able to remain faithful to my wife for at least a year and demonstrated a credible commitment to remain faithful to her thereafter.

My excommunication was handled without trying to humiliate me. I was still welcome to attend meetings as an unbaptized guest, and my status as an excommunicant was not publicly known among the general membership of the church. Nevertheless, the whole experience stirred up intense feelings of rejection and shame. The floodgates opened, and in therapy Matt and I explored a lifetime of perceived rejection from men. In successive therapy sessions, I cried and I raged.

To my amazement, Matt encouraged the full expression of this anger in my sessions with him. But I wanted to freeze up instead, paralyzed with fear and shame. Wasn't anger bad? I thought. Wasn't it out of control? Good boys don't get mad. And worst of all, what might I uncover just underneath the paralysis? But Matt taught me it was this hidden anger and shame, in part, that I was turning on myself self-destructively and that was driving me to act out sexually. The anger needed to be expressed legitimately. It needed to be honored.

He tried to teach me how to express it, to feel it in my body. I couldn't get it. I felt like a grade school student grappling with a graduate school problem. What was he pushing me to do? Finally, he explained it in a language I could understand: "It's like phone sex, but with anger instead of sex." Oh! I laughed, why didn't you say that before!

And so the anger spilled out of me: anger at my father for

being emotionally checked out of my life; rage at Mike the Bully for his constant ridicule of me in high school; rage at my mother for shaming me over my maleness; hurt that I had been carrying around inside of me my whole life, where it could continue to attack me from within. With Matt coaching me, I visualized fighting back, ejecting the taunts, shame and rejection from my heart, and then destroying them. Over the months we repeated this process, until at last I could find no more anger stirring within me. At last, having emptied a lifetime of pent-up anger from my wounded soul, I was ready to release and forgive.

At other times, Matt worked with me on my addictive cycles. We explored in depth what seemed to trigger my acting out - stress, anger, fear, almost any uncomfortable emotion caused me to try to seek solace in the arms of men and the drug-like rush of forbidden sexual stimulation. I determined to return to Sexaholics Anonymous, where I had once started to make progress toward breaking my addictive cycles. As I did, and as I processed my emotional life in depth with Matt each week, the cycles first slowed and then tapered off dramatically.

Entering the World of Men

Matt taught me about defensive detachment, and I learned how I had defensively rejected men in order to protect myself from being hurt by them. I pored over a book by Dr. Joseph Nicolosi, called "Reparative Therapy of Male Homosexuality," and was amazed to find my exact psychological profile, it seemed—complete with defensive

detachment as described in his book.

Matt helped me open my mind and heart to the possibility of finding a heterosexual man or men whom I could turn to for help and support throughout my week. It was terrifying, but I approached Mark, a man at my church about eight years older than I, and asked him to be a spiritual mentor to me. He readily agreed. He knew nothing about homosexuality, but he knew about God, and he knew about pain, and he was more than willing to be there for me. I talked with him at least weekly, sometimes several times a week, baring my soul. I called him when I was tempted to act out. I called him when I stumbled, and he helped lift me back up.

Matt's joy for me in my newfound friendship was palpable. "I wish I could meet him!" he said. "Heck, I wish I could clone him for my other clients!"

This was something I had come to love about Matt - for all his unvarnished candor about my mistakes and self-destructive blunders, I felt his authentic joy in my successes and growth. I was truly coming to love this man as a brother in a way I had never loved a brother in my life.

Still, there were plenty of times I froze in fear at the

"I had to find help to end my double life, or else lose my marriage"

prospect of reaching out to other men in friendship. I was convinced that heterosexual men didn't have friends — didn't even need friends. Their wives or girlfriends were supposed to be enough for them. Certainly, my father never had any friends, and never went anywhere socially without my mother. I could only remember one friend that my three much-older brothers had between them. How could I rely on heterosexual men to be there for me, to be my friends, to meet my needs for male companionship and affirmation? I had always believed the only men who wanted anything to do with other men were gay.

Matt challenged me to open my eyes, to look beyond my engrained perceptions. "Your soul demands male connection, and that desire WILL express itself, one way or another. It WILL come out. Suppressing it will only work for a short while, and then the dam will burst. If you don't experience authentic, intimate male connection platonically, the need will absolutely drive you to find it sexually. One way or another, the need will be met."

The words resonated within me: One way or another, the need will be met. I knew it was true for me. I pushed myself to reach out of my shell. I started observing heterosexual men more. I started to notice men going out to eat together, going to the movies together, going to men's groups, working on cars together. At parties, I noticed the men cluster in groups separate from the women within moments of arriving. They hung out together watching a game on TV as they talked, or playing pool, or some other activity.

I was discovering the world of men as if for the first time. I would come into a therapy session with Matt and share my discoveries with him as I sought to understand and demystify the world of men. We talked about the things that men do, how they are at parties, how they are with each other and with women. I started to understand them, then appreciate them - then, a bit at a time, to feel that I wasn't so different from them.

Matt became my surrogate father, my surrogate brother, my mentor into the world of men. At one point, I remember looking deeply into his dark eyes as long silence passed between us. I felt how much I trusted him, how much I loved him. I felt how much joy he experienced in my growth. Just looking into his eyes I could feel him affirming me as a man, and for the first time, I realized, "I am taking in his masculinity, and feeling him affirming mine, and I am not even touching him, let alone having any sexual feelings for him. I can do it through the eyes! I don't need to do it through my genitals, or even my hands. I can feel his love and connect with his maleness silently, without touching him." It was a joyous moment - a moment when I felt completely male, and completely affirmed as a man.

One of my most frightening steps was to ask a man from my church, Rob, to teach me to play basketball. Matt didn't suggest this to me, but the fear I had around sports was nothing short of phobic, and something inside of me demanded that I face this fear. It was hard enough to approach Rob and ask him to teach me, but to actually show up at the basketball court for my first lesson was even more frightening. I was actually more embarrassed about my ineptness around sports than I was about my homosexual past. So I was making myself completely vulnerable to Rob by revealing to him that I didn't know the first thing about basketball.

Rob coached me every Saturday morning for several weeks, and I reported my successes and fears back to Matt. Finally, I joined Rob for a few pick-up basketball games. The first time was truly traumatic; all the taunts of school bullies came rushing back. But the next week was better, and the next. One time, I e-mailed Matt with pride: "I can do a jump shot! For the first time in my life, I did a jump shot!" He e-mailed back that he was thrilled for me, and he could relate. Who else could have understood the significance of that for a 36-year-old man?

As we continued to work together, Matt told me about a men's organization called New Warriors that did an intensive weekend "initiation" training for at a mountain camp two hours away. I was hesitant the first couple of times he mentioned it, but as my fear of men dissipated, I resolved to go. I practically floated into his office my first session after returning from the weekend in August of 1998. "It was awesome!" I reported. "I discovered MEN!" I was like them; they were like me! I was a man among men. The realization sank into me as never before.

I had always thought
the only men
who wanted
closeness with
other men were
gay.

There were more ups and downs, slips and falls, courage and fear, but now I had many sources of strength - Matt, Mark, Rob, a weekly New Warriors "integration group" in my community, Sexaholics Anonymous and, always, Diane. She stood by me, loved me and encouraged me as she saw real changes in my heart, not just my behavior.

In February 1999, having been faithful to Diane for a year and a half and feeling like I had grown enough and healed enough now to renew my commitments to her and my church, I was baptized in a small and beautiful ceremony. Mark, Rob, and other friends from our church were there. Diane was there with tears in her eyes, glowing with pride and relief that I had "come home." Later, as I shared my feelings about the experience with Matt, he mirrored my joy in the huge step this was in my life and how far I had come.

My Own Man

In the last few months of my therapy with Matt, sensing that my need for professional therapy was coming to an end, I took greater command of the sessions to make sure I dealt with everything I needed his help with: lingering feelings of rejection I needed to release; hurts I needed to forgive. More and more, I was coming in to therapy sessions reporting joy instead of hurt, anger or fear, sharing my increased sense of identity and power as a man, reporting on new friendships I was building and new risks I was taking to test my increased inner strength.

As we prepared to part ways, one time Matt had me lie down on the couch as he played soft music. Sitting behind me, he cradled my head and shoulders in his hands. "You ARE a man," I heard his strong, deep voice affirming. "You are strong. You are powerful. You have broken the power that once tied you to your mother's identity. You have proven yourself as a man among men. Men admire you and affirm you. You are one of them. You are a good and loving husband and father. You are whole. Not perfect, but you're okay not being perfect. You are whole."

Tears rolled down my face. I believed him! It was true, and I finally knew it. I *was* whole! I no longer desired men sexually. I was one of them, not their opposite. I didn't need a man to complete me. Yet the irony is, I felt more bonded and connected to men and manhood than I had all of my life. *THIS* is what I had been seeking all those years from all those men. *THIS* is what I had really wanted all along —

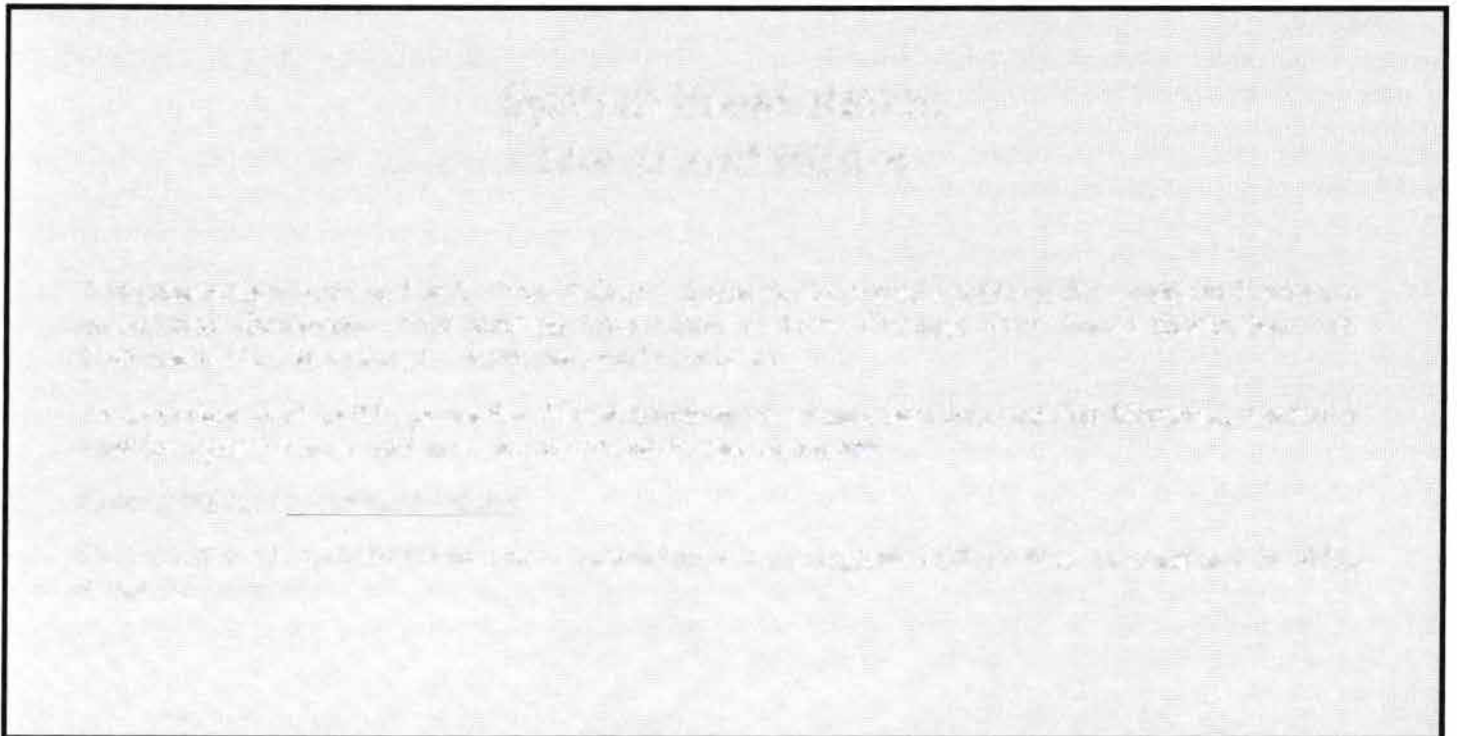
this REAL connection, not the fantasy one. Connection to God. Connection to men. Connection to my own manhood. Wholeness within myself. I felt my heart almost burst out of my chest with joy.

I walked out of Matt's office for the last time on August 25, 1999, 27 months after I had first walked in. I was a different man. Stronger. Happier. More grounded. Whole. I had been "sexually sober" and faithful to my wife for two years - and had found peace and joy in doing so.

As I left the last session, I hugged Matt firmly, burying my head into his chest. "I love you," I told him. "I'll never forget what you've done for me." With tears in his eyes, he said, "I love you too." If only I could keep him as a friend, always. But something inside of me told me: "Friendship is forever. Even if you can't be his friend in this life, you will be in the next. This powerful bond between you will be forever."

And perhaps more important, I would take the gifts he had given me with me into every other relationship from now on. I didn't need Matt as a therapist any more, because now I could be in honest relationships with others. I could make friends. I could ask for help. I could be real.

And more than anything else, I could love. I had learned to give love and receive love from other men as my brothers, and trust them with my heart. In this, I truly had found what I had been looking for all my life. ■



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Judaism and Homosexuality

Psychologist Martin Koretzky, Ph.D. recently wrote an article published in the *Baltimore Jewish Times* ("Judaism, Psychology and Homosexuality," March 16, '01) explaining that while science can tell us "what is," we must look to philosophy and ethics to understand "what ought to be." For that reason, he said, psychologists must respect the differing values of their clients and not impose a gay-is-good mentality on clients who seek a lifestyle of traditional sexual expression.

He also informed readers of the *Jewish Times* about JONAH, "Jews Offering New Alternatives to Homosexuality."

Dr. Koretzky is the author of an article about last year's American Psychological Association convention which is currently posted on NARTH's website, www.narth.com.

Political Correctness in the Medical Profession

A new book called *P.C., M.D.: How Political Correctness is Corrupting Medicine*, by Dr. Sally Satel (Basic Books, 2000) makes the case for reorientation therapy.

Dr. Satel describes the diversity educational materials that imply that "heterosexism" is the source of a gay person's unhappiness. She challenges the idea that gay patients can only be understood by psychotherapists with the proper political mindset. She believes that the exploration of one's heterosexual potential is a "clinically valid" goal, and can be successful.

On Chat Rooms

The following article was written for NARTH
by a same-sex struggler who wishes to remain anonymous.

I've spent more than my share of slow workdays talking with other men in gay chat rooms. It's a mindless habit, and one I don't equate with the severity of looking at pornography online. Still, I've found that the consequences can be just as damaging.

Most of the times when I go into chat rooms, I have no intention of actually arranging to meet the person face-to-face. I really do it more for the rush, to indulge the *possibility* of meeting someone. Just the thought of being near a guy who is as sexually aroused as I am sparks a whole fantasy of possibility: "You're in L.A.? Really? Me too. Whereabouts? Westwood! So am I! Wow, I'm just a few blocks from you at this very moment. I could be there in five minutes..."

The conversation is enticing not only because someone nearby me is aroused, but because that someone wants to do something with *me*. A major challenge I constantly face—along with other Reparative Guys—is a feeling of loneliness. And the same loneliness and isolation that fosters homosexuality is sometimes made worse by misguided efforts, like making contact with guys in a chat room, to overcome it. If gays lament the difficulty of living a minority lifestyle, I trump them—as a Reparative Guy, I'm a minority *within* the gay minority!

During these times I feel as if I'm the only one in the world suffering from these problems. So to have a guy pay me any attention at all, if only to find out where I live and what sexual acts I'd be willing to perform with him, is somehow gratifying. Sometimes I'll even keep a chat room open in an Internet browser while I do other work, just waiting for someone to strike up a conversation and pay me a little attention.

That's not to say I'm all talk. Sometimes the temptation is too great, the guy too conveniently close, and his description too good to be true. We agree to meet. When I'm sexually aroused there's a hungry desperation that'll make me settle for almost any guy. The longing is more than the natural craving felt by regular guys – there's a near unstoppable obsession that goes along with it.

A lot of the time, in fact, the guy turns out to be *bad* enough to be true: While chat rooms draw men of all ages and types, you could file a large portion of them under "freak," "creepy" or "just plain ugly." After all, young and attractive homosexual men can go to bars or clubs and meet other gay

men in person. But that's not an option for a Reparative Guy like me, who is young and decent-looking enough, but has very little desire to hang out in such places.

So when I meet a guy from a chat room, there's often a disappointment physically. But Mom and Pop didn't raise no quitter: Once I meet a guy, I'll most likely go ahead and fool around with him (safely), even if I'm not all that attracted to him.

I try to justify my actions as an admirable commitment to following things through; it's a lot more enjoyable than believing the more likely reality—which is that in doing such things, I give myself less respect than Rodney Dangerfield ever got.

After I've fooled around with such a guy, I have self-esteem issues that would make Charlie Brown seem confident. I feel like an entirely different person. My craving for sex does a complete turnaround, and with the obsession now (temporarily) gone, I'm repulsed by what I did—not only because it was with a male, but that it was anonymous and impersonal.

The feeling of regret isn't the "internalized homophobia" that gays would use to explain it. I know this because I spent a good amount of time in the gay lifestyle, relishing and accepting it as

best I could. No, the feeling is something deeper—a feeling that I've done something that has somehow robbed me of my masculinity and my claim to being a man. (At least feeling so awful brings me closer to my True Self, since I've forced myself to feel something.) But instead I block out the regret, because that's much easier than making the effort to really *feel* the nagging feeling of masculine inferiority and to understand it, and then to do what I need to do to grow beyond it.

But by the next day I've forgotten the guy's name, if I even bothered to get it in the first place. For a day or two afterward, the thought of entering a chat room is absolutely repugnant. But if I remain in my black hole of depression, the desire to "chat" returns as strong as ever. Because *this time*, I think, the guy will be better looking. He won't seem gay, but he'll be totally straight-acting (a paradox in itself). *This time* the guy will be cool, someone I'd want to be friends with. "*This time*" never comes, though.

You'd think it would just be a matter of "just say no," and of not doing it anymore, but chat rooms aren't easy to

"What frightens me is the more I do this, the more normal it seems."

resist. Since chatting takes place right at home, it's not like having to go rent a pornographic video or to drive to a gay bar. Don't think of Internet porn as a fast-food chain that tempts a would-be dieter to go pick up a greasy burger. Think of it instead as a pizza delivery boy, *always* ready to make a house call, instantaneously and *free*, whenever the slightest hunger pain strikes. The Internet is the most instant form of *instant gratification*. I can commit the act and be done with it before I've even considered the ramifications.

What's more, the act is anonymous. Unlike bars or other gay meeting spots, I can find someone to meet without suffering the embarrassment of being seen and identified. I can even avoid the social necessities of small talk and having to be personable and friendly. The process is a slippery slope, and a casual conversation can all too easily become a real-life hookup in minutes.

What really frightens me is the more I do it, the more normal it becomes. If I make that first step to start chatting, I'm almost certainly drawn in to the whole process for a

good week or more. Once I've made one erroneous deviation, I figure two won't matter. Two then becomes three, until chatting becomes a part of daily life, like brushing my teeth. To *not* do it would be weird.

Unlike brushing my teeth, though, there's a compulsion to the behavior. I'll chat even when I'm not feeling aroused, but I'll use it as a stimulant to help kick me out of even the slightest state of boredom or depression. To jolt me back out of that rut, it usually takes a monumental positive mood of inspiration or else an even deeper state of depression.

At the risk of seeming preachy (I don't want this to sound like an "After-School Special"), I'm telling this to all of you — moms, dads, therapists, pastors and all others who want to support a Reparative Guy like me — to let you know what I'm dealing with. What *all of us* Reparative Guys are dealing with. The decisions we make in the privacy of our homes are ultimately up to us, of course, but a supportive, nonjudgmental chat from you could help us avoid a destructive chat online later. ■

American Psychiatric Association Panel Discussion, continued from page 3

And when the press—especially the gay press—reported on the Shidlo study of dissatisfied former clients, it was typically implied that the researchers had sought a *representative* sample of strugglers—which would mean that the majority of former reparative therapy clients believed they had been harmed.

Despite their effort to find victims of harm, a small number of individuals responded to tell the investigators that they instead had been helped, and their response was included in the study. (The Shidlo-Schroeder study will be discussed in the next *NARTH Bulletin*.)

Next at the A.P.A. meeting, a particularly thoughtful discussion was initiated by Lawrence Appelbaum, M.D., the author of a paper on ethical guidelines for therapy which also could be applied to the treatment of homosexuality (a topic also to be discussed in the next *Bulletin*.)

Psychologist Mark Yarhouse gave a thoughtful presentation which challenged the assumption that people cannot change, and also provided a strong ethical defense for the right to treatment.

As soon as the question-and-answer session began, I was the first person to reach the microphone. After hearing so much rhetoric against NARTH from the gay activist panelists, I was determined to speak up.

I introduced myself as NARTH's president, to which the audience responded with what seemed to me an audible gasp. I challenged Drescher's attacking tone, and offered to debate him point-by-point either publicly or privately on his charge that NARTH is working to take away gay civil rights and to criminalize same-sex acts. I clarified that our mission is to support strugglers, not to crusade in support of anti-sodomy laws.

I don't think the audience quite knew what to make of the Spitzer presentation. The response was relatively reserved, and it was not until the story reached the media later that day that there was a strong outcry from the gay community. (One news story in the gay press was entitled "The Doc Who Went Over to the Dark Side.")

Immediately, the mainstream media snatched up the story. Spitzer gave interviews to Associated Press, Reuters, *The Washington Times*, *The Washington Post*, *The New York Times*, many television and radio producers, and he appeared on Good Morning America. NARTH member Richard Cohen made an appearance on the Fox News show, "The O'Reilly Factor," and the study was vigorously debated on "Hardball with Chris Matthews," CNN, CBS, and BBC.

NARTH members in Germany and New Zealand told us they heard the story from their own media outlets!

Back at the NARTH office, dozens of media calls began to flood the phone lines. NARTH Vice President Dean Byrd graciously gave up two long and exhausting days to respond to the media frenzy from his own office in Utah, just after he arrived home after representing our position at a conference on the family in France. With members of the press logging on to our website for background on the Spitzer story, we had 10,000 extra web visitors during one frenzied three-day period.

It was an exhausting time for every one of us. But the Spitzer study represents a groundbreaking new opening for those of us interested in answering the essential and timely question, "Can sexuality be changed?" We know it can; we have seen it happen. ■

find out for himself if sexual orientation was changeable. He developed a 45-minute telephone interview which he personally administered to all the subjects. Most had been referred to him by NARTH and by Exodus, a ministry for homosexual strugglers. To be eligible for the study, the subjects had to experience a significant shift from homosexual to heterosexual attraction which had lasted for at least five years.

Most of the subjects said their religious faith was very important in their lives, and about three-quarters of the men and half of the women had been heterosexually married by the time of the study. Most had sought change because a gay lifestyle had been emotionally unsatisfying. Many had been disturbed by promiscuity, stormy relationships, a conflict with their religious values, and the desire to be (or to stay) heterosexually married.

Typically, the effort to change did not produce significant results for the first two years. Subjects said they were helped by examining their family and childhood experiences, and understanding how those factors might have contributed to their gender identity and sexual orientation. Same-sex mentoring relationships, behavior-therapy techniques and group therapy were also mentioned as particularly helpful.

To the researchers' surprise, good heterosexual functioning was reportedly achieved by 67% of the men who had *rarely* or *never* felt any opposite-sex attraction before the change process. Nearly all the subjects said they now feel more masculine (in the case of men) or more feminine (women).

"Contrary to conventioned wisdom," Spitzer concluded, "some highly motivated individuals, using a variety of change efforts, can make substantial change in multiple indicators of sexual orientation, and achieve good heterosexual functioning."

He added that change from homosexual to heterosexual is not usually a matter of "either/or," but exists on a continuum—that is, a diminishing of homosexuality and an expansion of heterosexual potential that is exhibited in widely varying degrees.

But, Dr. Spitzer said, his findings suggest that **complete** change—cessation of *all* homosexual fantasies and attractions (which is generally considered an unrealistic goal in most therapies) is probably quite uncommon. Still, when subjects did *not* actually change sexual orientation—for example, their change had been one of behavioral control and self-identity, but no significant shift in attractions—they still reported an improvement in overall emotional health and functioning.

This study is believed to be the most detailed investigation of sexual orientation change to date, in that it assessed a variety of homosexual indicators. Previous studies have usually assessed only one or two dimensions of sexual orientation, such as behavior and attraction. The assessment tool was developed with the assistance of New York psychiatrist Dr. Richard C. Friedman.

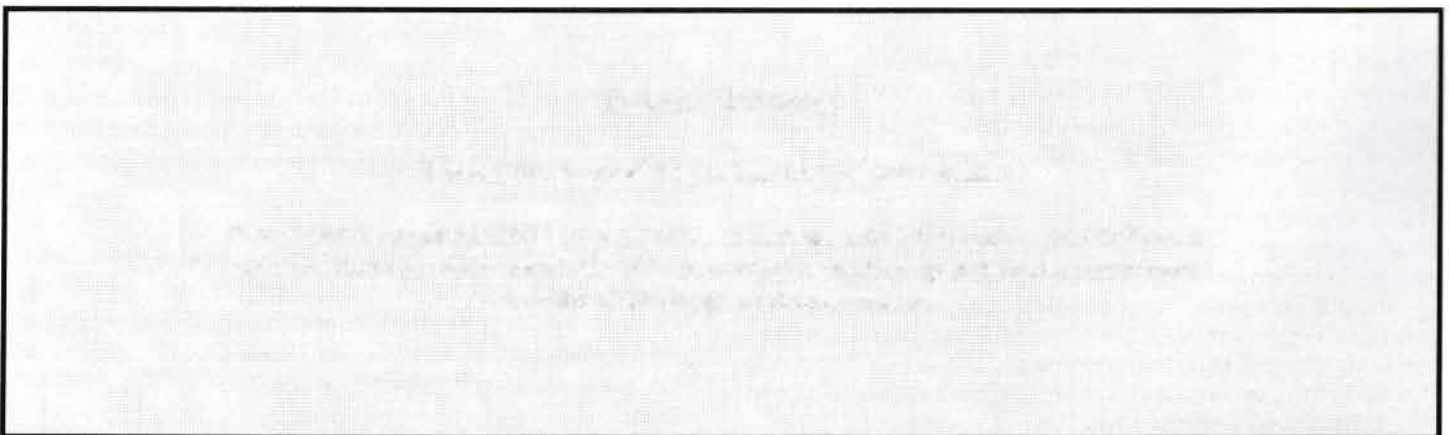
Dr. Spitzer used a structured interview so that others could know exactly what questions were asked, and what response choices were offered to the subjects. The full data file is now available to other researchers, including tape-recordings of about a third of the interviews, which (with the subjects' permission and without any reference to their names) can be listened to by investigators who wish to carry such research further.

He expressed his gratitude to the National Association of Research and Therapy of Homosexuality, and to the ex-gay ministry Exodus, "without which this study would not have been possible."

American Psychiatric Association president Daniel Borenstein was asked by the *Washington Post* to comment on the recent Spitzer study. "There are a group of people who think all homosexual behavior must be changed...and they try to impose their values [on gay men and lesbians], which is inappropriate," he said.

Dr. Spitzer agreed that this study should not be used to justify coercion. Nor should it be used as an argument for the denial of civil rights. "But patients should have the right," Spitzer stated, "to explore their heterosexual potential."

—Linda Ames Nicolosi



"Gay Days" at Santa Rosa High

A glimpse into the brave new world of sexual freedom in California schools.

By Scott Lively

I have long warned that the agenda of the gay movement for public education is to turn schools into recruiting centers for homosexual activism. As I saw recently with my own eyes, Santa Rosa High School is one place where this agenda has been fully implemented.

I was privileged to be one of a panel of experts opposed to the gay agenda who had been allowed to make one 50-minute presentation during the first day of Diversity Week at the school. The Principal, Mr. Waxman, considered this single slot sufficient to provide balance in a week-long program that included more than 20 hours of pro-homosexual indoctrination of students. The requirement of balance had been imposed on the school by the school board following a parental revolt the prior year, when a single Day of Diversity at another local high school in the district failed to include any opponents of the homosexual political agenda.

This year, parents were better prepared, and on the first day of Diversity Week over a dozen of them went to school in the place of their teens. One group went immediately to the office of the new school superintendent to ask why the school had failed to provide balance as the parents had been promised. As it happened, the superintendent was the same person who had written the school board policy requiring balance, and he in turn called Mr. Waxman into his office to face the parents himself. Meanwhile, other parents fanned out across campus to find out just what had happened to turn their school into a hotbed of gay activism.

What they (and I) learned during the course of that day was astonishing, even to a veteran pro-family leader like myself. We discovered a comprehensive system for promoting homosexuality to the student population, complete with a taxpayer-funded staff facilitator and the approval of the administration.

The paid facilitator is a veteran gay activist named Jim Foster. Foster teaches what is called Peer Education at the school and also runs an off-campus community center called Positive Images where gay teens can mingle with older homosexuals. I met several members of Foster's eight-person "Peer Education" class, each of whom was an outspoken, self-identified homosexual, bisexual or transgendered teen. Each member of Foster's class receives the title of Peer Counselor, which appears to bestow upon its bearers a special status in the student peer group. One member of the class whom I interviewed told

me that it was the Peer Education class which had designed and sponsored Diversity Week. The young man seemed remarkably unimpressed that the school had turned over the entire campus for a *full week* to accommodate the social engineering projects of his small team of gay activists-in-training.

Gay activists they were indeed. The week's schedule included at least four sessions on "homophobia," and many additional hours devoted to gender issues, transsexualism and other topics dear to the gay movement. While prominent, homosexuality was not the only subject. Other sessions featured radical environmentalism, animal rights, veganism and reasons to hate America.

I took the opportunity to sit in on a "Panel on Homophobia." It was worse than I expected. Seven or eight young people sat in a row on tables at the head of the room and addressed a standing-room-only crowd of their peers.

They took turns giving personal testimonies about how joining the gay movement has changed their lives from misery to bliss. Each one began by establishing his or her credentials as a victim of "homophobia," then explained how he or she had "come out" as gay, lesbian, bisexual or transgendered. Each finished by reciting how much he or she now felt loved and accepted in the gay movement. Frankly, the only comparable experience I have ever had to this has been in church settings where people have testified as to how Christ changed their lives. Only here, the "savior" was identified as the gay community.

I spent a lot of time looking at the faces of the teens in the room. These seemed like typical, high school kids from middle- and upper-middle-class homes. Alarming, I saw no hint of disapproval in their faces. They listened raptly and when the speakers talked about the pain of "homophobia," the audience clearly empathized with them. When the speakers offered the old chestnut that "no one would choose a lifestyle that evokes such hostility from others," the heads nodded. I wanted to challenge the blatant sophistry that had duped these young minds, but I was only a spectator. One young man, who declared that he was a bisexual, openly attacked Christianity in his presentation and no one objected. A parent later told me that this young man, on his "bi days," comes to school in drag and uses the girls' restrooms. The school officials do not object.

Angered at what I had seen, I went to visit Mr. Waxman. He, still stinging from his earlier meeting with parents in the superintendent's office, greeted me warily, but was

Traditionalists
who ask for
equal time
must be bold
and unflappable.

Gay Parenting *Does* Affect Children Differently, Study Finds

—Authors Say It “Has Some Advantages”

Taking issue with 20 years of research conclusions that say there are no differences, two University of California sociologists recently re-examined data from 21 studies on gay parenting dating back to 1980.

The new study by two University of Southern California sociologists says children with lesbian or gay parents show more empathy for social diversity, are less confined by gender stereotypes and are probably more likely to explore homosexual activity themselves.

Authors Judith Stacey and Timothy J. Biblarz suggest these differences have been glossed over because gay parenting is so politically controversial. Writing in recent issue of the *American Sociological Review*, the authors say that while the emotional health of the two sets of children is essentially the same, they are different in some notable ways that have been downplayed.

Leaders of national groups supporting gay families welcomed the article.

“I’m thrilled that they’re tackling these issues,” said Aimee Gelnaw, executive director of the Family Pride Coalition, who is a lesbian parent raising two children with her partner. “Of course our kids are going to be different,” Gelnaw said. “They’re growing up in a different social context.”

Kate Kendall, head of the San Francisco-based National Center for Lesbian Rights, also is raising two children with her partner. “There’s only one response to a study that children raised by lesbian and gay parents may be somewhat more likely to reject notions of rigid sexual orientation — that response has to be elation,” Kendall said.

Amy Desai, a policy analyst with the group Focus on the Family, said the new report is alarming in its suggestions that children of gay parents might be more open to homosexual activity. “Kids do best when they have a married mother and a married father,” she said.

The study’s co-author, Judith Stacey, is a professor of contemporary gender studies. In addition to pointing out the gender differences in the two groups of children, she states that there are in fact some advantages to an all-female parental team without Dad living in the home: a female couple tends to be more involved in the children’s lives and is in greater harmony in terms of parenting approaches.

Among the findings she cited:

1. Compared to the daughters of heterosexual mothers, the daughters of lesbians more frequently dress, play and behave in ways that do not conform to sex-typed cultural norms.

They show greater interest in activities with both masculine and feminine qualities. They have higher aspirations to occupations that are not traditionally female.

2. In terms of aggression and play, sons of lesbians behave in less traditionally masculine ways. They are likely to be more nurturing and affectionate than their counterparts in heterosexual families.

3. One study examined by the researchers indicated that a significantly greater proportion of young adult children raised by lesbians had engaged in a same-sex relationship (six of 25 interviewed) than those raised by a heterosexual mother (none of 20 interviewed).

4. Those raised by lesbian mothers were also more likely to consider a homosexual relationship.

5. Teen-age and young adult girls raised by lesbian mothers appear to be more sexually adventurous and less chaste than girls raised by heterosexual mothers. Sons, on the other hand, were somewhat less sexually adventurous and more chaste than boys raised by heterosexuals.

6. The studies indicate that sexual orientation has no measurable effect on the quality of parent-child relationships or on the mental health of children.

“These studies find no significant differences between children of lesbian and heterosexual mothers in anxiety, depression, self-esteem and numerous other measures of social and psychological adjustment,” said the authors.

NARTH’s Joseph Nicolosi commented: “This paper was authored by a professor of gender studies, so it is not surprising that the differences on which she focused have to do with a rejection of gender conformity. Indeed, what she found makes sense—lesbian mothers tend to have a feminizing effect on their sons, and a masculinizing effect on their daughters.

“But the question is, are these differences healthy? More research is needed to understand how a rejection of conventional gender roles can have not just a healthy and expansive, but also a constricting and negative effect on identity and psychological health.

“And despite what many gender researchers claim, research tells us that the absence of a father in the home is not, on balance, good for families.” ■

(Source: *The Los Angeles Times*, “Professors Take Issue With Gay-Parenting Research,” April 27, 2001, and “Report: Kids of Gays More Empathetic,” by David Crary, National Writer, Associated Press)

Book Review:

What a Gay Activist Says about Religious Traditionalists

The Gay Agenda: Talking Back to the Fundamentalists,
by Jack Nichols (1996, New York: Prometheus Books)

In recent years, gay activism has accomplished much of its purpose by gaining increased visibility and tolerance for gays. As the movement rapidly gains social acceptance, however, we are beginning to see a bolder type of activism which is slowly replacing the activists' stated goal of tolerance and respect.

One sign of this approach is the increasing production of new book titles—many published by Haworth Press and Prometheus Books—which give positive treatment to previously taboo subjects such as man-boy love, sado-masochism and and occasionally, the yet-more-risque topic of public sex. Now, another approach gaining favor in the gay activist arsenal is to be found in *The Gay Agenda*, a book which also tackles a topic that was once off-limits: the mockery of a religious creed.

Written by a co-founder of the foundational gay-activist group, The Mattachine Society, *The Gay Agenda* not only denigrates people of biblical faith, but also boldly describes (at least from its author's point of view) the longterm goals of the gay movement in its effort to transform society.

The Debate Grows Increasingly Less Civil

Certainly there is room in publishing for principled disagreement of many sorts, but *The Gay Agenda* moves well beyond the realm of respectful discussion. While Prometheus Books is gathering an entire collection of books of this sort, it is indeed paradoxical that sexual-reorientation therapists are virtually unable to find a mainstream, secular publisher who will print a book which offers principled dissent to gay activism.

"Gay Sex Should Be Tried"

Author Nichols laments the fact that so few people allow themselves to try gay sex. For this, he blames "heterosexual supremacists" and "fundamentalist terrorists and meddlers."

Like most gay writers, he is drawn to the concept of gender blending, and so he vigorously denies the idea that anatomy is destiny.

And like many other gay writers, he begins with an appeal

to tolerance, but soon moves on to assert his contempt for traditional cultural and religious standards, with much of his scorn reserved for religious traditionalism.

Self-Esteem is Damaged by Biblical Understanding of Human Nature

Some sample quotes:

"Today's homophobia is not only being deliberately fueled by fundamentalist dogmatism, but there are certain orthodox Christian beliefs, especially the doctrine of Original Sin, that subvert social harmony and self-esteem among homosexuals and heterosexuals alike...

"...the corruption, evil and depravity brought about by disobedience in the Garden of Evil did not stop the Judeo-Christian god from allowing a proliferation of Adamic descendents. After approximately 1500 years, however, this god became so incensed over the behavior of his self-imagined creatures that, with the exception of eight persons, he drowned them all.

"The Hebrew god should have known, certainly, that his drownings were a useless endeavor. The remaining eight had been, like Adam and Eve, cursed with Original Sin. Once Noah's descendants reproduced, it became apparent that they were no better than those his god had drowned, and so another scheme, it seemed, was needed."

Author Nichols is contemptuous of the age-old belief in atoning sacrifice:

"That a god would accept being tortured to wipe clean the records of various and sundry criminals destroys the central moral foundation on which any meaningful system of justice rests. This is most heinously accomplished by giving individuals a 'quick fix' escape hatch from their sin, allowing them to consider sin *gone*...

"Those who dump their sins on an *invisible external power* fail to self-examine and have become, in fact, the prime subverters of a morally upright world [and]...propagate erroneous and savage doctrines."

"Jesus himself never said one word about homosexuality, and...the Old Testament celebrates same-sex loves, including between David and Jonathan, and

Ruth and Naomi..."

"Sexual Liberation is Essential"

Nichols then moves on to the theme which has been expounded, to varying degrees, by gay advocates ranging from liberal to conservative. We should simply not expect faithfulness in relationships:

"None but the narrowest approach to love would insist, as fundamentalists and their ilk do, that monogamy is [a relationship's] only virtuous, fulfilling, and loving expression...[they] form thereby a primary obstacle to the maximization of affection. The fundamentalist code, as long as it deprives mature adults of their full consensual freedom to touch others, whether in erotic or platonic affection, robs its converts of their full humanity."

"The Traditional Family is Not Good for Society"

He then moves on to express cynicism about family life—a cynicism rather common in gay literature—while reserving special contempt for the idea that a father is an essential part of a family:

"Not surprisingly, statistics about the state of the nuclear family show that children fare better in day-care centers than at home...When Dan Quayle trumpeted the need for fathers in each home, he ignored the findings of the National Committee for the Prevention of Child Abuse, according to which most sexual assaults in the home are the work of fathers or stepfathers..."

"The time has come to reject nostalgia for tradi-

tional family groupings and to seek new ways to realize the satisfaction they once brought. More encompassing definitions that bypass blood-line requirements must be instituted...[we must create] fresh new kinds of relationships, bearing no resemblance to past rituals, but opening doors to greater measures of individual happiness."

He sounds other themes familiar in gay literature; for example, that "macho males" are bad for society, because they restrain themselves from freely touching other males; and that straight men typically dominate and oppress women.

Nichols looks forward to the day when society will break the traditional bonds of family, "maximizing affection and consensual physical contact," finding joy outside of the "reproduction of one's gene pool," and giving up the idea of sexual exclusivity.

"Gender Distinctions Are Arbitrary"

Nichols is particularly strident in adding his voice to the call for "an end to all distinctions made by gender." Indeed, there is now a large body of scientific literature being produced by gay-affirming researchers (often supported by gay backers) which purport to show that two gay parents are as good as—or better than—opposite-sexed, heterosexual parents. And there is a growing shift away from terms like "mother" and "father" to the gender-neutral term "caregiver."

Nichols closes his book by saying that erotic love should be freely shared by all, without restriction—with the explanation that Jesus agrees. "Love one another," he quotes Jesus from the Bible, "as I have loved you."

—Reviewed by Linda A. Nicolosi

Gay Days at Santa Rosa High, continued from p. 29

unwilling to concede any error in allowing the Diversity Week program or in the manner in which it was being conducted. He defended the unqualified use of the term "homophobia" and rejected out-of-hand the notion that 20-plus hours of one-sided pro-homosexual instruction amounted to indoctrination. It was clear that this man was decidedly not on the side of the parents. However, he did grudgingly agree to try and find additional slots in the program for our speakers. I later headed one such addition in the art department, while a second group of parents headed another.

Upon leaving Mr. Waxman's office, I was confronted by a teenage girl who announced that she was the head of the "Gay Straight Alliance" club on the campus. Her overt purpose in addressing me was to gloat that the new club already had more than 40 members and was making huge strides in converting students to the gay cause. She

searched my eyes as she told me and was visibly pleased that I was pained by the news. As she walked away, one of her companions said aloud, "I hope he dies."

Later, as I was leaving the campus, one of the parents called to me from across the parking lot and gestured me over to a car parked near the office. As I approached, I saw that its license plates read Pos Imag. It was Jim Foster's car. "Look on the seat," said the parent. There, as if placed to be noticed by passers-by, was a black and white poster. It was a picture of young boys around the age of puberty sitting together on some front porch steps. In big block letters at the bottom of the picture read the message "INCITE QUEERNESS." Nothing could have more perfectly captured the spirit of perversion that permeated this day of "diversity."

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Gender Identity Disorder in Children

By Richard P. Fitzgibbons, M.D.
NARTH Scientific Advisory Board Member

The following article was published in the June 2001 issue of the Catholic magazine, Lay Witness. Reprinted by permission.

A mother, concerned for some time about her 4-year-old son's effeminate mannerisms, lack of male playmates, and interest in Barbie dolls, finally decides to ask the pediatrician if these are signs of a problem. She is particularly worried that her husband has become increasingly upset and alienated from their son.

The pediatrician is reassuring: "This is just a phase nothing to worry about. He will grow out of it." Unfortunately, the pediatrician is probably wrong. Gender identity problems, including cross-dressing, exclusive cross-gender play, and a lack of same-sex friends should be treated as a symptom that something may be very wrong. Boys who exhibit such symptoms before they enter school are more likely to be unhappy, lonely and isolated in elementary school; to suffer from separation anxiety, depression, and behavior problems; to be victimized by bullies and targeted by pedophiles; and to experience same-sex attraction in adolescence.

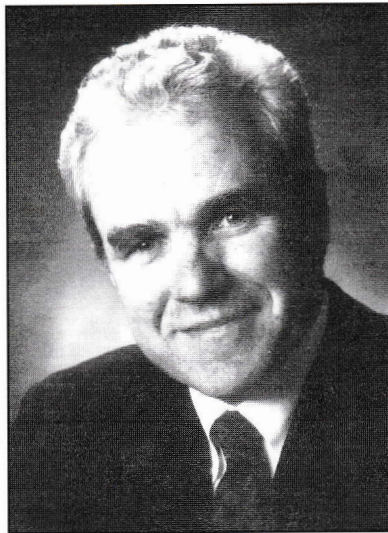
If they engage in homosexual activity as adolescents, they are more likely than boys who do not to be involved in drug and alcohol abuse or prostitution; to attempt suicide; or to contract a sexually transmitted disease, such as HIV/AIDS; or to develop a serious psychological problem as an adult. A small number of these boys will become transvestites or transsexuals.

The good news is that if the gender identity problems are identified and addressed and if both parents cooperate in the solution, many of the negative outcomes can be prevented. According to Dr. Kenneth Zucker and Susan Bradley, experts in the treatment of gender identity problems in children, treatment should begin as soon as possible:

...In general we concur with those who believe that the earlier treatment begins, the better. ...It has been our experience that a sizable number of children and their families can achieve a great deal of change. In these cases, the gender identity disorder resolves fully, and nothing in the children's behavior or fantasy suggest that gender identity issues remain problematic.... All things considered, however, we take the position that in such cases clinicians should be optimistic, not nihilistic, about the possibility of helping the children to become more

secure in their gender identity.

The effeminacy in some boys is so pronounced that parents may assume the problem is genetic or hormonal, but experts report that children assumed to have a biological problem responded positively to therapeutic intervention: According to Rekers, Lovaas, and Low:



Richard P. Fitzgibbons, M.D.

When we first saw him, the extent of his feminine identification was so profound (his mannerisms, gestures, fantasies, flirtations, etc., as shown in his "swishing" around the home and the clinic, fully dressed as a woman with a long dress, wig, nail polish, high screechy voice, slatternly, seductive eyes) that it suggested irreversible neurological and biochemical determinants. After 26 months follow-up, he looked and acted like any other boy. People who viewed the videotaped recordings of him before and after treatment talk of him as "two different boys."

Children need to feel good about their gender identity. Healthy psychological development requires that a little boy be able to recognize that there are two sexes and he is male, he is like other boys, and will grow up to be a man and possibly a father, not a woman and a mother. Additionally he needs to feel good about being a boy and becoming a man. He needs to believe that his mother and father are happy that he is a boy and expect him to become a man, and he needs to feel accepted as a boy by other boys.

If a boy feels inadequate in his masculine identity, identifies with his mother instead of his father, feels that he would like to be a girl, those around him should not pass this off as non-stereotypical behavior. There is a reason why this boy is not developing a healthy masculine identity, and that reason should be discovered and addressed.

One often hears boys with gender identity problems called "girlish," but if one observes their behavior carefully, one sees that they do not resemble healthy little girls of the same age, but imitate adult women. For example, while doll play for healthy girls includes mother/baby play and fashion/dress up play, boys with gender identity problems focus almost exclusively on fashion/dress up. Some may be fixated on characters such as the Disney villainesses -- the wicked step-mother in Snow White or Cruella de Ville from One Hundred and One Dalmatians. While healthy girls combine

outdoor physical activities with more sedate play, boys with gender identity problems are often unreasonably afraid of injury, avoid rough and tumble play, and dislike group sports.

Cross-dressing and cross-gender fantasy in boys is often passed off by the family as a sign that the boy is a "great actor" or has a "wonderful imagination." Family members fail to understand that a boy who never takes the part of male character, but always plays a female is revealing a deep ambivalence toward women and toward his own masculinity. Therapy can help the boy and his family understand why he feels more confident, comfortable, and accepted when he is fantasizing that he is a female.

Today many adults try very hard not to impose rigid gender stereotypes on young children, but this push for gender openness can lead parents to ignore the symptoms of gender-identity conflict. Children with gender identity problems don't inhabit a gender neutral world where boys and girls play with the same toys. These troubled children *reject* certain types of play and clothing *precisely because* it is associated with their own gender, or adopt activities because they are associated in their mind with the opposite sex. Boys with serious gender identity problems may use female clothing to gain acceptance or soothe anxiety and become angry and upset when deprived of these objects.

Some parents may ask "What is wrong with a boy playing with dolls?" The answer is that the problem is as much what he is not doing -- learning how to be a boy among boys -- as it was what he doing -- escaping into a female world.

Parents need to be concerned when a child openly expresses a dissatisfaction with his or her sex, such as when a boy says "I want to be a girl" or when a girl insist she is a boy. One extremely effeminate boy when asked, "Do you want to be like your daddy when grown up?" responded "I don't want to be grown up." Such statements should be taken as symptoms that something is very wrong. Although the boy may feel or even express the desire to grow up to be a woman, he is male and will grow up to be a man.

Children are not born knowing they are male or female, or what it means to be male or female, but they are born with a drive to discover who they are and to identify with others. Once they correctly identify their own sex, they need to feel happy about who they are. And when this developmental task is successfully completed, the child is free to choose gender atypical activities. Boys and girls with gender identity problems are *not* freely experimenting with gender atypical activities. They are constrained by deep insecurities and fears and are reacting against the reality of their own sexual identity. Therapy is not directed toward forcing a sensitive or artistic boy to become a macho-sports fanatic, but helping a boy to grow in confidence and be happy he is a boy.

Effeminacy, cross-gender play, and cross dressing are not the only signs that there may be a problem. Some boys suffer

from a chronic sense of being inadequate in their masculinity, but do not imitate female behavior. These boys may exhibit an almost phobic reaction to rough and tumble play and an intense dislike of team sports because of poor eye-hand coordination. This inability to relate to other boys leads to isolation, profound unhappiness, and often depression.

Gender identity problems also occur among girls, although the problem is less common. In some cases a father may be pleased with his daughter's success in athletics and ignore her phobic reaction to dresses or anything feminine. Girls with gender identity problems may believe that being a boy will make them safe from abuse.

What should a parent do if they think that there might be a problem? First, they should take any repeated problematic behaviors as a cry for help. If their pediatrician ignores their concerns, they should find a therapist who is trained in the treatment of gender identity problems. Parents can read about the subject, in Zucker and Bradley's book *Gender Identity and Psychosexual Problems in Children and Adolescents*, which offers a complete review of the problem.

Consistent cross-gender behaviors are a sign that the child believes he or she would be better off as the opposite sex. According to Bradley and Zucker, "This fantasy solution provides relief, but at a cost." These are unhappy children who are using these behaviors defensively to deal with their distress.

Parents sometimes try on their own to stop the overt behavior, but forcing a frightened child to engage in behaviors in which he feels inadequate or fearful is not the solution. The therapist can work with the child and the parents to uncover the root cause of the emotional conflicts, so that the problem can be addressed and resolved.

It is true that without treatment certain manifestations of gender identity conflicts, such as fantasy fashion doll play in boys or open cross-dressing may disappear by the time the child is eight or nine, but these coping mechanisms are often replaced by other less overt expressions of an underlying gender identity problem. Once the problem goes "underground" it will be more difficult to treat.

Some people may avoid treatment because they believe that gender identity problems are a sign that the child was born homosexual and that the parents should simply accept this outcome as inevitable and encourage the child to accept a homosexual identity. Given the positive results of early intervention, the profound unhappiness of these children during elementary school, and the massive problems which accompany same-sex attraction in adolescence, parents should do everything possible to help their child resolve even minor gender identity problems.

Catholic parents need to be particularly concerned. The Church's teaching on homosexual activity is clearly stated in the Catechism of the Catholic Church, "homosexuals acts are

intrinsically disordered... Under no circumstances can they be approved" (CCC 2357). For a Catholic trying to be obedient to God, temptations to same-sex activity are a source of deep pain. Treatment of adolescents or adults is possible, but difficult and the outcome is not assured. It is far better to prevent the problem or treat it in early childhood. Those who would like to understand more about same-sex attractions can find information on the website of the Catholic Medical Association (www.cathmed.org) in a report entitled *Homosexuality and Hope*.

If a boy grows up happy and confident about his masculine identity, with a mother who supports his manly development, a close loving relationship with his father, same-sex

friends in childhood, and is protected from vicious bullying and sexual predators, the chances are minimal that he will experience same-sex attraction in adolescence. Even if one or two items on the above list are missing, the chances are still small that the boy will become homosexually involved as an adult. Generally, the histories of men engaging in same-sex behaviors reveal a history of cumulative problems: significant peer rejection, low self-esteem, a distant father, an over-protective or controlling mother, victimization by bullies, or sexual abuse. Fortunately these conflicts can be resolved, and the masculine identity can be strengthened and then embraced.

(For a copy of this article, call 1-800-MYFAITH.)

A Warning Against Psychotherapeutic Overtreatment

Nathaniel S. Lehrman, M.D.

Nowhere is the ancient medical *maxim primum non nocere*, "First, do no harm," more important than in the treatment of homosexuals. People seeking psychotherapeutic help because they are troubled by homosexual feelings too often end up as active homosexuals. Such a case was recently described to me by a psychologist colleague as we were discussing the nature of homosexuality.

"My best friend in this world (excepting my wife)," he wrote, "was a married man with three sons when I met him. In all the years he was married, all he did was go for therapy to try and rectify sexual difficulties. When he finally 'came out' [as a homosexual] in his forties, he became a happier and better person... I had a conversation with him some years ago and asked him if he thought he could ever again be heterosexual. He said, 'I couldn't any more be heterosexual than you could be homosexual, and neither of us would or should be other than what we are.'"

Homosexual feelings, like other forbidden sexual feelings, are not mysterious; they can occur in any of us. Those feelings are more frequent today than years ago because of our currently greater acceptance of homosexuality itself. When their mere appearance evokes panic, and suppression is then attempted, they can assume a driving quality. If, however, we recognize that these feelings are often both trivial and normal, we can turn our minds relatively easily to something else.

Prolonged, undirected "reconstructive" investigation to find the supposed childhood sources of these forbidden feelings can, however, increase their importance in clients' minds - as well as their guilt about having them. Prolonged introspection, especially if unaccompanied by behavioral interventions, can produce a veritable obsession, which may then be resolved by engaging in the forbidden activities.

The more prolonged and intensive the psychotherapy for homosexuality is, the more the responsibility for successful change shifts from client to therapist: to the latter's ability to uncover specific past experiences which will supposedly, and almost magically, transform the client. If no such transformative experiences occur in the therapy, the client's subsequent homosexuality may become even stronger than before.

Something of this sort apparently happened here. Whether the wife of this father of three, who was having sexual difficulties, was involved at the start of his therapy - as she should have been - we do not know. His difficulties, which apparently included homosexual feelings, led to prolonged therapy, whose end result was his becoming homosexual - and insisting that his homosexuality was preordained rather than significantly the product of therapy. Therapy can help clients change—toward homosexuality or away from it—and may also not always have the effect that therapists intend.

Those homosexuals who did have homosexual experiences in childhood - 60% of the 1963 Bieber group - may indeed face a major reconstructive therapeutic task: disentangling in their minds the intense physiological pleasure the experiences produce from the intense guilt often evoked by both the experiences and the pleasure. But even in these cases, considerable effort on the client's part, in addition to whatever insights he may gain, is necessary for change to occur.

In the treatment of homosexuality, over-reliance on insight, and excessive focus on the past, together with neglect of effort's role in the present, can be harmful. And excessive attention to current homosexual feelings can increase the likelihood of homosexual behavior. ■

Is Marriage a Universal Right?

("What is Wrong with Gay Marriage?" by Stanley N. Kurtz
Commentary, September 2000, pp. 35-41)

"A clear majority of the American public opposes same-sex marriage," says Stanley Kurtz of the Hudson Institute. "And yet this opposition, though real, is by-and-large silent. So striking is this general silence, that one cannot help but wonder about the reasons for it."

Three respected and moderately liberal Protestant theologians were recently asked to explain their views to a television audience on the question of gay marriage, Kurtz notes. All were opposed to gay marriage, but they declined to appear because they feared being publicly labelled as "homophobic."

Kurtz notes the powerful "censoring role" of the mainstream media, and the fact that a small group of deeply committed partisans can sometimes succeed in imposing certain costs on their ideological adversaries.

"But one also senses," he says, "that the silencing of the majority would never have been possible, were the majority itself more certain of its ground."

Misunderstanding the Democratic Ideal of Equality

Because we as Americans favor tolerance and equality—and consider them obligations of our democracy—we have become confused when required to justify the very traditions, such as marriage, upon which "democracy itself depends." This is because those traditions seem to conflict with the democratic ideal of non-discrimination.

How, Kurtz wonders, would gay marriage actually play out? He notes that in reality, the gay community has long "put a premium on sexual promiscuity" and on rebellion against society. Radical gays have long argued that homosexuality is by its very nature incompatible with the norms of a monogamous marriage. Would marriage truly prove to be transformative?

William Bennett argued in a *Newsweek* editorial that the transformation would likely not take place in the habits of the gay community, but in the *heterosexual* community: same-sex marriage would fatally undermine an already weakened institution by breaking the bond between marriage and the principle of monogamy. Besides, Bennett argued, once gay marriage became the norm, there would be no principled argument remaining by which society could resist polygamy.

Marriage exists as an institution, Kurtz explains, not

because it is a "universal right of all," but because "certain communities have decided that this particular form of personal alliance between a man and a woman both needs and deserves social encouragement."

If marriage was really a universal legal right of all who sought it, then it would have to be redesigned in the form of a contract by which any group of parties could form whatever sort of alliance they chose.

What is Marriage For?

"What we are thrown back on," Kurtz says, "are the fundamental questions of what marriage is, and what it is for." Even more important, he says, the continuity of the two-person marital bond is "all that stands between our children and chaos."

Kurtz believes that marriage is naturally anchored by the complementarity of the sexes, although "even to mention it [complementarity] these days is to invite ridicule." He notes that male-female physical and emotional complementarity is biologically-based and thus "not about to disappear." Women help to domesticate men.

Another anchoring factor is the man's sense that his home is his "castle" and he its "king," despite the reality that "a rough sort of equality" has always lain hidden in the reality of a husband-wife relationship. "What the Promise Keepers has the audacity to say out loud about a man's authority within the marriage bond remains," Kurtz says, "in subtler form, the formula of heterosexual marital success."

Same-sex marriage has enormous subversive potential, Kurtz notes. Gay activists are already arguing for an experimentation with "novel family configurations" involving sperm donation, open marriage, group marriage, and polygamous marriage. Websites have been set up to support "polyamorists"—women who live with more than one husband.

In short, he explains, gay activists are asking us to "transform, at unknown cost to ourselves and to future generations, the central institution of our society." Gay marriage ought to be resisted "firmly, politely and above all, unashamedly."

"If there ever was a place to draw the line," Kurtz insists, "this is it." ■