

# NARTH BULLETIN

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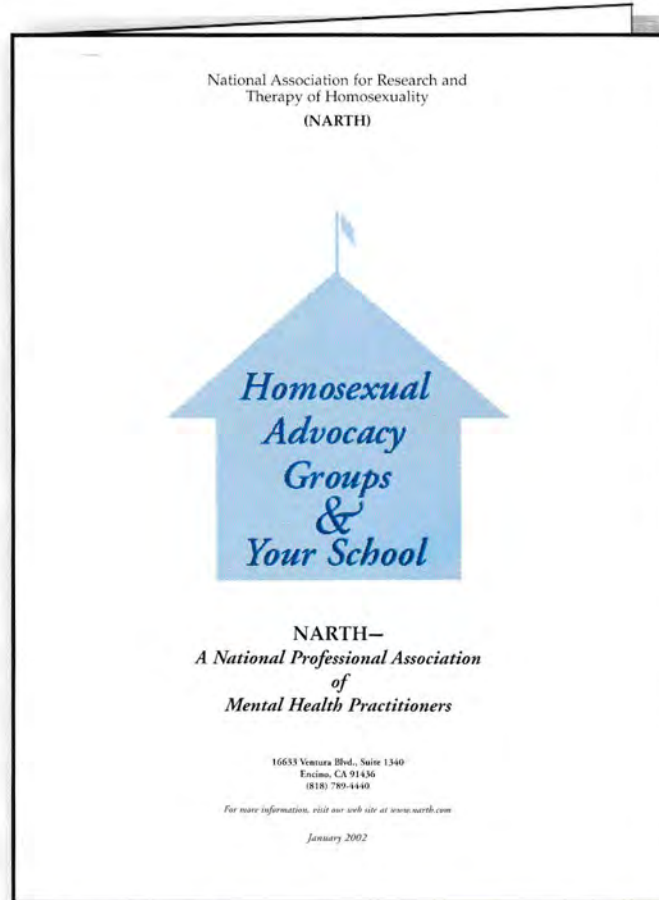
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## IN THIS ISSUE

### PAGE

- 2 Pediatrics Group's Policy on Adoption Places Children at Risk
- 3 Former APA President Condemns APA for Barring Research
- 4 Why I Decided to Treat Homosexuals
- 5 Five Research Studies of Interest
- 9 Thoughts on the Ordination of Sexually Active Gay Men and Lesbians
- 10 APA Publicity Brings Attention to NARTH
- 18 Book Review: Same-Sex Matters
- 20 Book Review: No Basis
- 21 "Say it Ain't So, Charles"—The Normalization of the Sexual Exploitation of Children
- 22 NARTH Notes
- 25 Bringing Accurate Information to College Campuses
- 27 "Take Back The Schools!" Handbook for California Parents
- 28 Why Isn't Homosexuality Considered A Disorder On The Basis Of Its Medical Consequences?

## 15,300 School Superintendents Receive NARTH Pamphlet



In February 2002, every public school superintendent in the U.S. received a letter from NARTH along with our new pamphlet called "**Homosexual Advocacy Groups and Your School.**"

The pamphlet advises educators to encourage teenagers to wait until adulthood to make decisions about sexual identity. First, the NARTH pamphlet explains, there is a serious risk of mislabeling those youth who are questioning their sexual identity during that critical developmental stage. Second, research shows us that the teen years are a dangerous time to introduce young men to a high-risk environment.

The NARTH publication also warns schools about a previous American Psychological Association coalition's mailing to them—a pamphlet called "Just the Facts," which omitted the facts about risks, while warning schools not to refer homosexually attracted students to counselors who will support them in developing their heterosexual potential.

*NARTH's new pamphlet is available to members for bulk distribution.*

## Pediatrics Group's Policy on Adoption Places Children at Risk

A. Dean Byrd, Ph.D.  
Vice President, NARTH

On February 3rd, The American Academy of Pediatrics (AAP) issued a policy statement endorsing adoption by same-sex couples, saying they can provide the same emotionally healthy family life as heterosexual parents. The academy is urging its 55,000 members to take an active role in supporting laws that allow gay, lesbian, bisexual and transgender individuals to adopt the children of the individuals with whom they cohabit.

Sadly, although AAP policy carries significant weight in our nation's courts, its latest policy statement is not in the best interests of children, whose interests the AAP claims to represent.

Studies demonstrate that there is, in fact, a difference between non-heterosexual and heterosexual parenting. Children raised by non-heterosexual parents are more apt to experience gender and sexual confusion; they are more apt to become promiscuous; they are at greater risk of losing a parent to AIDS, substance abuse or suicide. They suffer more depression and other emotional difficulties. They are also more likely to engage in same-sex behavior.

Furthermore, non-heterosexual couples are less stable than heterosexual couples in their relationships and they are more likely to separate. Promiscuity is—according to research—virtually the norm among male non-heterosexuals. Violence is substantially higher in non-heterosexual relationships. The list of risk factors continues.

Nature created male and female to be complementary to each other in myriad ways that enhance not only the cou-

ple's relationship, but the healthy and stable development of the children they produce. It is well known that fatherlessness is responsible for many of the ills of children in our society. There are few bodies of research where the evidence is so clear: children need both a mother and a father. Homes with a married mother and father are, all things considered, far better for raising emotionally stable children.



A. Dean Byrd, Ph.D.

Perhaps the time has come for reasonable people to insist that groups like the American Academy of Pediatrics either base their policies on science, or label themselves as political organizations and relinquish their tax-exempt status.

And maybe it's also time that federal, state and local governments discontinue reliance on professional organizations like the American Academy of Pediatrics when they need accurate, dispassionate, scientific information.

It's also time that the American people insist on truth, not politics, from all our professional organizations. ■

### THE NARTH BULLETIN

Editor: LINDA AMES NICOLOSI

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



"Victory on the Bow of a Ship"

## Former APA President Condemns APA for Barring Research

**"T**he APA is too goddamn politically correct...and too goddamn obeisant to special interests!" said **Robert Perloff**, 1985 President of the American Psychological Association.

Dr. Perloff delivered those uncensored remarks during a rousing speech to psychologists at the 2001 APA Annual Convention.

In an expression of open anger and frustration, Dr. Perloff condemned the APA's one-sided political activism. Of reorientation therapy with homosexuals, he said: "It is considered unethical...*That's all wrong*. First, the data are not fully in yet. Second, if the client wants a change, listen to the client. Third, you're barring research."<sup>1</sup>

Dr. Perloff is a recipient of the American Psychological Foundation's Gold Medal Award for Lifetime Achievement in Psychology in the Public Interest. In bestowing the award, the Psychological Foundation recognized Perloff for his love of social justice and his career-long struggle to champion "the rights and dignity of women, minorities, and homosexuals."

But, Perloff asked, "How can you do research on change if therapists involved in this work are threatened with being branded as unethical?" Contacted by NARTH, Dr. Perloff added the following comment in an interview:

*"I believe that APA is flat out wrong, undemocratic, and shamefully unprofessional in denying NARTH the opportunity to express its views and programs in the APA Monitor and otherwise under APA's purview."*<sup>2</sup>

### Other Professionals who Support Client Autonomy

**Robert Spitzer, M.D.**, the psychiatrist who is called the "architect of the 1973 diagnostic manual" that normalized homosexuality, expressed a similar concern two years ago. Describing his own study, Dr. Spitzer said:

*"I'm convinced from people I have interviewed... many of them... have made substantial changes toward becoming heterosexual. I came to this study skeptical. I now claim that these changes can be sustained."*

About exclusive homosexuality, he conceded, "I think, implicitly, there is something not working."<sup>3</sup>



Dr. Robert Perloff

**Dr. Raymond Fowler, CEO of the American Psychological Association**, says that his interpretation of the APA's position on reparative therapy is that those who wish to explore developing heterosexual feelings or behavior have a right to do so *as part of every client's right to self-determination*.<sup>4</sup>

**Dr. Brent Scharman, former president of the Utah Psychological Association**, considers himself a "typical" psychologist—not an activist on either side of the homosexual issue. It is *the client*, he says, who should determine the direction of the treatment.<sup>5</sup>

**Dr. Warren Throckmorton, immediate past president of the American Mental Health**

**Counselors Association**, studied a broad cross-section of research on sexual-orientation change. He says such treatment has been effective, can be conducted in an ethical manner, and *should be available* to those clients requesting such assistance.<sup>6</sup>

**Dr. Martin Seligman, 1998 President of the American Psychological Association**, cites research in his book *What You Can Change and What You Can't* that is optimistic about change for those who have had fewer homosexual experiences and/or some bisexual feelings.<sup>7</sup>

In a recent paper in the premiere academic journal *Psychotherapy*, and again in the *American Journal of Family Therapy*, **Dr. Mark Yarhouse of Regent University** made a powerful case for such therapy:

*"Psychologists have an ethical responsibility to allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction...not only because it affirms the clients' right to dignity, autonomy and agency...but also because it demonstrates regard for diversity."*<sup>8</sup>

### Endnotes

- (1) "Same Office, Different Aspirations," *Monitor on Psychology*, Dec. '01, p. 20.
- (2) Dr. Robert Perloff, correspondence to NARTH, February 15, 2002.
- (3) Quoted by Dr. Laura Schlessinger on her radio show, Jan. 21, 2000.
- (4) Reported in "1999 NARTH Conference, Speech by Brent Scharman," the NARTH Bulletin, December 1999.
- (5) Ibid.
- (6) Throckmorton, Warren, "Attempts to Modify Sexual Orientation: A Review of Outcome Literature and Ethical Issues," *Journal of Mental Health Counseling* October 1998, vol. 20, pp. 283-304.
- (7) Brent Scharman, Ibid.
- (8) Yarhouse, Mark, "When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the 'Right to Choose' Debate." *Psychotherapy* vol. 35, Summer 1998, no. 2, pp. 234-259. ■

# Coming Out of the Closet: Why I Decided to Treat Homosexuals Who Want to Change Their Orientation

Paul Popper, Ph.D.

*The following article is reprinted from the 1995 NARTH Collected Papers. Because that back issue is now out-of-print, we are featuring this article here, as we consider it to be one of the most insightful papers from that issue. The article is based on Dr. Popper's speech given at the 1995 NARTH Conference in San Francisco.*

During the last three years, through church programs and in my private practice, I began working with male homosexuals who wanted to leave the lifestyle, increase their male identification, and change the orientation of their sexual-object choice.

I became involved quietly because I saw the pain of these men and because I thought I could help. I wanted to continue quietly because it was safer, easier and there was less accountability. However, during the last few years as I became aware that the professional organizations of psychotherapists which govern the ethical standards of the different disciplines were seriously considering ruling that it was unethical to treat homosexuals who wanted to change their orientation, my timidity and fear was overcome by indignation. (Haynes, NASW, APA).

This presentation today is a statement, that although I am still timid and would still like to hide out within the quieter confines of my private practice, the time has come to publicly state: This work is important, and I want to be counted among the people who stand up against the cultural, political and professional forces which are working towards eliminating it.

## *A Practicing Psychotherapist*

It is my firm conviction that most therapists choose their profession as a means of attempting to heal themselves. If they are honest enough, they will enter into therapy for their own sake, and then, having successfully made changes in their lives, they will have greater confidence and knowledge base for helping others make similar changes.

Due to the vicissitudes of World War, II, I didn't get to meet my father until I was more than two years old, and he didn't come into my life on a regular basis until I was three years old. As a result of this, throughout my childhood, adolescence, and early adulthood I struggled with issues of being passive, being insecure in my male identity and compensating for this by soothing myself with compulsively sexualizing the world around me.



Paul Popper, Ph.D.

I was fortunate to find a therapist who brought into our relationship a powerful male identity, whose assertive male attitudes I could internalize, and who also had the skills to help me uncover early conflicts in my life which became embedded in my rigid character structure. As I resolved these characterological issues with the help of my therapy, my capacity to pursue intimacy within my marriage increased, I was able to assume the role of benevolent authority figure with my children and professionals I supervised, and I started pursuing excellence in my vocation. I also learned to respect the hard work I put into

accomplishing changes in my life, to treasure the satisfaction, love and balance which were available as a result of the hard work, and not to give away these accomplishments by choosing to pursue self-indulgent neurotic shortcuts.

Conducting long-term psychodynamically-oriented psychotherapy in my own practice, I was able to observe my clients in the process of making character and structural changes in their personalities, which resulted in clear-cut behavioral changes in the way they conducted their lives. I was able to see the satisfaction they received from love and work and the clarity and singleness of purpose they were able to focus on in order to maintain their gains.

## *Working With Men*

I enjoyed working with men and usually my individual and group therapy practice consisted of more males than females. Not coincidentally, many of my male clients had issues with being passive, unassertive and experiencing a lack of confidence in their maleness, and a lot of them also struggled with sexual compulsiveness/sexual addiction issues.

As a staff therapist in a clinic working with Juvenile Court, I began to specialize in working with adolescent sex offenders and their families. Later on, I started and became clinical director of a comprehensive program for adolescent sex offenders. Through a psychodynamic approach, along with cognitive-behavioral measures, the therapeutic program was able to reach many adolescents by addressing some of their male identity issues and by decreasing their propensity to use sexual arousal to soothe themselves.

*continued on page 11*

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## Five Research Studies of Interest

### 1 - Does Childhood Sexual Abuse Influence Later Sexual Orientation?

A new study in the *Archives of Sexual Behavior* utilizes a non-clinical sample of 942 adults to compare rates of childhood molestation between heterosexuals and non-heterosexuals.

The authors found that 46% of homosexuals and 22% of lesbian women reported homosexual molestation in childhood. This compared to childhood homosexual molestation rates of only 7% of heterosexual men and 1% of heterosexual women.

The authors review substantial previous research which also found a link between homosexuality and a history of childhood sexual abuse. Their own research is apparently the first survey, the authors say, "that has reported substantial homosexual molestation of girls." The female victims had a mean age of 13 at the time of the same-sex abuse, while the comparable group of abused boys had a

mean age of 11.

The sample was especially useful for research purposes because it did not focus on dissatisfied homosexuals in therapy; in fact, 97% of the men were participating in a gay pride celebration at the time they participated in the survey interview.

So did the molestation cause—or at least contribute to—the respondents' own homosexuality some years later in adulthood? The question is particularly intriguing because 68% of the male study subjects and 38% of the females did not identify as homosexual until after the molestation.

—Tomeo, M., Templer, D., Anderson, S., Kotler, D., "Comparative Data of Childhood and Adolescence Molestation in Heterosexual and Homosexual Persons." *Archives of Sexual Behavior* Vol. 30(3), pp. 535-541, 2001.

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### 2 - Half of Gay Men May Not Reach Age 65, Says Journal of Epidemiology

Using a population drawn from a major urban area of Canada, researchers assessed the life expectancy of 20-year-old gay and bisexual men as a result of the AIDS crisis.

If men who have sex with men represent only 3% of the population, then statistics indicate they have only a 32% likelihood of living to the age of 65. If these men represent 9% of the population, they still have only a 59% chance of living until age 65. For all men, the likelihood is 78%.

The researchers concluded that: "In a major Canadian centre, life expectancy at age 20 years for gay and bisexual men is 8 to 20 years less than for all men. If the same pattern of

mortality were to continue, we estimate that nearly half of gay and bisexual men currently aged 20 years will not reach their 65th birthday. Under even the most liberal assumptions, gay and bisexual men in this urban centre are now experiencing a life expectancy similar to that experienced by all men in Canada in the year 1871."

—Hogg, R.S.; Strathdee, K.J.; Craib, K.J.; O'Shaughnessy, M.V.; "Modelling the impact of HIV disease on mortality in gay and bisexual men," *International Journal of Epidemiology*, Vol 26, No. 3, pp. 657-61, 1997.

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### 3 - The Childhood GID Diagnosis

Is the effeminate young boy just a healthy, gender-nonconforming child whose differences should be appreciated and supported? Or would he benefit from therapeutic help to develop and support his masculine identity? Psychiatrist Justin Richardson and psychologist and researcher Kenneth Zucker debated that issue several years ago in a lively exchange in the *Harvard Review of Psychiatry*.

Justin Richardson made the news in 1999 when he delivered speeches at two private girls' schools in New York to reassure parents about reports of lesbian experimentation among the students—an activity had become a source of

concern for some parents. He advised the mothers to speak to their daughters of age nine and older to tell them they may have friends who are lesbians and they may, themselves, experiment with lesbianism—which Dr. Richardson reassured the mothers was normal, healthy, and not a reason for concern.

In "Setting Limits on Gender Health," Dr. Richardson (who is a self-identified gay man) notes that the Gender Identity Disorder of Childhood diagnosis is the only remaining DSM entry that makes an assumption about "notions of gender-appropriate behavior." But where do

clinicians draw the line between "gender-atypical" behavior and pathology? He notes that society has, for many years, gradually broadened its understanding of the range of acceptable gender behaviors. So how is a healthy, "everyday sissy or tomboy" to be distinguished from a child with a psychiatric problem?

"A majority of homosexual adults recall having gender-atypical interests in childhood," Dr. Richardson notes. "Most [pre-lesbian] girls preferred male playmates; most [prehomosexual] boys avoided rough sports...The issue is laden with meaning for homosexuals who understand such a diagnosis to represent psychiatry's last stamp of pathology on their development." (p. 50)

Dr. Richardson suggests that psychiatry should distinguish the healthy gender-atypical child—who, he admits, is frequently prehomosexual—from the gender-disturbed child who qualifies for the GID diagnosis because he or she is distressed and confused about being a boy or girl. The prehomosexual child, Dr. Richardson claims, is developing normally within the context of his inborn temperamental differences and should not be labelled as having a disorder needing treatment.

According to the DSM, the girl with GID must show a "marked aversion" to feminine clothing, a "strong and persistent" preference for masculine roles in play, an "intense" interest in typically masculine games and play; and must be unhappy with her biological sex. A boy with GID would be diagnosed by the same symptoms. For example, he might state the wish to be a girl and to cut off his penis. He must also evidence poor peer relationships and/or distress about his condition. But short of those extreme symptoms, Richardson says, a gender nonconforming child should not be considered to have a psychiatric disorder.

### **Is Boyhood Femininity Evidence of Psychic Trauma?**

Some clinicians are wrongly diagnosing children as having GID, Richardson says. For example, he says, Dr. Richard Friedman (author of *Male Homosexuality: A Contemporary Psychoanalytic Perspective*) claims that a "consolidated, persistent sense of masculine inadequacy should...be seen as a manifestation of gender identity disorder."

But such a sense of inadequacy is, Richardson says, dependent on society's changing definitions of masculine gender roles—and this would thus unfairly categorize many prehomosexual boys who are developing quite normally in the context of their own gender-atypical temperaments. Furthermore, not all boyhood femininity, Richardson says—even *extreme* femininity—is an expression of psychological trauma or internal conflict. Extreme effeminacy might in fact be quite natural to that particular boy.

Psychologist Kenneth Zucker (author of *Gender Identity*

*Disorder and Psychosexual Problems in Children and Adolescents*) then replied to Justin Richardson in a subsequent issue of the same journal.

How the phenomenology and symptoms of GID could be understood *without* reference to social context is hard to imagine, Zucker says. Furthermore, Zucker notes, it has proven to be true across cultures that children tend to "gender-segregate" themselves with children of the same sex during a crucial developmental period of childhood during which the foundations of gender identity are securely established. The fact that GID children do the opposite (effeminate boys, for example, choose girl playmates) is, Zucker says, strongly suggestive evidence that the GID child is deviating from normative development.

However, Zucker agreed with Richardson that the diagnostic standards of "distress and impairment" used by psychiatry to define GID (and other psychiatric disorders) are actually more often *assumed* by psychiatry than actually bolstered by specific empirical evidence of such distress and disability in the case of each particular diagnosis.

### **Is the GID Boy's Distress Due Solely to Ostracism by His Peers?**

Zucker then considered Richardson's claim that the distress experienced by gender-atypical boys may be due not to trauma-induced factors, but due to peer teasing and social ostracism. If society were different, would these children then experience *no* distress?

This problem and the general issue of diagnostic criteria are difficult to resolve, Zucker notes, because there is little agreement on how "distress and impairment" can be scientifically measured. So if psychiatry cannot define its own basic diagnostic terms, how is the argument over the GID diagnosis to be meaningfully debated?

Attempting to sort out this thorny question, Zucker ultimately concludes that intervention is, indeed, justified to help the effeminate boy feel more comfortable about being a male and to improve his same-sex peer relationships. And the earlier this is done, the better—because research shows that distress and impairment increase, rather than diminish, as the child develops.

Furthermore, argument about what exactly constitutes "distress and impairment" should not stop clinicians from providing early therapeutic intervention, Zucker says. Failure to institute early (and potentially most effective) treatment "would be a grave disservice to our child patients and their families."

In response, Richardson challenges Zucker, saying that Zucker appears to believe that "there is something intrinsically wrong with gender-atypical behavior." He believes Zucker's view results from an "insufficiently deep understanding of the inner lives of gender-disordered and gender-nonconforming children." There is nothing wrong or

problematic with effeminacy per se, Richardson says, and it is society's disapproval that causes the boy's problems.

The healthy gender-nonconforming boy, Richardson says,

"begins life as a sensitive child who is temperamentally avoidant of rough-and-tumble play. His preference for gentle play has been attributed to the prenatal organizing effects of sex steroids (although there is more direct evidence of steroid influencing play preferences in girls than in boys)...the nonconforming boy may also share many traits with Kagan's inhibited child. His first reaction to novelty may therefore be to pause or withdraw from it. This inhibition contributes to the boy's avoidance of freewheeling rough play, as do his acute sensory sensitivities...fearful of loud noises and repelled by bad odors, he takes unusual pleasure in beautiful colors and soothing textures.

"These temperamental inclinations guide him toward quiet and artistic activities. His temperament may also equip him...with a superior facility in empathetic attunement and, accordingly, imitation and play-acting." (pp. 46-47).

#### Social and Psychological Influences on Sexual Orientation

But in addition to these temperamental factors, Richardson then freely acknowledges that there are psychological and social influences that further contribute to this sensitive boy's future sexual orientation.

Richardson then points to the same influences (the personalities of peers the boy encounters, and the emotional "fit," or lack thereof, that the boy experiences with his parents) that have long been identified as foundational to homosexual development by sexual-reorientation therapists. How this boy becomes a "sissy" is not, he admits, just a matter of prenatal influences upon temperament—there are also the interests of the boy's parents, and how they mesh or contrast with his own; the depth and quality (or lack thereof) of the parent-child emotional bond; how the boy and his parents react to his developing male body; and the ongoing influence of his playmates are all factors that Richardson identifies as influential in confirming or weakening the boy's developing sense of masculine gender identification. But significantly, he does not consider any of these influences pathological, because he does not view a homosexual outcome as pathological. In essence, homosexuality "just is."

#### Are Homosexuals More Highly Evolved?

Richardson then says that a person's level of intelligence affects his ability to, and interest in, making gender discriminations. The higher the level of the boy's intellectual

development, Richardson says, the less he will view gender as having any human significance. While his young playmates are caught up in "concrete, rigid and conventional" ideas of gender difference, the prehomosexual boy will have, Richardson believes, a more highly evolved understanding of gender. Is feeling unmasculine and being detached from one's same-sex parent and boyhood peers *problematic*? Not so to Richardson, because he considers *gender itself* to be a matter of insignificance.

But if gender is really a matter of insignificance to prehomosexual boys, one might ask, why do these gender nonconforming boys not grow up to be bisexual—or asexual—rather than homosexual? And why would the search for the idealized masculine partner be so central to gay culture?

#### The Problem of Shaming

Richardson fears that the effeminate boy who dresses up as a girl and dances about in feminine costumes, and who shies away from male activities in gym class, will be made to feel shame for these activities by parents and therapists should they try to change him.

Indeed, most reorientation therapists would agree that shaming is not the way to support the gender-fragile child—and that warm parental support and recognition and allowance for his sensitive nature should, in fact, form the groundwork for any psychotherapy. But Richardson suggests that parents should not only *not discourage* effeminacy, rather, they would do better to communicate that they "admire" their son's gender nonconformity.

Here the reorientation therapist would disagree. The sexual-reorientation therapist believes that healthy development requires that a person's interior sense of *gender identity* and his *biology* must correspond. Mind, body and spirit must work together in harmony. The effeminate boy might be artistic, creative and relational, but in order to grow into his potential, he must feel that he belongs to the world of men. Thus the reorientation therapist would work toward helping the boy connect with his father, disconnect from his unusually close bond with his mother, develop healthy peer relationships, and acquire enough competence in traditionally masculine activities to evade the peer ostracism that will all-too-easily cause the boy to conclude that he does not belong within the world of men, and thus must romanticize them from afar.

#### References

1. Richardson, Justin, "Setting Limits on Gender Health," *Harvard Rev. of Psychiatry* 1996; 4:49-53.
2. Zucker, Kenneth, "Commentary on Richardson's (1996) 'Setting Limits on Gender Health,'" *Harvard Rev. Psychiatry* 1999; 7:37-42.
3. Richardson, Justin, "Response: Finding the Disorder in Gender Identity Disorder," *Harvard Rev. Psychiatry* 1999; 7:43-50.

*continued*

## 4 - Sexual and Relational Practices of Older Gay Men

This large study used a telephone survey of 2,585 homosexually active Australian men in order to investigate their sexual and relational practices.

About half of the older men age 40 and up (50.3%) said they were engaging in casual sex only.

Approximately half of the men 50 and up said they lived alone, although 62% of this group had, at one time, been married.

Only 14.7% of the men age 40-49 were currently involved in a monogamous relationship. Just 21.6% of the age 50-

and-older group reported being in a monogamous relationship.

The modal range of lifetime sexual partners for men over 50 was between 101-500 partners. Only 2.7% reported just one lifetime sexual partner.

—Van de Ven, Paul; Rodden, Pamela; Crawford, June; and Kippax, Susan, "A Comparative Demographic and Sexual Profile of Older Homosexually Active Men." *J. of Sex Research* Vol. 34, No. 4, pp. 349-360, 1997.

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## 5 - Latest Rind Study Again Concludes, "Little or No Harm in Pedophilia"

Once again, researcher Bruce Rind is back with a journal article boldly making the case that boys who have consensual sex with older men don't seem to be harmed by the experience.

Rind was the lead author of the American Psychological Association-published article which was first identified by NARTH in its 1999 Fact Sheet, "The Problem of Pedophilia," and then brought to public attention by radio host Dr. Laura Schlessinger. Dr. Laura's outrage against the conclusions of the Rind article led to a reprimand of the A.P.A. by Congress. Later, the A.P.A. backpedaled on its public apology.

In this latest Rind study, self-esteem and positive sexual identity was found to be the same in males ages 12-17 who had engaged in sex with older men as among a control group. The youngest boys in the group, Rind says, "were just as willing and reacted at least as positively as older adolescents." Reactions of the boys (now college men) who had engaged in man-boy sexual relationships were "primarily positive."

Rind does not use the words "molestation" or "sexual abuse" because of their negative and moralistic connotations, employing instead the values-neutral term "ADSR" (age-discrepant sexual relations.) He reports on a small sample, but his study adds further fuel to the growing contention that homosexual, "consensual" pedophilia may not in fact be psychologically harmful.

Some critics have pointed to the possible social and legal

repercussions of such pedophile-affirming research. Studies such as Rind's could be used as "hard evidence" to lower age-of-consent laws and argue for reduced sentences for child molesters. If there's no measurable psychological harm in man-boy sex—at least in cases where the act was "consensual"—then on what grounds could pedophile acts be illegal?

Other critics, including NARTH, have charged that the Rind study was unable to find measurable "harm" because Rind was looking for the wrong indicators. Might molested boys have more difficulty with boundary issues—particularly, understanding and respecting generational differences? Would they be more likely to engage in bizarre, promiscuous and unsafe sexual practices—and more likely to repeat the sexual abuse on another boy? Would they be less likely to sustain stable marriages and family lives?

None of these factors were measured by the Rind study Nor did the APA acknowledge that there may be another factor—intrinsic harm to the integrity of personhood—that psychological studies of victims of pedophilia are powerless to detect. But left to stand by itself, such a study can easily convey the misimpression that there is no difference between molested and non-molested males, and thus that pedophilia should be viewed as harmless.

—Rind, Bruce, "Gay and Bisexual Adolescent Boys' Sexual Experiences with Men: An Empirical Examination of Psychological Correlates in a Nonclinical Sample." *Archives of Sexual Behavior*, vol. 30 no. 4, pp. 345-368, 2001. ■



# Thoughts on the Ordination of Sexually Active Gay Men and Lesbians

By Christopher H. Rosik, Ph.D.

*A version of the following essay was sent by NARTH member Christopher Rosik to a web site that monitors news of the Presbyterian Church-USA, a religious denomination which has for several years been debating the homosexual issue.*

Dr. Rosik points out that as the "born that way" argument recedes in importance, many lesbians (as well as a minority of gay men) now attribute their sexual identity to personal choice. But what is the church to do about this? If sexual identity is fluid, and if homosexuals agree that they are not (at least in a certain proportion of cases) "born that way," how would the church distinguish between those "created homosexual" by God, and those who simply chose to expand their sexual options through a personal social-political decision?

And what about bisexual clergy—should they be allowed to marry two people? Should transgender clergy "celebrate" their condition as part of "God's rainbow of creation," or consider their conflict a defect? All of these questions must be faced by the church as it ponders the blessing of gay relationships.

Lately I have been reading many letters containing *pro* and *con* arguments for overturning the Presbyterian Church's ordination standard. That standard now limits positions of leadership to those who maintain fidelity in heterosexual marriage or chastity in singleness.

Social and theological liberals tend to argue from biology and/or theology that the biblical prohibition against homosexual conduct is antiquated. According to their argument, certain homosexual sexual behavior among religious leaders should be exempted from this exclusion.

In response to this, I have offered some observations and related questions that I believe need to be answered by anyone who argues for such an exception to the historic religious standard—i.e., that sexual contact is reserved for heterosexual marriage.

## When Sexual Identity is a Choice

First, we should not treat gay men and lesbians as a monolithic group. In fact, a good body of research provides a convincing rationale for differentiating between lesbians and gay men in terms of erotic plasticity (Baumeister,

2000). For example, Whisman (1996) found a higher percentage of lesbians (31%) than gay men (18%) who described their sexual orientation as being a conscious, deliberate choice. Similarly, Rosenbluth (1997) found that 58% of 90 lesbian couples reported choosing their current sexual orientation.



Christopher H. Rosik, Ph.D.

This raises an interesting question. If equal access to positions of religious leadership is predicated on homosexual orientation being *created by God* and not chosen, then what do we do with those (primarily) lesbians whose same-sex involvement is consciously chosen? To be consistent with the premise, these lesbians would need to be singled out for exclusion. If they are not, then the creation argument is given the appearance of being disingenuous.

Of course, individuals who experience some same-sex attraction but remain committed to fidelity in heterosexual marriage or chastity in singleness may still be perfectly able to serve in an ordained capacity.

## The Problem of Bisexuality

How we treat bisexuality discloses a great deal about the philosophical consistency of our position regarding homosexuality. Zinik (1985) defined the bisexual person as having:

"the capacity for sexual arousal by members of both sexes, sexual activity or sexual desire for sexual contact with both men and women, and self-identification as being bisexual."

This definition remains fairly well accepted today.

Much emphasis is placed by social liberals on affirming faithful (and, I assume, sexually monogamous) homosexual relationships, since it is assumed that God created the homosexual attraction. But bisexuality poses a serious challenge for adherents of this line of thinking, since bisexuals are typically considered to have, by nature, sexual inclinations toward both sexes between which they can simultaneously choose.

What would one do if a candidate for ordination indicated that he or she was bisexual? Should they be required to limit themselves to faithful sexual activity with only one

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person of the opposite (or same) sex? Would this not be a denial of their true nature?

In addition, if we mandate that bisexuals deny their nature in order to be ordained, then wouldn't this policy support what traditionalists have been saying all along—that biblical faithfulness may legitimately require sexual self-denial?

Or, perhaps bisexuals should be allowed to have "faithful" sexual relationships with two people—one man and one woman. This would appear to be consistent with the premise of bisexuality as God-given...but then, having two partners clearly violates the biblical mandate of sexual monogamy. Such a solution suggests that ultimately, sexual monogamy is unimportant in either homosexual or heterosexual relationships.

It seems clear to me that any religious leader arguing in favor of ordaining sexually active homosexual persons *simply must indicate how they will resolve the problems posed by bisexuality*. Indeed, the plight of bisexuals appears inextricably linked to that of gay men and lesbians within the sexual-minority community.

#### Is Transgenderism the Creator's Intent?

The situation with transgendered individuals raises still further questions. Transgender is a term used to describe persons who have a persistent and distressing discomfort with their assigned gender. They are born anatomically as one biological sex, but live their lives to varying degrees as the opposite sex. The limited number of gender-dysphoric persons who I have seen clinically (prior to any sex reassignment surgery) take it as a "given" that their condition is due to some neurobiological problem. The scientific literature generally supports this notion, at least for a group of "core" gender dysphoric people, although psychosocial factors probably play a greater or lesser role in any individual case. But if we accept this conclusion, then clearly the origins of transgenderism are not part of God's creative intent.

So then if a transgendered person seeks ordination, it appears that the logical argument in support of ordination would be that the person was born with a biological defect for which they were not responsible and which sex reassignment surgery corrected. Again, this is very different than celebrating transgenderism as part of the intended rainbow of God's sexually diverse world.

If we are told the church must ordain practicing homosexual persons because the homosexual was "born that way," then shouldn't the church also accept into leadership transgendered persons only on the basis that they are "designed that way" by their maker as well?

How does one resolve this inconsistency without undermining the rationale of those in the church who now say it is God's intent that we bless homosexual relationships? Or is their whole argument a smoke screen?

Generally, when I ask these questions, I am struck by the silence that I receive. Only a few people respond with counter views, and those few do not seem able to grasp my point.

I invite religiously oriented readers of the *NARTH Bulletin* to try out these questions where such issues are at stake, and see if you receive a more satisfactory response than I seem able to obtain. There is too much at stake for the faith community to allow their leaders to leave such questions unasked and unanswered.

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### APA Publicity Brings Attention to NARTH; Association Says It "Learned Lessons" From Fiasco

In March, our web site experienced its all-time highest usage--just over 50,000 monthly visitors--as a result of several articles mentioning NARTH in the APA-published *American Psychologist*.

The articles in the *American Psychologist* described NARTH's role in 1999 in uncovering a controversial pedophilia study. Publicity about that study turned into what the *American Psychologist* calls "the political storm of the century for the field of psychology, with gale-force winds raging from the media, congressional leaders, state legislatures, and conservative grassroots organizations." The resulting public-relations nightmare marked the first time, APA said, that it had been called into the public arena to defend the publication of a study.

Among the lessons APA said it learned from the pedophilia fiasco were (1) that it must build bridges "between the field of psychology and the conservative end of the political spectrum," and (2) the profession must prepare itself for the "looming challenge to psychology as a science."

In my forensic practice I also had the opportunity to conduct long-term psychodynamic psychotherapy with adult sex offenders. Several of these men, as they reworked their childhood issues of inadequacy and terror of intimacy, lost interest in their choice of sexual object (younger children) and found greatly increased emotional and sexual fulfillment in their adult relationships.

### *Defensive Detachment and Male Homosexuality*

In 1992, when I heard Dr. Nicolosi present a workshop on the reparative therapy of male homosexuality, it was clear to me that my life experience, and the experience of the majority of men in my psychotherapy practice, had prepared me to work with homosexuals who wanted to change.

As I listened to him and later when I read his book, I was impressed by how the homosexual attraction is redefined by Moberly as a yearning for a connection with the father and for a stronger male identity because of an early defensive detachment from the father. Homosexuality was seen as a symptom, a natural reparative drive to make up for the loss of a profound connection between son and father during the boy's childhood.

Such reframing of the problem, along with the recommendation that the therapist needs to actively engage the client, fits perfectly with my approach to working with men who were struggling with issues of sexual compulsivity. In employing this approach, I had on occasion, during the beginning phase of therapy, placed an ammonia capsule into my client's hands, suggesting that he didn't need therapy, since a whiff of ammonia on a regular basis would give him total control over his compulsive sexual arousal pattern. Interestingly enough, not one man would take me up on this offer. However, to a man, each was willing to consider the possibility that the real issue was his fear and lack of a capacity for intimacy in human relationships and that his sexual acting out (in fantasy or fact) served the purpose of self-soothing, creating a temporary sense of cohesive self and an avenue for displaced acting out of repressed affects.

This clinician's conceptualization of how therapy works was similar to the reparative processes described by Nicolosi, Moberly and Socarides.

When the client allows himself to enter a dependent transference relationship, all of his defenses which were established as a way of surviving his dysfunctional relationship with his parents are mobilized. (For a homosexual, the major defense would be his refusal as a boy to identify with his father and to individuate without ambivalence from his mother.) As these defenses are analyzed and interpreted within the transference relationship, the client gains an awareness of rigid affective states, thought pat-

terns, and behaviors (they are the building block of character attitudes) which were useful in the past as a way of survival, but which are limiting him in the present from having his needs for intimacy and mastery met.

The client begins to regain the capacity for surrender to emotional experiences and expressions lost in his early childhood, and therefore his capacity for emotional flexibility, vulnerability and intimacy is increased. In the context of a relationship with a supportive, nurturing, benevolent authority figure, the client recovers affects and memories and re-experiences them as a child; through this process a loosening of the client's defensive structure takes place.

He begins to relate to the therapist in a more earnest, vulnerable and accepting manner and just as a child who identifies with his father during the preoedipal years, he allows himself to be called away from the feminine hold of his mother. The increased identification with being a man during these structural changes in the client's personality, and the organization of the client's sense of self around this increased sense of being a male, is similar to Nicolosi's and Moberly's concept of the reparative process.

At a certain point in therapy, the client feels strong enough to confront the therapist directly with perceived injuries he has experienced within the relationship. This takes enormous courage since the client still feels "young" and perceives a terrifying lack of balance of power in the relationship between himself and the therapist. As the therapist responds by being accepting and firm and remains committed and present, the client learns that assertion and aggression is appropriate in a relationship. Not only does it not destroy it, but in fact it creates stronger bonds. The repetition of such experiences increases the client's capacity for aggression, assertion, and mastery in the outside world, which is essential for his sense of self-security. (Since passivity is such a predominant syndrome of homosexual character structure, this is obviously an important part of the healing process.) (Mintz, 1966, Dallas, 1991).

Often within the therapeutic process, the client who is feeling the love and acceptance of a benevolent authority figure, and who is grateful for his new experience of himself as an adult, recognizes deep within himself a need to accept a greater authority which transcends humanity. It is at this point that the now adult client completes the organization of his self experience, making it meaningful as he allows it to fit into a larger cosmic vision.

Such a therapeutic process can at times take up to ten years, and allows the therapist an intimate view of the correlation between the internal changes in the character structure and the organization of the self of the client, with the changes the client makes in the world as he actualizes his newly-found capacity for intimacy and mastery. This

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takes place most often by finding a committed monogamous love relationship, raising children and providing for their well-being by a vocational choice which in the long run offers him satisfaction and a clear sense of service to the larger community.

### *Clinical Case Material*

Having treated several ego-syntonic homosexuals in the past with moderate success, mostly for symptoms related to their sexual abuse, lack of assertiveness and fear of intimacy, I never experienced the effects of their defensive detachment directly within a transference relationship. This changed when I became a facilitator in a group of homosexuals who were in a church-related program, working on removing themselves from the lifestyle and decreasing their homosexual attractions. Through a six-month period, I established relational connectedness with each member of the small group (four people). I had seen one particular member warm up to me very slowly, but giving indications week by week that he was accepting me and connecting with me emotionally. After a minor confrontation, the context of which I cannot recall, this man withdrew from the relationship totally, acting cold, detached, unresponsive and unavailable, and refusing to admit that any change in the relationship had taken place. It was only a year later when this man joined one of my short-term educational men's groups that he was able to relate to me how angry and threatened he was in his relationship with me and that is why he withdrew in such a profound manner.

During the last two years I have worked with four men who came to therapy specifically to address the issue of their homosexuality. It is clear that each one of them decided to be in therapy with me because of my active and expressive therapeutic style. It became clear to me from the first phone call I received from them or the first time I started working with them, that because of their great distrust of men, they also required of me a higher level of self-revelation and transparency than I was used to offering to my clients up to that point.

Gary was the member of the small group I facilitated in church. Although he clearly had a strong, positive transference relationship with me within the group, it took him more than half a year after the group ended to give me a call and initiate the therapeutic process. He is a man who was actively involved in the gay lifestyle for many years and was living with another man who used to be his lover, but with whom he now had a platonic relationship.

Andrew met this clinician several years ago during family sessions focused on the relationship between his mother and father and his other siblings, during which this therapist was highly active, directive and somewhat confrontational. He is a married man, who has never had a homosexual experience, but has had an almost exclusively

homosexual fantasy life since adolescence. He read an article in the New York Times which described how members of Exodus International in giving their testimony, stated not only that they had decreased their homosexual attractions, but that they clearly developed heterosexual ones and during a period of a decade, several of them had married and had begun to raise families.

Nathan decided to choose me as his therapist after interviewing close to 50 therapists in the Bay Area. Later in the therapy, he related that he decided to come to me because of my forthright, direct, no-nonsense style and because I was willing to reveal my own experiences in therapy and upon his request shared how my own issues were ameliorated through the process of therapy. Nathan was a young man who recently left a rigidly fundamentalist church in which, for several years, he remained celibate.

Bill decided to join the long-term psychodynamic therapy group for men after having experienced my style in a short-term group dealing with psychoeducational issues of sexual addiction. He had an extensive history in the gay lifestyle and was experiencing a clear renewal of his religious convictions and his relational connection to a personal God.

Except for Nathan, all of these clients had slight effeminate characteristics and again, except for Nathan, they all implicitly contracted for wanting to decrease their homosexual attractions and, if possible, increase their heterosexual desires. Nathan, in principle, agreed that he did not want to be a homosexual because of his religious convictions, and therefore he had rejected the idea of entering therapy with a gay-affirmative therapist. What he wanted was a lack of condemnation from this therapist for his attempt to form relationships with gay men, so he could meet his affectional needs and gain some measure of happiness.

All four of these men had family constellations typical of those that facilitate the development of homosexuality. All four showed various levels of defensive detachment from their father and from men in general, and a confused and ambivalent separation/individuation from their mothers.

### *Relations With Mother and Father*

Andrew describes a scene which he has relived in therapy. He is between the age of 3 to 5. He is in the kitchen with his mother who is putting on makeup, drying and spraying her hair, sensually exhaling on her cigarettes while Andrew is sitting there for hours watching her, mesmerized, listening to her. During this experience the smell of the cigarette smoke and her hair spray are prevalent and are still clearly available to him as he relives the experience. Between the age of 3 to 5, Andrew recalls anxiously waiting for his father to come home, sitting on the curb outside

and then walking up to him to greet him because he was looking forward to his return. He remembers being crushingly disappointed when his father gave him only a perfunctory acknowledgement and went on with his busy, compulsive, rigid lifestyle which excluded Andrew.

Around age 5-1/2 Andrew remembers hiding out behind the washing machine when he supposed to go to school. He was holding on, refusing to leave the house, refusing to go into the outside world because he was petrified and wanted to stay home with his mom.

He has lots of memories of being Mom's confidant, listening to her about how men are brutes, bad, insensitive, identifying with her and feeling himself more and more different from men.

Andrew recalls that at age 8 to 9 his father wanted him to work in the garden with him, in the dirt, under the hot sun. He remembers he ran to his mother who was very sympathetic, washed him up and told him he did not have to do that.

This is the age at which Andrew is sure that his defensive detachment coalesced and was reinforced by the bullying he experienced by his schoolmates.

Nathan, who grew up in an extremely violent family in which both his mother and father fought verbally and physically, recalls becoming responsible for keeping his mother happy by being aware of every one of her moods, making her laugh, taking flowers out of garbage cans and presenting them to her, washing the dishes, and cleaning the house in order to maintain some peace in the home. At age 10 he recalls being severely beaten by his father as punishment for some transgression, a not-unusual occurrence. He remembers walking away from his father with a contemptuous smile on his face, feeling inside that he would never be "touched" by him again. Nathan, who fought with other kids throughout his preadolescence and adolescence and is quite masculine in his carriage and appearance, still identifies men as macho, as fighters, as insensitive and as bullish, and through his therapy has begun to identify how, in all of his relationships, his role was to make others feel comfortable in order to assuage his guilt and his feeling of being condemned.

Bill recalls that at age 3 he was at his mother's side with his little ironing board, imitating her. He remembers hiding out behind the bed in his room and playing with his dolls at age 5 in fear of his father who was violent in his style of punishment. At the same age Bill also recalls that his grandfather was gruff and smelly and unkempt and how he didn't like that and was feeling much more comfortable with grandmother who was genteel and soft and had a wispy voice. (The first seeds of defensive detachment.)

Several times Bill re-experienced being 3 to 4 years old, at

his mother's side with the ironing board. First he would become weepy and feel helpless and then become angry and yell at his mother to let him out and play with the other kids who were out on the street. Each time his mother warned him not to get dirty, insisted that he be very careful and resisted his impulse to leave her presence.

Gary recalls being approximately 3 to 4 years old and seeing the outline of his mother's waist close-by and experiencing genital stirrings and the beginning of an erection. In later sessions this was followed by memories of his mother standing by him when he went to the bathroom, hovering over him, at least until he reached his teens, and being in his room with him and dressing him until his early teens.

His mother had a negative attitude toward adolescent boys who were too lively and rambunctious and an almost spiteful attitude towards women who dressed in a way that was at all suggestive of their attractiveness. He felt confused since he found all these folks attractive, lively, healthy and interesting.

Gary recalls his father using him to try to stand up to his wife when they disagreed. He remembers his father losing the argument and apologizing to his mother. He felt ashamed for both of them.

Gary clearly recalls from age 5 to 6 being interested in adolescent boys, liking the aliveness of their bodies, wanting to hang around them, wanting to be like them. He also recalls around this time making a decision not to be like them. (The beginning of defensive detachment.)

By age 6 to 9 he had the fantasy of being a girl and acting out roles of being a basketball player or being a sexy woman, as if he was his mother and was a fully alive, vibrant woman, to compensate for her deficiencies.

By age 10 he recalls feeling totally alone and empty, going into the woods and stimulating his anus by putting a stick into it. This would give him some feeling of aliveness in his pelvis and genitals.

Until age 16, several nights a week Gary would go into his parent's bedroom in the middle of the night, wake up his mother, tell her he was scared and have her join him in his bed. They would lie next to each other. He would feel comforted, although he would experience his own body and hers as like stone, motionless and without contact.

Until early adolescence Gary recalls being fascinated by older boys in his school, by their penis, having a slight feeling of excitement but no specific genital arousal or specific sexual fantasies. It was in his late adolescence that he started to trade in his admiration of these older boys whom he consciously decided not to be like, for a sexual yearning, which at that point was passive and anal.

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## *The Process Of Therapy*

At first Andrew used his therapy mostly to confront his defensive detachment towards men. We have spent many hours taking apart his negative stereotype of men, and as this began to succeed, he started reporting how he has been able to relate to co-workers, friends and sometimes to strangers by seeing them as complex human beings with strengths and weaknesses. During this working-through period, he has spontaneously reported that he no longer saw himself as a homosexual, but as a man with a problem of homosexuality.

His homosexual preoccupations which used to drive him to the bathroom two or three times during his workday for a private encounter, decreased significantly very early on in his therapy.

As he began to approach looking at his relationship with his wife, he started becoming hopeless about therapy and about the changes he would be able to make. It was at this point that he was challenged to allow a transference relationship to be expressed between himself and me, and not be in denial about therapy being relational as opposed to only interpretive and educational. At this juncture he admitted that he was afraid that if he was to start talking about his sexual feelings, he would either seduce or be seduced by me. ("We would end up on the rug together.")

Only after some of his issues were worked through did he start describing the intensity of the self-stimulation he experienced in his adolescence as he began masturbating in front of a mirror and cathecting his penis as his love object. "Yeah, I kept my sexuality totally isolated in that act of focusing on my penis and the pornographic masturbation and I don't let it go any place. It's like a cannibalistic kind of a feeling, it's like I want to ingest myself." As he relived these initial homosexual memories he would hyperventilate and the room would be vibrant with his sexual energy. Living through this in the presence of this clinician and experiencing the safety of the structure of the therapy, Andrew started removing his sexuality from its narcissistic isolation and letting go of some of the intense shame connected to it.

Recently he spontaneously reported that he made love twice in one week with his wife and he felt more pleasure than he ever felt before. He sounded quite genuine. Then he talked about how, during intercourse, he was afraid that he was going to lose his erection. How at that point he switched to homosexual fantasies to keep himself aroused, and that when he tried to stop his homosexual images from taking over during intercourse, he couldn't keep an erection, since something like a switch went off inside of him. As he said that his face contorted and he looked terrified.

As we explored this he began to realize that he did not at

this point want to give up his relationship with his penis because if he did he would have to let in all of the pain he felt as a sixteen-year-old; the pain of witnessing his father beating his sister, his parents fighting, his peers bullying him in school, his total aloneness, emptiness and shame about identifying with his mother.

Nathan went through a period of dating gay men. He found that what he wanted from them was to be cuddled and held. He was in a relationship with one man for approximately four months, during which time he felt validated and cared for, an experience he never had before. All of his homosexual experiences had been one-night events while he was drunk. Recently he decided that he did not want to pursue his dating behavior because other aspects of his life were more important. Soon after this decision, the theme of his relationship with his father appeared. He talked about a movie he saw in which a boy was giving his father a shoulder massage. He stated he could never imagine doing that to his father. He would be too scared. It was during this time that his stereotypically negative attitude towards men came to the surface and stared being explored.

Nathan is very reticent about entering into a dependent relationship with his therapist. After a year he attends therapy regularly and basks in the narcissistic enjoyment of being accepted and liked. He literally believes that he will go to hell because he has been condemned. This rigid belief has loosened during the last year. He now accepts some of his own imperfections without total self-judgment.

Although he has had two one-half-year-long romantic relationships with women (at age 16 and at age 28) and does not appear to enjoy homosexual sex, it is too early to tell what his goals will become.

Bill's contact with this clinician has been through a once-a-week psychotherapy group. He has made good use of his prayer life and his spiritual relationship with his Creator. He visualizes Jesus as his father who cares for him, who holds him, who allows him to run around as a rambunctious boy and plays with him, and these are all reparative experiences for him. In the group he has formed a relationship with a heterosexual man, and at one point after a conflict they ended up sobbing in each other's arms. Bill reports a clear lessening of his homosexual preoccupations after this incidence. Throughout his year of therapy he has had a positive transference with me. He receives a clear gratification from my idealized presence. Recently he started challenging me at times and feeling secure in doing so. This correlates with his report of breaking off a long-term co-dependent relationship in his life and for the first time ever, striking out on his own.

Only after Gary decided to separate from his platonic lover (they did "fall" occasionally) did he start having access to early memories with his mother. This took place after approximately eight months in therapy, during which time

Gary did a lot of testing by insisting that he needed to be held and touched because his skin was craving human contact. He would do this in a very demanding fashion, insisting in a somewhat effeminate, falsetto-like voice. He also let me know that he had been fantasizing about me and might sexualize the hug he was asking for.

The next juncture in Gary's therapy took place when I became cognizant of how my counter-transference reactions to Gary's attempting to sexualize our relationship was interfering with my acceptance of him. Although I made the proper interpretations about Gary's need to want to reach out towards me in a sexual fashion, and could identify his false effeminate self as a defensive maneuver which helped him survive an impossible situation with his parents, unconsciously I remained quite judgmental of his dramatic, histrionic and manipulative interactions. Only when I realized that because of my own history of passivity and deficiency in masculinity, was I reacting to his "queen" self (as he described it in shorthand) in a rejecting manner, was I able to truly accept (but not give in to) all of his defensive maneuvers as something he had to develop in order to survive.

This acceptance gave Gary permission to start to verbally explore his sexual attraction towards me, and as he did, he began to recall early childhood experiences, of being terrified of his mother's seductive control and the emptiness he felt when he tried to separate from her. As he would sob, his eyes would reflect immense terror which he would later describe as having no sense of who he was, where the ground was, where he began and where he ended.

As the therapy progressed the transference relationship shifted back and forth with this clinician being more and more a benevolent supportive father-figure and less and less a castrating, seductive, suffocating mother-figure. While this was taking place, Gary became involved with men at this work in his church, developing relationships with them without any sexual impulses or thoughts interfering.

During this time he would also begin to recall more and more instances in his childhood in which he had positive relationships with men with whom he enjoyed his maleness. He had several memories of his father, sitting next to him as an adolescent, talking with him and enjoying each other's company. He recalled telling him of his homosexual feelings at age 17. His father was sympathetic and supportive, looking at him with soft, caring eyes. He remembered that at that time Gary had only contempt for his father's softness.

Gary brought in pictures of himself showing the difference in his demeanor before age 5 and after. Up until age 5 his face was serious and his eyes appeared to be

focused, almost hard. After age 5 his whole face and posture was effeminate and his eyes appeared to be vacuous and empty.

Gary, at this point, still experiences himself as a growing child within a transference relationship with a good father.

On Father's Day he wrote the following: "I'm desperately needing to be able to open my heart and identify with you—to meet the world from a position of strength. I need to cultivate the fertile, trusting heart of the impressionable little boy whose picture you saw last week.

"You have been there for me week in and week out. I seriously need a strong male identity but I don't want to get it sleazily. You have proven to be trustworthy and you have character. You are the brother/father I wanted to relate to, but I need my heart to be open the way it was before I took the 'poison pill'. [That's his metaphor for his decision to give up being a man.] It's been very confusing having mixed feelings of love and hostility.

"I told you before that I have an active imagination life. It goes something like this: 'I'm a big boy like Daddy...I'm a big boy too...Me too. This frees me from the shame that generates inside me for being male."

Presently, when Gary feels empty and he wants to mobilize his homosexual fantasy life in order to feel something in his pelvis and feel some power, he imagines me standing close to him and this helps him feel a little more alive, less empty and less panicky.

### *Homosexuality/Heterosexuality*

Gary, Nathan and Andrew all report a clear decrease in the frequency of their homosexual impulses. Gary states that the frequency of his homosexual impulses have decreased 70% to 80%. Andrew identifies the decrease of his homosexual impulses as being between 60% and 90%, while Bill states that the decrease of his homosexual impulses is between 60% and 70%.

Gary, during the last few months, found a female masseuse he likes. He talks about her without spite in his voice. Twice he enjoyed a full erection while getting a massage from her which pleased him immensely. He felt male, strong and grounded. He is beginning to talk about the two heterosexual relationships in his past, with some fondness. His masturbatory fantasies are heterosexual, missionary position. He feels like a male when he masturbates to these fantasies.

Andrew had recently made a decision to have children sometime in the future. He and his wife have just bought a house. He is scared about giving up his intense sexual connection with his penis but reports a gradual shift in spon-

taneity and pleasure when he and his wife make love.

Bill is old enough not to talk about his future sexuality. He might be happy being celibate without an ongoing struggle. That clearly appears to be within his reach.

All four men report a drastic decrease in the intensity of their homosexual desires. All four men are less than half way through the process of their potential growth in therapy. During the next few years I plan to report on the progress of these men in therapy and in their lives.

### *Professional Issues*

During the last three years I have become acutely aware that the gay-affirmative therapist's point of view homosexuality permeates the professional schools and, therefore, the opinions of the professionals who have graduated during the last 10 to 15 years. Having never been exposed to a dialogue between the two sides of the argument, nor to the documented results of therapy with men who sought to change their sexual orientation, these professionals tend to respond in almost reflexive manner, which causes me great concern. The following are some examples.

Many adolescent sex offenders have been molested by men or have male victims. As a sequelae, they often experience severe anxiety, questioning whether they are homosexual, especially if some of the contact was emotionally satisfying and sexually pleasurable. One of these kids, at age 16, was actually sent to a gay bar by a therapist who wanted him to find out for himself what his "preference" was.

Last year one of the interns under my supervision, had in therapy an 8-year-old boy who was acting out sexually after having been sexually abused by several males. Since this youngster expressed through the therapist that he was experiencing homosexual feelings, and since he was approaching male children his own age or older, the therapist factually explained to him the difference between a heterosexual and homosexual lifestyle and suggested to him that they should discuss his preference as they continued meeting.

### *The Compulsive Need to Reenact a Molestation*

Recently, I began treating a man who was molested in his childhood by several males. His previous therapist seriously considered sending him to a gay-affirmative therapist since he was compulsively re-enacting his own molest by going to pornography shops and involving himself with anonymous oral sex with men, and since some of his fantasy life was focused on men. This man experienced enormous anxiety around his issue of identity and sexuality. He was reassured that since he had many male friends towards whom he had never experienced sexual attrac-

tion, and that since all of his sexual fantasizing involved impersonal homosexual activity which closely resembled his own molest, he did not fit the psychodynamic profile of men struggling with homosexuality.

He was immediately and immensely relieved, and started working in earnest on his fears with regards to women.

During the last several years, as a psychotherapist and licensed psychologist, I've also received an even more ominous wake-up call. Based on the work and the influence of gay affirmative therapists, several of the professional organizations which regulate the ethical behavior of therapists had seriously considered making the treatment of homosexuals who wanted to change their orientation unethical.

A recent book by Dr. S.G. Levine, *Sexual Life: A Clinician's Guide* has the following statement on page 164:

"Since homosexuality is no longer considered an illness, it no longer is an ethically acceptable therapeutic goal to change a person into a heterosexual."

I wonder how far we are from the time when such review of sexual life by an expert in the field will say the same thing about the ethicality of the treatment of sex offenders.

### *The Gay-Affirmative Position*

Psychiatrist Richard Isay postulates that the origin of homosexuality is constitutional and that the lack of attachment between the male child and the father is a product of a child's experience of erotic feelings toward the father which are then repressed and their object is pushed away.

Later on in a developmental sequence, the boy will try some effeminate strategies, partially because that is his constitutional identity, and partially because he wants to engage the father. The father's subsequent rejection and society's rejection are internalized as homophobia which reinforces the repression of the sexual feelings toward the father. The job of the therapy, in Isay's view, is to uncover the early sexualized feelings of the child towards the father through the transference relationship with the therapist. This allows the client to reown his sexual feelings towards his father and make peace with this part of himself.

The logic of this theory clearly implies that if somebody wants to change his orientation, it is only because of his internalized homophobia which reinforces the repression of the original sexual attraction towards his father, and therefore to treat gay men who want to change should be unethical.

### *Harbingers of Hope*

In contrast, Socarides, Moberly and Nicolosi, along with others, have been harbingers of hope for homosexuals who



are deeply and earnestly conflicted about the object choice of their sexuality. Thousands of other therapists need information about the possibility of change so that clients will have a clear-cut choice and much-needed hope. Such hope is illustrated by Andrew's last session with me, prior to this presentation.

### *Narcissistic Self-Preoccupation Diminishes*

Andrew reported that after the last few sessions during which for the first time he shared with another human being about his crazy and shameful attachment to his penis at age 16 and the incredible fantasy-life and arousal pattern he developed around it, he has experienced several weeks in which the urge and intensity of his lust decreased greatly, and actually, several times when he tried to mobilize himself to masturbate he had a difficult time maintaining arousal.

As we explored the imagery connected with his fantasy-life, he talked about being attracted mostly to the bulk in men, liking hunky, muscular bodies with v-shaped shoulders. As he was describing his attraction to a dildo and his excitement about its size, he related this to the bulkiness and the mass of the man it represented and talked about the need to incorporate it into himself.

The interpretation was a natural one, and he pursued it back to the skinny little boy who, at age 3, was sitting in his mother's kitchen, seeing his father build a sandbox outside in the yard. He remembered not being allowed to go out because he would get dirty and instead was sent to bed. With a tearful voice he remembered yearning to be out there with his father and wishing his father would have come and taken him out there.

Immediately he remembered being eight years old and going out with his father in the morning to wash golf balls. He remembered the joy he felt and he also remembered the disappointment when eventually his father would no longer take him. He recalled his anger, crying in his room and having his mother telling him to "shut-up and stop whining."

Andrew spontaneously articulated how it really was highly likely that his wanting to incorporate the mass and bulk of men was a compensation for the feeling of emptiness he felt inside himself with regard to his own male identity as he was growing up.

He recalled that from age 16 when his full sexual focus became private masturbation to homosexual fantasies, he always felt a kind of depression about himself. Because of the conflict, the shame, and the incredible compulsion he was simultaneously experiencing, this aspect of his life became the total focus for the way he viewed himself.

He recalled that just before he met his wife, he had a chance of actually consummating a homosexual experience. He remembered feeling uncomfortable with himself and not going through with it.

Andrew stated that he has no regret or yearning for having not consummated the act. In fact, he started talking about how he is able to feel aroused while looking at his wife to get excited and have an erection during their foreplay. Even her scent is becoming arousing for him.

He mused towards the end of the session, "I used to feel I would never change. I can't believe how the energy behind my lustful feeling dropped during the last few weeks. Do I dare to hope? Do I?"

He and men like him can only hope if there are therapists who offer them a legitimate choice. We do, and I thank God for that. ■

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**SAME-SEX MATTERS:  
THE CHALLENGE OF HOMOSEXUALITY**

Edited By Christopher Wolfe (Spence Publishing, 2000)

*Reviewed by Joseph Nicolosi, Ph.D.*

This is the second of two volumes edited by Christopher Wolfe, the first volume being *Homosexuality and American Public Life*.

The purpose of this volume, Wolfe explains, is to "advance an understanding of the truth about homosexuality, so that we may respond intelligently, prudently, and compassionately to current efforts to legitimize homosexual acts."

The philosophical stance of both these volumes is essentially Catholic. That is, the authors take the position that same-sex attractions are fundamentally disordered, and that homosexual acts are intrinsically immoral. But more than a narrowly theological document, this is an important collection of the work of social scientists, religious leaders, educators, political analysts and cultural observers.

The book's contributors agree with Wolfe that we are in the midst of an enormous cultural struggle over homosexuality.

**Arguments Support Intuitive Knowledge**

Wolfe believes that while many Americans privately consider homosexuality a disorder, some for religious and some for intuitive reasons ("it just doesn't seem right"), still, relatively few of those individuals are actually able to defend their position. The book succeeds in providing arguments from a variety of perspectives.

For example, in the chapter, "A Rhetoric of Hope," Lawrence Burtoft offers a fascinating historical review of the media's inaccurate reporting of scientific evidence. In particular, he details the ongoing misreporting by the media and scientific distortion that have promoted the idea that homosexuality is biologically predetermined. The result, of course, is that most Americans have now accepted the myth advanced by gay activism that homosexuals are born that way and cannot change. This misinformation must be countered, Burtoft argues.



In its place must be the declaration that homosexuality is potentially preventable and also treatable, regardless of the factors which led the individual into it. Further, even in those cases where there may be biological factors creating a predisposition to gender-identity distortion, the moral status of homosexual activity would remain unchanged.

**"Born that Way" Doesn't Mean  
"Designed that Way"**

Similarly, we do not condone drinking by some people because they suffer with an alcoholism gene, or violence by people born with an aggression gene, or social withdrawal by people born with a shyness gene, or obesity for those born with a gene which makes weight loss unusu-

ally difficult.

Christopher Wolfe's book offers an impressive collection of essays that counter the misinformation promoted by the popular media, and it boldly confronts the most fundamental misunderstandings about the nature of homosexuality. It then proceeds to offer a reasoned societal response.

Film critic and author Michael Medved explains why we now have such a flood of gay material in the popular media. In Hollywood, he says, one is required to be gay approving or else be labeled homophobic, and the burden of proof that one is *not* homophobic rests with each individual, forcing producers to promote gay characters that are almost uniformly (and unrealistically) positive.

Medved has been able to identify three strategies of gay activism in the media:

- to desensitize the public and normalize homosexuality;
- to emphasize gay victim status, and
- to demonize defenders of the traditional family.

He offers an effective counter-strategy. "Can we win this argument?" he asks. The answer is yes, he assures us, by returning to our fundamental commitments to family and faith.

### Ex-Gays Offer Powerful Testimony

Next, reviewing the pop-cultural landscape, Robert Knight concludes that the strongest threat to the gay-rights movement is the ex-gay movement. This movement directly confronts the untruth that "homosexuals are so different from the rest of us that they are exempt from natural law," (that is, designed differently by God), or the opposite distortion—that they are "so warped by sin that they are unqualified for salvation and spiritual renewal" (so that change is an impossibility).

Next, Robert Louis Wilkin takes apart the revisionist scholarship of the very influential homosexual apologist, the Rev. John Boswell. Wilkin argues effectively against Boswell's representations of Christian practice and history. Boswell's work has received lavish praise from many religious leaders and has been widely used as theological justification for the blessing of same-sex partnerships.

### Judaism Does Not Recognize a "Gay Identity"

Rabbi Barry Freundel offers a brief but insightful review in his chapter on homosexuality and Judaism. "What is Judaism's view of the homosexual individual?" he asks. "I contend that the only appropriate answer to this question is that there is no such individual." Judaism rejects the idea that homosexuality is an acceptable alternative lifestyle, but rather sees the homosexually oriented person as someone who has not yet achieved his full potential as a human being.

"It is hard to imagine Jewish thought accepting the premise," he says, "that sexual desires and activities provide grounds by which to define an individual's place in the community...We are told in the Talmud that G-d does not play tricks on his creations, particularly in the area of sexuality. Therefore it would follow that G-d would provide some means to change, for those individuals who are motivated to do so."

Then, Bishop Fabian Bruskewitz presents homosexuality from the perspective of Catholic doctrine. Father John Harvey, founder of the Catholic ministry Courage, describes his work as head of the only orthodox Catholic outreach established for struggling men and women. Father Harvey, it should be noted, continues to face entrenched opposition to his ministry from many Catholic bishops in this country.

Jane Boyer tells us of her former lesbian life and her faith-based healing. "Lesbian love is a counterfeit, a lie," she says. "It never satisfied, it never filled. It only left me craving. The love of Jesus satisfies. This man Jesus I could trust."

Mary Beth Style, former Vice President of the National Council for adoption, says that adoption policy has been distorted by a focus on the desires of potential parents instead of prioritizing the rights of the child. She believes adoption policy should recognize that heterosexual marriage is the norm that best serves the child's interests.

### Should Sexual Freedom Trump National Security?

Former Army Major Melissa Wells-Petry explains that the military has been weakened by a focus on radical sexual individualism. Military readiness is undermined when the individual's personal desires are placed above the military mission. We must recognize that the military is a unique society which is required to operate by relatively restrictive rules that can leave no room for sexual license.

In the book's afterword, editor Christopher Wolfe discusses the labels "bigotry" and "intolerance" and their deployment as rhetorical weapons. Gay activists have successfully promoted the idea that to oppose the normalization of homosexuality in society is to create an atmosphere of hatred and violence.

The contributors to *Same-Sex Matters* provide a compassionate but uncompromising reply to gay activism. ■

## No Basis: What the Studies Don't Tell Us About Same-Sex Parenting,

by Robert Lerner, Ph.D. and Althea Nagai, Ph.D.

(2001, Published by Marriage Law Project, Ethics and Public Policy Center, 1015 Fifteenth Street NW, Suite 900, Washington, D.C. 20005)

This important new book poses a long-overdue challenge to flood of studies—often conducted by researchers who are themselves gay or lesbian, and funded by gay-friendly foundations—which are, despite their questionable experimental design, now having a dramatic impact on law and public policy.

Lerner and Nagai tackle the painstaking (and indeed, professionally risky) job of taking apart those studies. They look at them one by one to expose the flaws in sampling, design and conclusions which have led U.S. and other courts to change marriage, child custody and adoption laws.

The American Psychological Association has stated that there is no evidence of difference in social and psychological adjustment between children raised in gay households and those raised with heterosexual parents. Other professional groups have followed suit, urging that gay marriage and adoption be legalized. The American Academy of Pediatrics is the most recent association to weigh in in favor of gay adoption.

But is the conclusion of “no difference” between homosexual and heterosexual households indeed warranted?

Robert Lerner, Ph.D., and Althea Nagai, Ph.D., professionals in the field of quantitative analysis, evaluated 49 empirical studies on same-sex parenting. They found at least one “fatal” research flaw in all forty-nine studies. Some major problems uncovered in those studies including: the following:

- Unclear hypotheses and research designs
- Missing or inadequate comparison groups
- Self-constructed, unreliable and invalid measurements
- Non-random samples, including use of “friendship circles” (participants who recruit other participants)
- Samples too small to yield meaningful results
- Missing or inadequate statistical analysis

It is now routinely asserted in our courts, legal and social science journals, and the media that it makes “no difference” whether a child has a mother and a father, two fathers, or two mothers. Reference is often made to social-scientific studies that are claimed to have “demonstrated” this conclusively.

In a foreword to *No Basis*, David Orgon Coolidge Director, of the Marriage Law Project in Washington, D.C., explains that the book project was undertaken by the authors “at the



risk of damaging their professional and academic reputations.” They have not only analyzed the flaws in the current studies, but they have proposed a better way to accurately evaluate homosexual parenting.

Dr. Coolidge describes how he first became interested in analyzing this body of research:

“I first saw the need for such an evaluation back in 1996, in Honolulu, Hawaii. I sat through two weeks of testimony in the same-sex ‘marriage’ case, *Baehr v. Miike*. Almost all of the testimony was by social scientists. It raised questions I could not shake.

“Many of those questions are larger ones, such as how science and morality relate. But other questions were more straightforward: Are these studies well-done by normal standards? Should journals publish them? Should policymakers rely on them?”

Coolidge discovered that although the studies are remarkably flawed, yet “the fact of the matter is that many people, including policymakers, are relying upon these studies in litigation, legislation, scholarly writing, and in the larger public debate.”

### Social Scientists as Gay Advocates

Lerner and Nagai uncovered another very troubling fact about this body of research: the social scientists conducting these studies are rarely ever neutral about the results they hope to find:

“With one exception, the authors of these studies wish to influence public policy to support same-sex marriage and the adoption of children by homosexual couples. While the authors of these studies have every right to advocate this point of view, as do those who disagree with them, their wish means that the stakes in obtaining valid answers to these research questions are very high.”

The studies’ findings are indeed provocative, Lerner and Nagai say, but they are not strong enough to justify dramatic alterations in long-established public policies. To justify changes in public policy, studies should be strong enough that “policy makers have faith in the study’s reliability, and confidence that more research is unlikely to overturn its findings.” Relying on the wrong studies, the authors conclude, could have devastating social consequences. ■

## “Say it Ain’t So, Charles”—

### *The Normalization of the Sexual Exploitation of Children*

by Benzion Sorotzkin, Psy.D.

Heinz Kohut, a past president of the American Psychoanalytic Association, founded the school of Self Psychology, which has become increasingly prevalent on the American psychotherapy scene.

A biography of Kohut was recently published by Charles B. Strozier<sup>1</sup>, a professor of history at John Jay College and the Graduate Center at the City University of New York (CUNY). Strozier is also a training and supervising psychoanalyst.

In discussing Kohut’s childhood years, Strozier describes the classic triadic family relationship that research has associated with the development of homosexual feelings.

According to Strozier, Kohut’s father was distant, uninvolved and unfaithful to his wife. His mother Else, in contrast, was “extraordinarily involved” in all details of Kohut’s life, with his

“body...mind and soul.... [S]he regularly searched for any blemish on his skin...Else refused to allow a separation between herself and her adored son.... She... seldom let him out of her sight [and] could not even stand to let him go to school... Whenever he attempted something independent, especially in the direction of maleness... it evoked her icy withdrawal from him...”

Kohut’s mother engaged a private tutor to be a father figure for “his intensely lonely charge.” This tutor, who was a young man somewhere between 19 and 23 years of age, sexually seduced 11-year-old Heinz. This sexualized relationship continued for a number of years.

Strozier tells us about Kohut’s “frequent... addictive masturbation accompanied by masochistic fantasies,” and presents considerable evidence of lifelong homosexual inclinations and perhaps even a homosexual relationship in adulthood when Kohut was married.

How does Strozier explain Kohut’s experience with his tutor?

“By current standards, what went on sexually between Heinz and [his tutor] can only be defined legally as



*Benzion Sorotzkin, Psy.D.*

childhood sexual abuse.... If such a seduction of a prepubertal boy by a man around 20 or older were to occur in contemporary America... the man would most likely be punished and possibly be incarcerated. It is called pedophilia.

“It may be that Kohut [who minimized the exploitative nature of his tutor’s actions] was deluded about the nature of his own victimization and confused about the way tender feelings are often an integral part of exploitation.” [pp. 25-26]

Does Strozier then go on to condemn this sexual abuse of a vulnerable child? No!

Instead, he reinforces Kohut’s own rationalization and his minimization of the significance of this exploitation:

“But we also need to take seriously Kohut’s own interpretation. [He] insisted that sexuality had not been prominent: it was an affectionate relationship.... What mattered in their relationship was the empathy and affection. It seems a reasonable argument.

“This is not to defend child abuse, which is abhorrent. **But it may well be that our sense of the exploitation of children has become too ideological and leads us to miss the subtlety of love and connection that can arise even in deeply unequal relationships.**” [p. 26, emphasis added]

While Strozier may claim that he is not defending child abuse, it is impossible to logically interpret his apologetic comments in any other way.

#### “Unharméd” Children May Repeat the Molest

Lest we underestimate the social harm of minimizing the damage inflicted by childhood sexual abuse, it is important to recall the work of Freda Briggs<sup>2</sup>. In her extensive research on male child molesters, she found that the major factor that predicted victims of childhood abuse becoming offenders themselves was their downplaying of the harm caused by their molester:

“[M]en who normalize their own experience of sexual abuse, may be more likely than other victims to perpetuate the abuse.... Ryan (1989) has suggested that

*continued*

repression of the traumatic aspects and acceptance of the pleasurable aspects of sexual abuse [often leads] to victims defending against the effects of their own abuse...

"...perpetrators who discounted the effects of abuse on their own lives also discounted the damage they did to other children; they rationalized that boys liked and wanted what they did to them..." [pp. 231-232]

By downplaying the harm done to Kohut by his tutor's molestation, Strozier is contributing to the type of attitudes that make childhood sexual molestation more acceptable and excusable for those predisposed to such deviant behavior.<sup>3</sup>

Perhaps NARTH could encourage child advocacy groups to urge Strozier and his publisher to retract these damag-

ing and harmful statements.

## Endnotes

- (1) Strozier, C.B. (2001). *Heinz Kohut: The Making of a Psychoanalyst*. NY: Farrar, Straus and Giroux.
- (2) Briggs, F. & Hawkins, R.M.F. (1996). A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be nonoffenders. *Child Abuse & Neglect*, 20, 221-233. See also, Briggs, F. (1995) *From Victim to Offender: How Child Sexual Abuse Victims Become Offenders*. Australia: Allen and Unwin.
- (3) See also Sorotzkin, B. (2002). The denial of history: Clinical implications of the denial of abuse. *The Journal of Psychohistory*, in press, and Ondersma et al. (2001) Sex with children is abuse, *Psychological Bulletin*, 127, 707-714.

## NARTH Notes

### New Study Refutes Prior Claim That Pedophilia Results in Little or No Harm

The American Psychological Association has published in its *Psychological Bulletin*, a new study which examines and refutes a study published in the same journal in 1998 which found that child sexual abuse is not necessarily harmful for children.

The new study in the November issue of the *Psychological Bulletin* reveals numerous problems in the 1998 Rind, et al study. Among other criticisms, the authors of the new article say the Rind report misrepresented data.

Cybercast News Service (CNS) reported that Joyanna Silberg, Ph.D., co-author of the new Rind study critique, said Rind's conclusion that most men did not suffer negative effects from childhood sexual abuse is in fact not supported by Rind's own data.

Silberg, a child psychologist at Sheppard Pratt Hospital in Baltimore, Md., said Rind "failed to note that the men's subjective perceptions did not correlate with their results on objective measure." For example, compared to their non-abused peers, more than twice as many abused men said they had used illegal drugs, three times as many had sought therapy for emotional problems and five times as many said they had attempted suicide, reports CNS.

The November issue of the APA publication also carried an article by Rind, et al. In that article, the authors—Bruce Rind, Phillip Tromovitch and Robert Bauserman—defended their explosive 1998 study against Silberg's criticisms.

The 1998 study was hailed by pedophilia groups such as the

North American Man/Boy Love Association (NAMBLA) and has been used in defense of pedophiles in court cases. Stephanie J. Dallam of the Leadership Council for Mental Health, Justice and the Media, was a co-author of the study critiquing the Rind report. She noted that the Rind study was used by an Arizona elementary school teacher who was convicted of abusing young boys as grounds to argue for a reduced sentence.

--Dallam, S., A. Cepeda-Benito, Kraemer, D. Gleaves, J. Silberg and D. Spiegel, "The Effects of Child Sexual Abuse: Comment on Rind, Tromovitch, and Bauserman" (1998), *Psychological Bulletin*, 127, No. 6, 715-733.

## Hate Crimes Laws: Do They Criminalize Some Views of Right and Wrong?

(Reprinted by permission from a newsletter issued by Traditional Values Coalition; by Andrea Lafferty, Executive Director)

Napoleon, the dictator pig in Orwell's "Animal Farm" would surely squeal with approval of Ted Kennedy's hate crime bill (S. 625), which passed out of the Senate Judiciary Committee by a 12-7 vote.

Napoleon would be pleased with Kennedy's bill because it will centralize more police power in the federal government and fulfill every dictator's dream of punishing his enemies and rewarding those loyal to him.

In "Animal Farm," Napoleon posted "The Seven Commandments" of "Animalism" on the side of a big barn. One of those commandments stated that "All Animals Are Equal." Later in the story, however, six of the commandments were painted over as Napoleon consolidated his dictatorial powers.

Finally, only one commandment remained, but it had been rewritten. It now stated that "All Animals Are Equal, But Some Animals Are More Equal Than Others."

This is the essence of all hate crime laws. These laws create a two-tiered system of justice where some "victims" are more equal than others under the law. If a group of individuals—like homosexuals—can obtain victim status under hate crime laws, they become a protected class that receives greater protections than the rest of us. This is unjust. As "National Journal" editor Michael Kelly observed several years ago, "Hate crime laws require the

state to treat one physical assault differently from the way it would treat another—solely because the state has decided that one motivation for assaulting a person is more heinous than another."

Hate crime laws are being promoted by politically-motivated special interest groups that have a vested interest in punishing their opponents for their actions, speech, and thoughts. Along with hate-crime laws, come laws against so-called "hate speech." In California, teachers are urged to monitor "hate motivated incidents." The ultimate goal of those who pass hate crime laws is to silence all opposition to their political agendas.

Scholars James B. Jacobs and Kimberly Potter clearly see the dangers of hate crime laws as a threat to freedom of thought and speech. Writing in "Hate Crimes: Criminal Law & Identity Politics," the authors observe that hate crime laws are really not about hate at all, but about criminalizing a person's beliefs about right and wrong.

Educator Jonathan Kozol notes that hate crime laws are futile in the long run. We cannot rebuild society by legislative penalties for insensitive acts and utterances."

*U.S. News & World Report* columnist John Leo agrees. He writes: "Equal protection should mean one law for all, pursued evenhandedly regardless of our differences, not separate laws invented because of them."

TVC is urging the defeat of unjust hate-crimes legislation. We must not allow our justice system to be subverted by special interest groups intent on punishing their political opponents by using hate crime laws as weapons of suppression.

While such laws may please authoritarians like Napoleon, they should be feared by those who love freedom of speech and conscience.

## New Book on Fathers

— Reviewed by Joseph Nicolosi

Psychoanalyst James Herzog of Harvard Medical School, the author of the insightful book *Father Hunger*, has just written a sequel—*Father Hunger: Explorations with Adults and Children* (2001, The Analytic Press). Sadly, however, Herzog misses a golden opportunity to apply his clinical observations to the homosexual man's search for the emotionally absent father. He connects father hunger to homosexuality in only the most indirect, pseudo-sort of manner. Addressing homoerotic overtones as merely suggestive of the homosexual client's thoughts and feelings, Herzog never directly connects the son's longing for his father's love to the later development of same-sex attractions. Herzog comes so close—yet remains so far.

Why does he shy away from the obvious? It is as if homosexuality were a mere biologically based phenomenon which was beyond his understanding. After twenty years

of developing his concept of father hunger—a theme so central to reparative therapy—he misses a golden opportunity to apply and develop his important theory.

### ● **Homosexuality May Get You a College Scholarship**

Need money for college tuition? A group of employees from telecommunications giant AT&T will help pay the bills of students who identify themselves as homosexuals, says a report from CNSNews.com ("Homosexuality Is Key to Some College Scholarships," by Michael L. Betsch, January 21, 2002). The report explains:

"Grades and extra-curricular activities don't count as much as sexual orientation for this type of financial help. The scholarship comes from the AT&T Foundation's LEAGUE, which is an acronym for Lesbian, Bisexual, Gay & Transgendered United Employees.

"And for those homosexual students who have demonstrated leadership in promoting diversity and understanding in the community, the LEAGUE Foundation offers a \$2,500 scholarship dedicated to the memory of Matthew Shepard, whom it considers a model of courage."

But, said Family Research Council's Kristin Hansen, "It's sad that teenagers are being deceived about sexuality and recruited into a lifestyle that is unhealthy and immoral." Hansen said LEAGUE's scholarship offering is just another example of incentives encouraging behavior. "And if there's money available," she added, "it legitimizes a behavior."

### ● **HRC-Sponsored Conference Features Breast-Removal Workshops**

*The Americans for Truth Pressroom ([www.americansfortruth.com](http://www.americansfortruth.com)) carried the following report written by Peter LaBarbera, reprinted by permission.*

A "female to male" "transgender" conference attended in February 2002 by hundreds of young women, including teenagers, featured show-and-tell breast-removal workshops for females trying to be "men," and an invitation to a sexual "play party" at a sadistic nightclub here in Washington, D.C.

The "True Spirit 2002" conference was sponsored by the Human Rights Campaign, the world's leading homosexual organization. When challenged last week on national television

about supporting the conference, Wayne Besen, a spokesman for the group, said he was "proud" of HRC's sponsorship. The True Spirit conference also included a panel on "How to Do S&M [Sadomasochism]" and one devoted to "polyamory," an activist term for multiple-partner sexual unions. There were several "polyamorous" speakers at True Spirit. The blurb for that workshop reads in part "Polyamory can work, if you do it right, we promise!"

### ● **Is "Dear Abby" Starting to Change Her Views?**

Perhaps in reaction to the widely publicized Spitzer study, columnist Abigail Van Buren has recently changed her longtime message of "once gay, always gay." Abby has been an outspoken activist promoting the "born that way" myth, the idea of absolute unchangeability of sexual attractions, and the insistence that even *unwanted* homosexuality is inevitably "who a person really is."

In a syndicated column published January 18, 2002 in the *Milwaukee Journal Sentinel*, Abby wrote, "Some therapists insist that if a homosexual is sufficiently motivated, he or she can become 'straight' again. Maybe so, but the chances are slim."

Said NARTH's Joseph Nicolosi, "After ten years of influencing public opinion in the opposite direction, Abby's concession indicates a small but significant measure of cultural shift. Always militant in her uncompromising stance, Abby's reappraisal marks a trend we consider to be a harbinger of the cultural future."



## Bringing Accurate Information to College Campuses

By John J. McCartney, Jr.

*A NARTH member describes his bold attempt to reach university students.*

Much is said these days about the gay activism at our colleges and universities. Recognizing this, a group called Heterosexuals Organized for a Moral Environment, (HOME) was started by Wayne Lela of Downers Grove, Illinois. Wayne recruited friends interested in public-opinion formation to help him do something to counter the promotion of gay activism on college campuses.

All of us (and I'm one such friend) have taken to heart Ayn Rand's dictum about the necessity of intellectually challenging the absurd—lest it, by default, become accepted as the norm.



*John J. McCartney, Jr. with wife Connie*

HOME goes about getting a campus information table through following a simple procedure. First, we contact the student activities office and request an application for an information table; we submit it, together with specimens of the material we will be offering. Second, we negotiate distribution dates—usually two a year. Third, we appear on the agreed-upon dates and begin answering student questions.

Our team sets up an information table on campus, identifying ourselves with a banner reading "The Uncensored Truth About Homosexuality." We proceed to offer material on gay issues, as well as an opportunity for passersby to question us—parrying whatever unfriendly comments which come our way. Surprisingly, our experience has been that faculty members actually outdo students in unfriendliness.

Although we have had only a few incidents which I will describe later, we've learned that it's wise to ascertain the location of the security director's office just in case we're assaulted by extreme verbal abuse.

If I'm giving the impression that all overtures to the student activities office will result in quick access to the students and faculty, this would be misleading—they won't. At one community college, we were led to believe that we had gained permission, so we set up a table. But upon the complaint of an "offended" student, a male, we were speedily escorted off campus by a security officer.

Attempts to clarify our future status on campus were fruit-

less, so we sought legal counsel from The Rutherford Institute, which advised us to directly challenge that particular college's stonewalling. So we went on campus at the next opportunity, distributed material, were questioned by security officers, and then in ten minutes, were provided with a table. The school's attorney (their resident legal officer) was heard saying, "I know a test when I see one!" This confirmed our belief that unless we forced the issue, we would never be permitted to take part in that college's limited public forum, even though the Constitution guarantees such access.

Should any NARTH members want to set up a similar information booth to correct the false notions about homosexuality abounding on college campuses, they should ask for a legal briefing from either of two institutions: The Rutherford Institute, Box 7482, Charlottesville, VA 22906-7482, or The American Center for Law and Justice, Box 64429, Virginia Beach, VA 23467.

Once public institutions allow an information/advocacy speaker access to students, they cannot arbitrarily refuse similar groups. The institutions know this, but they bank on organizations not knowing it. However, when they get a letter from an attorney, they then realize an applicant knows his rights and intends to exercise them. For a most helpful manual offering step-by-step guidance in gaining access to educational institutions, contact Family First, Inc. Box 260131, Littleton, CO 80163, and ask for "A Parent's Manual to the Homosexual Agenda in Public Education." A call to (303) 471-8067 will get the current price and shipping cost.

We are often asked, "What type of material do you distribute to stimulate discussion?" As a rule, we have available three pieces: one sheet is devoted to the health risks associated with homosexual behavior. A second deals with causes of homosexuality, life expectancy, domestic violence, and relationship stability. It also addresses income, education, and occupational status of homosexuals, specifically because those three categories form the legal grounds for the addition of new anti-discrimination laws—and we point out that because all of these categories are above the national average, there is no legal basis for singling out homosexuals as a special protected class. We also point out

the impact on our culture due to the tragic loss of talented Americans because of the AIDS epidemic. The third piece is NARTH's "Myths" brochure.

Most important, we strive to be informative, but not provocative.

Have we had many tense moments? Generally, our reception has been far less hostile than one might expect, although we have had some problems. University faculty and students are usually more hostile than those at community colleges. At one university, a male student showing off for his lesbian friends yanked our cloth, materials, and coffee off our table and then ran off into the crowd.

At another state university, Wayne, working alone, was surrounded by not-so-gay activists who destroyed his materials, and verbally harassed him to the point where five campus police officers were required to protect him as he exercised his First Amendment right to free speech in—ironically—the university's Free Speech Zone!

At a private (church-sponsored) college outside Chicago, an angry woman who identified herself as a lesbian dumped toilet tissue on our table to symbolize what she thought of our message.

At the same church-sponsored school, an elegantly dressed female instructor shouted repeatedly, "You should not be here!" and began circling the ring of potted palms next to our table. While doing so she shouted over and over, "I'm offended, I'm so offended!" Quite an example of *professorial gravitas*.

### Student Journalists Distort Story

At one community college we were interviewed by the newspaper's reporters—two young journalism students—who seemed absolutely astonished that political incorrectness should have actually gained admittance to the campus. They followed up their interview with a sharply slanted article which was published in the student newspaper—complete with the obligatory cartoon which likened us to Hitler. This prompted Linda Nicolosi to contact the paper's faculty sponsor; she reminded this professor that he was paid to teach objective reporting, not sophomoric defamation. The unfair and inaccurate references to the NARTH brochures we were distributing, and to reparative therapy in general, fired her righteous anger.

Our next visit to the same college showed that the journalism department must have gotten her message: this time, no reporters, no articles, no cartoons.

If Wayne and I were to record the crude remarks from students and faculty (many, especially, from faculty) we'd have an interesting collection. Among the uncivil remarks: "Why the hell don't you guys go get laid and quit obsessing about what we're doing?" "Why don't you both get a job instead of hanging around this campus?"

### We Just Keep Going

We've also had the full range of obscenities directed at our table at times, but everything considered, we have met much less hostility than we expected at the start. Our quixotic spirit hasn't waned in the least!

Some further advice: we find community (two-year) colleges more receptive to our message than universities. It seems that intolerance and incivility generally increase in direct proportion to "higher" education.

We always discourage any comments by the rare student who—taking our position to the ugly extreme—voices a "Rev. Fred Phelps attitude," by condemning and insulting homosexually oriented individuals. We make it very clear that we are presenting factual information about behavior and not encouraging hostility toward persons. We mean our critique to be taken in the same spirit of a critique on smoking—we focus on the behavior, not the individual, by pointing out the toll it takes in health and lives. They are not smoker-bashing, and we are not gay-bashing.

*Bulletin* readers who would like to set up a college information table will experience some trepidation and, inevitably, frustration—but they should keep in mind that their very presence, as well as the truth they offer, can actually break the spell cast over our nation's younger generation by the incessant gay-activist propaganda of misrepresentation and half-truths. Breaking the one-sided stranglehold on information is a great service to both students and faculty—particularly to those young men and women struggling with same-sex attraction—and for those who are open to listening, the information we offer benefits body, mind, and spirit.

Those desiring more information should contact Wayne Lela, HOME, P.O. Box 711, Downers Grove, IL 60515. ■



Review:

## “Take Back The Schools!” Handbook for California Parents

by Nikki Erickson

The latest addition to NARTH’s Irving Bieber Memorial Library is a handbook by Scott Lively entitled, “Take Back the Schools.” While aimed at the laws governing the State of California and geared primarily toward Christian parents, this handbook is filled with useful suggestions for all parents on how to limit homosexual activism in public education, while restoring a family-friendly climate for schoolchildren.

The first chapter includes a checklist on community activism and explains in great detail how to start a parent’s rights group. It then goes on to outline a strategy that will enable the parent’s group to establish a plan of action to stop gay activism in the schools. By insisting on fairness, freedom of speech, and equal time, Mr. Lively provides step-by-step instructions on how to transform the school district’s policy.

The next two chapters focus on opportunities for service in the local schools, including sponsorship of pro-family or Christian clubs for interested students on campus.

Chapter 4 covers the School District-based “Insiders Alliance” approach. The purpose of an “insider alliance” is to identify allies within the school system; once they are known, support can be obtained for a like-minded group before it is publicly announced. The pamphlet goes on to explain how to form a pro-family Association and how to restore a family-friendly climate for schoolchildren.

### The “Argument From Design” Resonates with Secularists as Well as Religionists

This chapter also introduces the concept of “teleologism”—a term which is derived from Aristotle’s philosophy of teleology which teaches that the purpose of things can be known from their design and function. Teleologism is the non-religious, pro-family philosophy which offers a legally viable alternative to secular humanism as a way of understanding the homosexual issue—i.e., “normality is that which functions according to its design.”



*Take Back the Schools* provides practical advice and instruction for anyone interested in resisting the pro-gay agenda in the public schools. Each chapter offers numerous helpful forms and/or resources for further information. There is an entire chapter (Chapter 5) devoted to “How to Win a School Board Election.”

Chapter 6 rounds out the “resources available” section by listing the names and contact information for newsletters, manuals, tapes, videos, CDs, scientific papers/articles, books, web sites from a pro-family perspective, as well as the web sites of homosexual activism to monitor.

### Determination and Persistence Win the Day

A reading of *Take Back the Schools* indicates that taking back the schools is not an easy task. It is a great deal of work that will only bear fruit if undertaken by persons with enormous determination and dedication to the cause. Still, Mr. Lively has laid out in detail the steps necessary to fulfill that ambitious goal.

To order a copy, contact Abiding Truth Ministries, 916-676-1057, or [www.abidingtruth.com](http://www.abidingtruth.com). ■

### NARTH Celebrates 10-Year Anniversary

In March 2002, NARTH marked ten years since its beginning as a three-man organization. Since then, we have gained one thousand members, published two research studies, held several national conferences, provided thousands of individuals with scientific information, and challenged the mainstream mental-health associations on a variety of important clinical and scientific issues.

is an unavoidable result of male-with-male sex—not to mention the increased rates of alcoholism, drug abuse, depression, suicide and other maladies that so often accompany a homosexual lifestyle?<sup>5</sup> People with this whole cluster of behavior patterns are somehow “normal”?

My primary question is: *why isn't homosexuality considered a disorder on the basis of its medical consequences alone?* Dr. Satinover and others have made a solid case for why homosexuality parallels alcoholism as an unhealthy addiction. It should have a parallel diagnosis.

There is a lot of literature, including on the NARTH website, discussing the 1973 removal of homosexuality as a diagnosis. The arguments against the change in diagnosis seem to center around “societal standards,” moral relativism, “subjective distress” of the client, and whether or not there is an objective standard for “psychological” normalcy (for instance, the debate between Joseph Nicolosi and Dr. Michael Wertheimer in *A Clash In Worldviews: An Interview with Dr. Michael Wertheimer*).

### Homosexuality as a Public Health Issue

While these considerations are important, it seems like we can set aside, for the moment, the debate on whether homosexuality should be classified as a developmental disorder. Very simply, it seems, an objective person *just looking at homosexuality's lifestyle consequences* would have to classify it as some kind of pathology. Does it or does it not lead to a dramatically shortened lifespan? Studies say it does, by as much as 40%; the Cameron study being only one of many other studies that suggest this.<sup>6</sup>

Taken together, these studies establish that homosexuality is more deadly than smoking, alcoholism, or drug addiction. However, it appears that far too few physicians or other professionals are making arguments in favor of a homosexuality as a diagnosis based on its adverse health consequences.

While doing research into the history of the 1973 decision to remove homosexuality from the diagnostic manual of disorders, I have been shocked to find out the specious reasoning upon which the decision was based, and that qualified physicians have allowed the decision to stand.

On Feb. 5, 2002, I corresponded by e-mail with Dr. Robert Spitzer of the APA and asked him to send me references for the position papers and studies upon which his committee based its decision to remove the diagnosis. He told me to read Ron Bayer's book,<sup>vii</sup> the “closest thing to a position paper” (*American Journal of Psychiatry*, 130:11, 1207-1216), and he said, “There was no specific list of references, but what was influential too was the Evelyn Hooker Rorshach study and the Eli Robins community study.”<sup>8</sup>

There are many published criticisms of the Hooker study—how respondents were specifically selected rather than at random, and other methodological limitations.<sup>9</sup> Dr. Charles Socarides, who was also on the Task Force on Nomenclature, informs us also that Spitzer was influenced by the Kinsey Report, which was recognized as early as 1976 by “social progressives” like Prof. Paul Robinson of Stanford as “a pathetic manifestation of Kinsey's philosophical naivete.. a mechanical contrivance, which...bore little relation to reality,”<sup>10</sup> and since has been discredited by the work of Judith Reisman and others.

It is clear that Dr. Socarides was right when he said that the decision to remove homosexuality as a diagnosis “involved the out-of-hand and peremptory disregard and dismissal not only of hundreds of psychiatric and psychoanalytic research papers and reports, but other serious studies by groups of psychiatrists, psychologists and educators over the past seventy years...”<sup>11</sup>

It appears even more obvious that the Task Force on Nomenclature cavalierly ignored (and the APA's continue to ignore!) the substantial and unambiguous evidence that homosexuality is a life-threatening behavior with an addictive component which has serious health implications.<sup>12</sup>

That the APA's have escaped accountability for their lack of scientific and professional integrity is especially incredible since the advent of the AIDS epidemic. There are currently an estimated 900,000 people in the United States that are infected with the HIV virus, or 1 in 300 Americans. Though there has been a decrease in AIDS deaths per year due to drug therapy, (which costs an average of \$12,000 per patient per year) *the rate of new infections per year* has remained the same, at 40,000, despite the twenty year “safe-sex” campaign.<sup>13</sup>

These facts demonstrate the failure of current policies in containing the AIDS epidemic. While drug therapy will briefly extend the life of these patients, AIDS remains the fifth leading cause of death among those aged 25-44, and 60% of new cases are contracted by men who have sex with men.<sup>14</sup>

According to the Centers for Disease Control (CDC), homosexual men are a thousand times more likely to contract AIDS than the general heterosexual population.<sup>15</sup>

Dr. Satinover has said in an interview with NARTH:

“A recent article in a psychiatric publication informed us that 30% of all 20-year-old homosexual men will be HIV positive or dead by the age of thirty. You would think that the objective, ethical approach would be,

let's use anything that works to try to take these people out of their posture of risk. If it means getting them to wear condoms fine. If it means getting them to give up anal intercourse, fine. If it means getting them to give up homosexuality, fine. But that last intervention is the one intervention that it absolutely taboo.

"There is no doubt that a cold, statistical analysis of this epidemic would lead you to believe that this attitude of political correctness is killing a substantial proportion of these people. I think there is an element of denial, in the psychological sense, of what gay-related illnesses really mean."<sup>16</sup>

It seems to me that the APA's should be aggressively pressed to recognize the facts about the morbidity and mortality directly attributed to homosexuality, or be exposed for the recklessly irresponsible "guardians of the public health" they have become, at least on this issue.

When will doctors and other health care workers demand that officers in the American Psychiatric Association respond to the clear evidence in the following: the book *Homosexuality and the Politics of Truth*; the mortality rates listed in their own "APA's Practical Guidelines for Treating Patients with HIV/AIDS";<sup>17</sup> and other important reports, such as the Monograph put out by the Institute of Sexual Health, *Health Implications of Homosexuality?*<sup>18</sup>

Lest we think that APA officers justify their neglect of medical consequences of homosexuality on the basis that sexual orientation cannot be changed, we note that Robert Spitzer acknowledged in his original 1973 position paper on Nomenclature that "modern methods of treatment enable a significant proportion of homosexuals who wish to change their sexual orientation to do so."<sup>19</sup>

He has now offered further evidence that sexual orientation can be changed with his recent study.<sup>20</sup> We know that changing sexual orientation only became "impossible" in the nineties, as part of a political strategy by gay activists.<sup>21</sup>

Spitzer and his allies' rationale for removing homosexuality as a diagnosis in 1973 was that to be considered a psychiatric disorder, homosexuality—

"must either regularly cause subjective distress, or regularly be associated with some generalized impairment in social effectiveness or functioning....Clearly homosexuality *per se* does not meet the requirements for a psychiatric disorder, since,

as noted above, many are quite satisfied with their sexual orientation and demonstrate no generalized impairment in social effectiveness or functioning." (Spitzer, et.al, p. 1215).

The Task Force's reasoning fails for several reasons. First, even if we grant the validity of their stated criteria (which is questionable), the fact that *many* homosexuals "are satisfied with their sexual orientation," fails to take into account the large number of homosexuals who are *not* "satisfied" with their sexual orientation and who *do* experience "subjective distress and generalized impairment in social functioning." The removal of the diagnosis is not just unfair, but cruel to those who would seek treatment for their condition.

### *The Evidence for "Generalized Impairment"*

Secondly, there are unambiguous reasons to think that homosexuality *per se* does cause "generalized impairment in social effectiveness or functioning." If in fact it is a lethal addiction, and the many studies documenting the behavior patterns of homosexuals are correct (that show compulsive patterns of promiscuity, anonymous sex, sex for money, sex in public places, sex with minors, concomitant drug and alcohol abuse, depression, suicide), for the APA to argue that these features do not constitute an "impairment of social effectiveness or functioning," stretches the boundaries of plausibility. To argue that *early death* does not constitute an "impairment of social effectiveness or functioning" is absurd.

The APA claims its mission is "to promote a bio-psycho-social approach to understanding and caring for patients, in all aspects of health care, including illness prevention" (APA's Strategic Goals Statement). Thus the APA violates its own goals then when it ignores evidence that homosexuality may be preventable, and denies reorientation therapy to those who want it.

A careful reading of the articles opposing reorientation therapy reveals their authors' rationale that they find such therapy to be "oppressive" to those who do not want therapy.<sup>22</sup>

What if this logic was applied to any other lethal illness? What if doctors said, "We refuse to treat cancer (or, say, alcoholism) because we only achieve a 50% cure rate—and many people who don't want to be cured find it oppressive that we do cure the others?" Why wouldn't the lawsuits for malpractice be filed?

We know that Ronald Gold of the Gay Activist's Alliance, an openly gay man, was a member of the committee to remove homosexuality as a diagnosis in 1973. We know that gay activists were disrupting meetings, threatening doctors, and using other strong-arm tactics to get their way at that time.<sup>23</sup>

We also know that homosexual activists like Dr. Richard Isay in the American Psychiatric Association have pressed for resolutions to punish therapists for practicing reorientation therapy, and that threats of lawsuits appear to be the main reason the APA has not implemented his proposals.<sup>24</sup>

We know homosexual advocates in the APA continue to suppress debate about Spitzer's new study offering evidence that sexual orientation can be changed (and to suppress debate about other supporting studies).<sup>25</sup> We also know that active homosexuals such as Clinton Anderson at the American Psychological Association say that NARTH can not be permitted to engage in open debate or to announce its meetings in APA publications simply because APA disagrees with the premises upon which reorientation therapy is based.<sup>26</sup>

For these reasons, I do not think it is far-fetched to use the analogy that the "drunks are running the rehab center," in reference to the APA's—at least as far as homosexuality is concerned. Active homosexuals can hardly be objective about an addictive behavior they engage in themselves. In light of the medical evidence, it seems that the Galenic dictum, "physician heal thyself," should apply, as it did in the past, as Dr. Satinover suggests.<sup>27</sup>

It seems to me the situation in this country will only get worse until the APA is held directly responsible for what is arguably their criminal negligence. In failing to reckon with serious medical consequences of the homosexual behavior pattern, they are harming society as a whole, and especially the upcoming generation.

The recent decision by the American Academy of Pediatrics to endorse gay adoptions is yet another disturbing example of how the decision to "normalize" homosexuality by the APA has had a broad ripple effect. Health professionals especially, should heed Dean Byrd's outcry on the NARTH website that it is time that the American people "insist on truth, not politics, from all of our professional organizations."

What will it take to insist on truth? Lawsuits? Protests? In my opinion, doctors and other health professionals must exert pressure, or share culpability.

What if every member of NARTH, and every person reading this letter sent a copy of it to the president of the American Psychiatric Association and insisted upon a response? Open debate is the least that psychiatrists owe our society—especially those whose lives and loved ones are at risk.

The following is contact information for NARTH members interested in speaking out on this issue.

**American Psychiatric Association**  
President, Richard Harding, M.D.  
[RHarding@Richmed.medpark.sc.edu](mailto:RHarding@Richmed.medpark.sc.edu)

President-Elect, Paul Appelbaum, M.D.  
[appelbap@ummhc.org](mailto:appelbap@ummhc.org)

Or: American Psychiatric Association  
1400 K Street N.W., Washington, DC 20005  
(888) 357-7924 | FAX 202-682-6850 | [apa@psych.org](mailto:apa@psych.org)

### Endnotes

(1) Melonakos, Kathleen, *Saunders Pocket Reference for Nurses*, Philadelphia: Saunders, 1990, (2nd ed.), with Sheryl Michelson, , 1995.

(2) Satinover, Jeffrey, *Homosexuality and the Politics of Truth*, Hamewith/Baker Books, 1996.

(3) For an eye-opening survey of the medical studies and journal reports describing the unhygienic and disease-producing practices of homosexuals, see <http://www.cprmd.org>, "Homosexual Myths—Male Homosexuals are Healthy and Have Normal Sex Lives."

(4) W.E. Owen Jr., "Medical Problems of the Homosexual Adolescent," *Journal of Adolescent Health Care* 6, No.4, July 1985, pp. 278-85.

(5) See O'Leary, Dale, "Recent Studies on Homosexuality and Mental Health," <http://www.narth.com/docs/recent.html>. O'Leary gives a summary of health findings and references for specific studies.

(6) Mr. Trey Kern, President of the Citizen's for Parent Rights, in Pasadena, Maryland has collected an impressive amount data on studies documenting the diminished life-span of active homosexuals. See [www.cprmd.org](http://www.cprmd.org), "Homosexual Myths: Homosexuals Live Long Lives, Fact Sheet. Studies include: G. Tardieu, 1858; M. Hirschfield, 1914, Kinsey, 1930's, 1940's; Mattachine Society, 1950's; Berger, 1960's, Kinsey Institute, 1969; Spada Report 1978; M. Mendola, 1979; Cameron, Playfair, Wellum, 1994; Hogg, R.S., et. al, *International Journal of Epidemiology*, 1997; Cameron, P, Cameron, K, Playfair, WL., *Psychological Reports*, 1998.

*continued*

- (7) Bayer, R. *Homosexuality and American Psychiatry*, Princeton University Press, 1987. Mr. Bayer chronicled the story of how homosexuality was removed as a diagnosis. It confirms that the APA did not officially investigate or study the issue thoroughly before it gave formal approval of the deletion of homosexuality from the DSMII.
- (8) Personal e-mail correspondence with Dr. Spitzer, Feb. 5, 2002.
- (9) Socarides, Charles, W., "Sexual Politics and Scientific Logic: The Issue of Homosexuality," *The Journal of Psychohistory*, 10:3, 1992, p. 309 Dr. Socarides explains that a task force within the APA itself concluded in 1973 that Hooker's study was full of methodological errors, and did not warrant her conclusions. See also, Joseph Nicolosi, "Clash of Worldviews: Interview with Michael Wertheimer," [www.narth.com](http://www.narth.com).
- (10) Socarides, p. 324.
- (11) Socarides, p. 315.
- (12) Spitzer, R.L., et. al, in "Symposium: Should Homosexuality Be in the APA Nomenclature?" *American Journal of Psychiatry*, 130:11, 1973 make no mention whatsoever of any health implications of homosexuality. Also, I asked Dr. Spitzer in an e-mail correspondence April 4, 2001, whether there was any chance the APA might change its policy in light of evidence that sexual orientation can be changed and the negative impact of homosexual practices upon lifespan. He acknowledged nothing about shortened lifespan, but gave a one-sentence reply that said there was no possibility that APA would change its policy on homosexuality at that time.
- (13) "APA's Practical Guidelines for the Treatment of Patients with HIV/AIDS," *Epidemiology, Clinical Features Influencing Treatment*, sections, [www.psych.org/aids/](http://www.psych.org/aids/).
- (14) *Ibid*, Anti-Viral Treatment section.
- (15) *The HIV/AIDS Surveillance Report*, U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Infectious Diseases, Division of HIV/AIDS, January, 1992, p. 9.
- (16) Satinover, Jeffrey, "Reflections: Interview with NARTH," Feb. 5, 2001, <http://www.narth.com/docs/satinover.html>.
- (17) See American Psychiatric Association website, [www.psych.org/aids/](http://www.psych.org/aids/), or obtain bound copy of report available from American Psychiatric Publishing, Inc., 1-800-368-5777, or [www.appi.org](http://www.appi.org).
- (18) Monograph is available from The Institute of Sexual Health, P.O.Box 162306, Austin, TX 78716, ph (512) 328-6268, fax (ph) 538-6269.
- (19) Spitzer, R.L., et. al, "Symposium: Should Homosexuality Be in the APA Nomenclature?" p.1215.
- (20) Spitzer, R.L., "Two Hundred Subjects Who Claim to Have Changed Their Sexual Orientation from Homosexual to Heterosexual," presentation made at the American Psychiatric Association, May 9th, 2001, in New Orleans, available from NYS Psychiatric Institute, New York, NY, 10032, phone (212) 543-5524.
- (21) Rev. Dr. Earle Fox, former president of the chapter of Exodus Intl. whose members picketed the 2000 APA convention to protest the denial of therapy to those who want it (which resulted in Dr. Robert Spitzer's 2001 study on reorientation therapy), tells in "Homosexuality Wrongly a Civil Right," *Delaware State News*, January 13, 2002, how no one was disputing that sexual orientation could be changed until gay activists, Kirk and Madsen, in *After the Ball: How America will Conquer It's Fear and Hatred of Gays in the 90's*, Doubleday, 1989, outlined their plan to convince America gays were "born that way," and "beyond the realm of moral choice," p. 189.
- (22) For an extensive survey of the articles promoting the view opposing reorientation therapy, see Diamond, Eugene, et.al, *Homosexuality and Hope*, the results of a two-year study, published by the Catholic Medical Association, p. 14, obtainable at P.O. Box 757, Pewaukee, WI, 53072 or <http://www.cathmed.org>. Some of the articles quoted are Davison, G., 1982; Gittings, 1973; Begelman, 1975, 1977; Murphy 1992; Sleek 1997; Silverstein, 1972; Smith, 1988. See also, "Psychiatrists Reject Therapy to Alter Gays: Efforts aimed at Turning Homosexuals into Heterosexuals are Harmful, Professional Board Declares, Even for Those Not Being Treated," *Los Angeles Times*, Dec. 12, 1998.
- (23) Socarides, p. 310. See also, Satinover, p. 31-40.
- (24) See Satinover, p. 36,180-182, and Stern, Mark, E, "The Battle Against the A.P.A. Resolution", [www.narth.com, Interviews/Testimonies](http://www.narth.com/Interviews/Testimonies).
- (25) Rev. Dr. Earle Fox, *Delaware State News*, Jan. 13, 2002.
- (26) *NARTH Bulletin*, Vol. 10, No. 3, Dec. 2001, Letter from Clinton W. Anderson to Drs. Nicolosi and Byrd, p. 16.
- (27) Satinover, p. 47. ■