## **Editor's Column**

## Remembering the Is/Ought Distinction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## THE NARTH BULLETIN

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The *NARTH Bulletin* is published three times yearly by the National Association of Research and Therapy of Homosexuality, a non-profit educational association. For information contact NARTH, 16633 Ventura Blvd., Suite 1340, Encino, California 91436, (818) 789-4440.



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