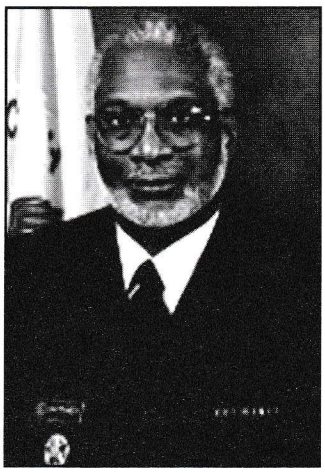
The U.S. Surgeon General's Report on Sexual Health

by Dale O'Leary

(Adapted from an article originally published in HEARTBEAT NEWS #22, JULY 13, 2000)

Last June, Surgeon General David Satcher released his long-awaited report on the nation's sexual health.

The report, titled "The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior," is grounded in the ideology of the sexual liberation movement which has, for the last forty years, dominated sex education in the United States.



Surgeon General David Satcher

The Satcher report was drafted by Eli Coleman, who is a gay activist, outgoing president of the World Association for Sexology, and author of articles describing gay-affirmative therapy with his clients.

In our public and educational policy, the sexual liberationist movement is promoted by SIECUS; Planned Parenthood; the Alan Guttmacher Institute; the heirs of Alfred Kinsey from Indiana University; and by gay activists. Their dominant influence on Surgeon General Satcher's report can be seen in the list of acknowledgments at the end of the report, and in the bibliography of books and articles referenced by the authors.

The ideology of the sexual liberation movement, as reflected in the Satcher report, can be summarized as follows:

1) Each person should feel free to do what they want sexually with any other person, with only one moral restriction—the sex act must be consensual. This is what it means to have "respect for diversity."

2) Any criticism that might make the parties feel guilty or ashamed of their sexual behavior is morally wrong. This is what it means to "stigmatize" people.

3) Religion makes people feel guilty and ashamed of their feelings. Making people feel bad about their lifestyles is "discrimination."

4) The problems experienced by persons who are sexually liberated is due to religious stigmatization. Religious teachings are the motivator for "hate" and its expression in hate crimes.

5) Without in any way inhibiting sexual expression, efforts should be directed toward making sex medically safe. That is, we should focus not on encouraging self-restraint, but on on minimizing the consequences that follow from the person's *lack* of restraint. This is called "responsible sexual behavior."

Dr. Coleman is the Surgeon General's expert on homosexuality (Satcher himself has admitted to having limited knowledge of the subject), so it can be assumed that the following paragraphs in the report were written by Eli Coleman. The section reads as follows:

> "Sexual orientation is usually determined by adolescence, if not earlier (Bell et al, 1981), and there is no valid scientific evidence that sexual orientation can be changed" (Haldeman, 1994; APA, 2000).

Nonetheless, the report says, our culture often stigmatizes homosexual behavior, identity and relationships, and these anti-homosexual attitudes are are said to have a negative impact on mental health, leading to a greater incidence of depression and suicide.

It is true, of course, that many of the world's religions consider same-sex behavior morally wrong, and it is also true that persons who engage in such behavior do suffer from a higher incidence of psychiatric problems. Interestingly, Coleman himself published an article on the treatment of homosexual clients who suffer from depression and suicidality. But his **own** cases do not support the contention that anti-homosexual attitudes were the cause of these problems, as the following examples taken from his article demonstrate:

> "David was a 20-year-old college student who came in for counseling because he was 'depressed.' He told me that he had been 'out of the closet' for two years... he spent every weekend in the gay bars and baths. Most of his contacts with other gays were sexual in nature... Recently , however, he had been quite depressed. He began to doubt whether anyone was interested in him other than for sex." (Coleman 1982)

Coleman treated David's depression as a stage in the developmental 'coming out' process and encouraged him to dismiss his suspicion that his experience in gay bath houses was immature and wrong. Using his authority as a scientific professional to assure David that his moral convictions were in error, Dr. Coleman reports:

> "He began to develop interpersonal skills in the gay community and developed a sense of personal

attractiveness and competence – to work on developmental tasks at the next stage. However, instead of feeling accomplishment, he felt shame. He cognitively construed his behavior as being immature and sinful. It was important for me to help him reconstrue his behavior as a healthy and important step in his growth and development." (Coleman 1982)

There is another interpretation for David's feelings about his experiences in the bathhouses, however—namely that his shame, feelings of immaturity and sinfulness were *reasonable* reactions to his unhealthy behavior. Given the date of the article, one has to wonder if David has in fact survived the AIDS epidemic.

In another case, a client's suicide attempt was interpreted by Coleman as part of a necessary "evolution process." Dr. Coleman said the client needed to learn that **he could not expect sexual faithfulness** within a committed relationship, because mature relationships are based on "freedom":

> "Gary was a 35-year-old graduate student who was referred to me by his physician after a serious suicide attempt. The suicide attempt was prompted by the fact that Gary's lover had left him. This had been Gary's first long-term committed relationship to another man. He went through the 'bar and bath scene' and finally decided that there had to be something more to being gay than that. He met another young man who felt similarly, and they fell in love, after only a few weeks, they decided to move in together. ...
>
> "Gary became suspicious that his lover was seeing another man outside the relationship... [He] discovered that his suspicions were true. He took an overdose of sleeping pills and was found unconscious the next day. He was very disappointed that his suicide attempt did not work. He seriously questioned if relationships could ever work or that he could ever be happy being gay." (Coleman 1982)

According to Coleman:

> "Evolution can take place when gay men and lesbians begin to realize that the enormous expectations, the possessiveness, the lack of trust, all contributed to the breakup of their relationship. They recognize that mature relationships are based on mutual trust and freedom." (Coleman 1982)

In other words, according to Coleman, homosexuals need to accept that their partners are going to cheat on them!

In summary, then, Coleman presents no evidence that the serious psychological problems (depression and suicide) faced by his homosexual clients were caused by outsiders' anti-homosexual attitudes. In contrast, he presents ample evidence that the cause was an understandable inability to accept as "healthy" the sexually liberated behavior common in the gay male community.

If outsiders' "anti-homosexual attitudes" were the cause of negative outcomes among persons engaging in same-sex attitudes, then one would expect to see fewer negative outcomes in counties and cities where these attitudes were less prevalent. But a recent study from the Netherlands (Sandfort 2001) reports that prevalence of a number DSM-III-R Disorders, including mood disorders, anxiety disorders, and substance use disorders, was significantly higher among homosexuals than among heterosexuals—even though, as the authors admit: "Compared to other Western countries, the Dutch social climate toward homosexuality has long been, and remains, considerably more tolerant." (Sandfort 2001)

Sources for the Satcher Report

The paragraph in the Satcher report on homosexuality includes a number of references which give the impression that the assertions are supported by data-driven scientific evidence. Four of the references used in the Surgeon General's Report are analyzed below.

1) **Haldeman, D. (1994) "The Practice and Ethics of Sexual Orientation Conversion Therapy."** ***Journal of Consulting and Clinical Psychology*** **62, 2: 221-227.**

The Haldeman article was used as a reference for the Surgeon General's claim that change of sexual orientation is not possible. Haldeman critiques the literature reporting change of orientation, impugning the integrity of therapists and the honesty of clients who report themselves as changed. Haldeman did no original research. But in 2001, Dr. Robert Spitzer did conduct a survey of men and women who claimed to have experienced change of sexual orientation. He found that while the extreme change of his subjects had been very difficult, the claim that change was *impossible* could not be sustained.

Haldeman thinks—in a very strange twist of reasoning—that *spontaneous* change of orientation does occur in many people, but *therapeutically assisted change* somehow does not. He writes:

> "For many individuals, sexual orientation is a variable construct subject to changes in erotic and affectional preference, as well as changes in social values and political philosophy that may ebb and flow throughout life. For some, 'coming out' may be a process with no true endpoint. Practitioners assessing change in sexual orientation have ignore the complex variation in an individual's

erotic responses and shifts in the social-cultural landscape." (Haldeman 1994)

Haldeman objects to therapy directed toward change because psychotherapeutic approaches to sexual reorientation have been based "on the *a priori* assumption that homoeroticism is an undesirable condition."

But this charge ignores a number of studies in which the therapists proceeded from a neutral point of view as to outcome. We can look to the work of Elaine Siegel, author of *Female Homosexuality: Choice without Volition— A Psychoanalytic Study* (1988). Because of her strong support for feminism, Siegel was asked to provide therapy for several lesbians. When the therapy began, Siegel did not view lesbianism negatively and the goal of therapy was **not** to change the women's sexual orientation. Nevertheless, as the clients addressed underlying conflicts, in many, same-sex attraction disappeared.

Haldeman dismisses the landmark study by Bieber *et al* (1962) for basing outcomes on "subjective therapist impression, not externally validated data or even self-report," and because some of the subjects were probably bisexual. He dismisses other studies because the outcomes were based on "patient self-report," but he offers no proof for his contention that the subjects must have been self-deceived or lying.

Haldeman reports on the early failures associated with religious ministries such as Homosexuals Anonymous and Exodus. He fails to mention that these groups addressed these problems and are still functioning—and that these groups do not claim that change of orientation will ever be *easy*, or even absolutely *complete*. For most people, these groups admit, some temptations will recur throughout their lives.

Haldeman insists "If a cure is offered, then there must be an illness" and that there is no evidence that homosexuality is an illness:

> "Were there properties intrinsic to homosexuality that make it a pathological condition, we would be able to observe and measure them directly. In reality, however, there exists a wide literature indicating just the opposite: that gay men and lesbians do not differ significantly from heterosexual men and women on measures of psychological stability, social or vocational adjustment, or capacity for decision making." (Haldeman 1994)

This conclusion, of course, is outdated. New research — three well designed studies (Herrell 1999, Fergusson 1999, and Sandfort 2001) which have been reported previously by NARTH–conclude that persons classified as homosexual do have a higher prevalence of psychological disorders than heterosexuals.

In contradiction, gay affirming therapists argue both sides of this issue—saying on the one hand that gay men and lesbians have no more problems than heterosexuals, and on the other that gay men and lesbians **do** have many more problems, but they are all caused by societal oppression.

Haldeman's main objection to therapy directed toward change is grounded in his worldview and moral convictions. He quotes T. Murphy (1992):

> "There would be no reorientation techniques, were there no interpretation that homoeroticism is an inferior state, an interpretation that in many ways continues to be medically defined, criminally enforced, socially sanctioned, and religiously justified.
>
> "And it is in this moral interpretation, more than in the reigning medical theory of the day, that all programs of sexual reorientation have their common origins and justifications."

To which Haldeman adds: *"This morality is at work in all aspects of homophobic activity."*

2) **Herek, G. M. (1993) "The Context of Anti-Gay Violence: Notes on Cultural and Psychological Heterosexism," in Garnets L.D., Kimmel, D.C., editors, *Psychological Perspectives on Lesbian and Gay Male Experiences*. NY: Columbia U. Press.**

In this article referenced by the Surgeon General's Report, Herek blames violence against homosexuals on "heterosexism," which he defines as follows:

> "Heterosexism is defined here as an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community. Like racism, sexism, and other ideologies of oppression, heterosexism is manifested both in societal customs and institutions, such as religion and the legal system (referred to here as cultural heterosexism) and in individual attitudes and behaviors (referred to here as psychological heterosexism)... Heterosexism derives in part from cultural negativity toward particular forms of sexuality. " (Herek 1993)

Herek offers as his example of "heterosexism" a psychoanalyst's statement that normal sexuality "should ideally be heterosexual, marital, monogamous, reproductive, and non-commercial. It should be coupled, relational, within the same generation, and occur at home. It should not involve pornography, fetish objects, sex toys of any sort, or roles other than male and female." (Rubin, 1984)

continued

According to Herek, gay sexuality is radically different from Rubin's idea of healthy sexuality. It is "not reproductive by definition, and not marital by status. Many gay relationships are not sexually exclusive. Some homosexual men have staked out 'cruising areas' for sexual behaviors that are semi-public."

It would seem, then, that Herek would not be satisfied that heterosexism was eliminated until there was also an elimination of shame and guilt over promiscuity, anonymous sexual encounters, being treated and treating others as mere sexual objects, public sexual activity, and infidelity. In other words, getting rid of heterosexism—the valuing of heterosexuality over homosexuality—would require a complete overhaul of centuries-old morals and the establishment of a new worldview and value system.

Apparently, there will never be an end to hate crimes until this overhauling has been accomplished:

> "Eradicating heterosexism, therefore, inevitably requires confronting violence against lesbians and gay men. Eliminating anti-gay violence, in turn requires an attack upon heterosexism." (Herek 1993)

It is clear that Herek's goal (and the goal of the Sexual Liberation movement) is for "heterosexism" to be categorized as an "ideology of oppression" —that is, made equivalent to racism.

The only way to eliminate heterosexism would be to force all of the world's major religions—Catholicism, Orthodoxy, Protestantism, Orthodox Judaism, Mormonism, and Islam—to change their theology to accept both gay relationships and non-monagamy as equal to marital relationships. Those religions which did not change their theology would be classified as "stigmatizing" and fostering hate, and their members would be subject to the same sanctions as racists.

> **3) Gonsiorek, J.C. (1982) "The Use of Diagnostic Concepts in Working with Gay and Lesbian Populations," in J.C. Gonsiorek, editor, *Homosexuality and Psychotherapy: A Practitioner's Handbook of Affirmative Models*. NY: Haworth.**

The Surgeon General's report claims that "anti-homosexual attitudes...may have a negative impact on mental health." In support of this claim, it references an article by John Gonsiorek. But what the Gonsiorek article *actually* provides is ample evidence that behavior engaged in by homosexual men is sufficient cause for the problems they experience, as the following quotation demonstrates:

> "Consider the following scenario: A gay man begins to frequent back-room bars, baths, public restrooms, parks or other public places for anonymous sex. He, on occasion, does have anonymous sex, which may be reinforcing and perceived as a boost to self-esteem.
>
> "On another level, it may elicit a variety of guilt and self-recrimination responses if the individual has beliefs that sexuality, or same-sex activity, or some forms of sexual activity in which he has been engaging are wrong, immoral , improper, etc...Also, lack of success at sexual conquest may elicit feelings of poor body image, low self-esteem and others." (Gonsiorek 1982)

Would it not seem reasonable that a person engaging in sex with strangers in public places—risking infection, assault, arrest, or public humiliation—might feel that what he was doing was "wrong, immoral" or at the least "improper"? Wouldn't trying to rationalize this behavior as acceptable put a strain on his psychological health?

> **4) Berrill, K. T. (1992) "Anti-Gay Violence and Victimization in the United States: An Overview," in Herek, G. M., Berrill, K.T., editors, *Hate Crimes: Confronting Violence against Lesbians and Gay Men*. Newbury Park, CA: Sage, pp. 19-45.**

This book is part of massive publicity effort directed toward one end: linking hate crimes committed by hooligans with religious teachings that proscribe sexual activity outside of marriage. The authors do not prove that the hooligans who attack homosexuals outside gay bars spend their spare time reading the Scriptures, or attending religious gatherings. Neither do they offer evidence that people of faith in fact "hate" homosexuals. But by repeating that claim, they plant this idea in the public's mind: homosexuals will be safe *only* if people of faith affirm homosexual behavior.

In fact, it may be that they are trying to convince themselves that what they are doing is acceptable may be an effort to submerge their own serious doubts. In 1994, Ariel Shidlo published the results of a study on "internalized homophobia." He reported that a significant percentage of homosexuals he surveyed held negative attitudes *toward their own homosexuality*.

For example, **53% of homosexuals agreed with the statement "Homosexuality is not as satisfying (good) as heterosexuality,"** while 37% agreed that "Homosexuality is a sexual perversion." (Shidlo 1994)

Is this the voice of individual conscience, recognizing something inherently wrong with gay life? If so, then these men and women are not likely to find peace, even if people of faith are forced to revise their value systems.

The above analysis has dealt with only one paragraph of the Surgeon General's report. The rest is equally flawed. It is not enough for the Bush administration to push the report under the rug and wait for Satcher's term to end.

The entire piece must be exposed and condemned. ■

References

American Psychiatric Association (2000) "Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies." Washington, DC: American Psychiatric Association.

Bell, A.P. et al. (1981) *Sexual Preference: Its Development in Men and Women.* Bloomington, IN: Indiana U. Press.

Berrill, K. T. (1992) "Anti-Gay Violence and Victimization in the United States: An Overview (in Herek, G. M., Berrill, K.T., editors, *Hate Crimes: Confronting Violence against Lesbians and Gay Men.* Newbury Park, CA: Sage, 19-45.

Bieber, I. et al. (1962) *Homosexuality: A Psychoanalytic Study of Male Homosexuals.* NY: Basic.

Coleman, E. (1978) "Toward a New Model of Treatment of Homosexuality: A Review." *Journal of Homosexuality* 3, 4: 345 - 358.

Coleman, E. (1982) "Developmental Stages of the Coming-out Process," in Paul, W., Weinrich, J., Gonsiorek, J., Hotvedt, M. , editors, *Homosexuality: Social, Psychological and Biological Issues. The Final Report of the Society for the Psychological Study of Social Issues Task Force of Sexual Orientation.* Beverly Hills: Sage, 149 -157.

Fergusson, D. et al. (1999) "Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?" *Archives of General Psychiatry.* 56: 876-880.

Gonsiorek, J.C. (1982) "The Use of Diagnostic Concepts in Working with Gay and Lesbian Populations" in Gonsiorek J.C. editor, *Homosexuality and Psychotherapy: A Practitioner's Handbook of Affirmative Models.* NY: Haworth.

Greene, B. (1997) "Ethnic Minority Lesbians and Gay Men: Mental Health and Treatment Issues," in Greene, B., editor, *Ethnic and Cultural Diversity Among Lesbians and Gay Men.* Thousand Oaks CA: Sage.

Haldeman, D. (1994) "The Practice and Ethics of Sexual Orientation Conversion Therapy." *Journal of Consulting and Clinical Psychology* 62, 2: 221-227.

Herek, G. M (1993) The Context of Antigay Violence: Notes on Cultural and Psychological Heterosexism," in, Garnets L.D., Kimmel DC, editors, *Psychological Perspectives on Lesbian and Gay Male Experiences.* NY: Columbia U. Press.

Herrell, R. et al. (1999) "Sexual Orientation and Suicidality: A Co-twin Control Study in Adult Men," *Archives of General Psychiatry* 56: 876- 880.

Murphy, T. (1992) "Redirecting Sexual Orientation: Techniques and Justifications." *Journal of Sex Research* 29: 501-523.

Remafedi, G. et al. (1998) "The Relationship Between Suicide Risk and Sexual Orientation: Results of a Population Based Study." *American Journal of Public Health* 88, 1: 57-60.

Ross, M.W. (1985) "Actual and Anticipated Societal Reaction to Homosexuality and Adjustment in Two Societies." *Journal of Sex Research* 21, 1: 40-55.

Ross, M.W. (1990) "The Relationship Between Life Events and Mental Health in Homosexual Men." *Journal of Clinical Psychology* 46: 402- 411.

Rubin, G. (1984) "Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality," in Vance, C., editor, *Pleasures and Danger: Exploring Female Sexuality.* Boston: Routledge & Kegan Paul, 267-319.

Sandfort, T. et al. (2001) "Same-sex Sexual Behavior and Psychiatric Disorders: Findings from the Netherlands Mental Health Survey and Incidence Study NEMESIS." *Archives of General Psychiatry* 58: 85-91.

Satcher, David (2001) "The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior." Downloaded from the Surgeon General's web-site.

Shidlo, A. (1994) "Internalized Homophobia: Conceptual and Empirical Issues, in Greene, B., Herek G, *Lesbian and Gay Psychology.* Thousand Oaks: CA: Sage, 176-205.

Siegel, E. (1988) *Female Homosexuality: Choice Without Volition— A Psychoanalytic Study.* Hillsdale, NJ: Analytic Press.

Spitzer, R. (2001) "200 Subjects Who Claim to Have Changed Their Sexual Orientation From Homosexual to Heterosexual." Presentation at the American Psychiatric Association Conference, May 9.

Wetzstein, C., and Duin, J. (2001) "Sexologist Behind Report." *Washington Times.* http://www.washtimes.com/national/20010630-98876967.html.