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## IN THIS ISSUE

### PAGE

- 2 Ex-Gay Website
- 3 Design & Purpose?
- 7 Science & Values
- 8 APA Symposium
- 10 Left-Handedness and Homosexuality
- 11 "Gay-Positive" Therapy and the Married Man
- 12 Questions and Answers
- 14 Teachers in Focus
- 15 Book Review: Free Indeed
- 16 NARTH Notes
- 19 Misuse of Science
- 21 Gay Men Lament Unsafe Sex
- 22 Destabilizing Sex and Gender
- 23 Book Review: Growth into Manhood
- 24 Teaching Psychology Students
- 30 New Educational Film
- 31 Human Potential Movement
- 34 International Conferences
- 35 Book Review: Sexual Diversity

## *The Origins and Therapy of Same-Sex Attraction Disorder*

By Richard Fitzgibbons, M.D.

*This insightful discussion is from the 1999 book, Homosexuality and American Public Life, edited by Christopher Wolfe. The author of this chapter, Dr. Fitzgibbons, is a member of NARTH's Scientific Advisory Committee.*

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For twenty years I have journeyed beside courageous men and women as they have struggled toward freedom from same-sex attraction disorder (SSAD). This disorder can enslave a person much as a powerful drug can, and the results are often fatal. Research indicates that 50% of men with same-sex attractions will be HIV-positive by age fifty, the majority will have more than twenty sexual partners per year, and less than 9% of those with same-sex attractions will have relationships that last more than three years. Unstable commitment to a partner and the concomitant lack of fulfillment leads to the rampant promiscuity and mood and substance-abuse disorders typical of the homosexual lifestyle.

Most Americans are unaware that AIDS has been granted "epidemic exceptionalism" and is rarely treated in the same manner as other, less dangerous sexually transmitted diseases. AIDS activists have fought all attempts to require the reporting of infections, tracing of contacts, and mandatory testing for high risk persons. Despite claims that extensive educational programs, coupled with widespread use of condoms, have contained the epidemic among men who have sex with men, the majority of men in the homosexual lifestyle will become HIV-positive, in part because almost 40% regularly engage in unsafe sexual practices. Several studies

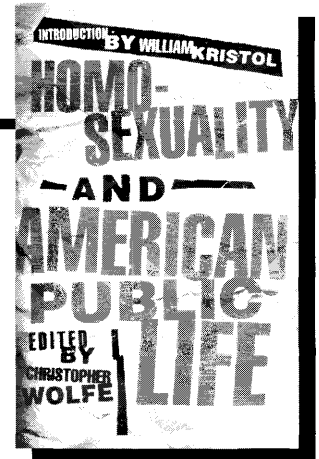
have been done recently on high-risk behavior among adolescent males who have sex with men. The results are alarming because though almost all adolescents are

aware of the risk, 38% engage in unprotected sex. The fruit of this behavior is sadly predictable; in one study, 9% of homosexual males between the ages of 20 and 22 were already HIV-positive.

Frequently, those young males in middle school or high school who have "soft" masculine traits as a result of a distant father relationship or lack of athletic ability are referred to homosexual support groups in their schools. With such groups, these youngsters are usually encouraged to enter the homosexual lifestyle. They are not warned of the serious physical and emotional dangers inherent in the lifestyle, nor are they told that freedom from same-sex attractions is even possible.

In *Sexual Ecology: Aids and the Destiny of Gay Men*, Gabrielle Rotello, a well-known homosexual activist, has had the courage to present the truth about the dangers of the current homosexual lifestyle:

"Each new homosexual generation is being replenished by heterosexuals whose production of gay sons is entirely unrelated to the dynamics of the epidemic. AIDS, therefore, can keep mowing down gay men and rather than dying out, phalanx after phalanx will emerge from the trenches, ready to be mowed down anew. The epidemic could literally go on forever."



Several successful reparative therapy “graduates” and others who have experienced profound change from a homosexual past have created a new website, [www.peoplecanchange.com](http://www.peoplecanchange.com).

“There is so much ‘noise’ in the media about the impossibility of change,” says Richard Wyler, who helped initiate the site. “There is even the idea that *talking* about change is tantamount to hate speech. So we’ve created the site to give hope to those who want to find their way out of homosexuality.”

Mr. Wyler said the web page is respectful toward those with other viewpoints, “while sharing the healing and joy that change has brought us – change that, to many of us, didn’t seem possible before we found reparative therapy.”

The group is looking for more men to be willing to step forward and share their experiences on the site – using a pseudonym, if they prefer.

“The more men who share what worked for them,” said Mr. Wyler, “the clearer the path out of homosexuality becomes for others who still struggle.”

The website attempts to take a holistic approach--recognizing the varied roles of therapy, spiritual conversion, Twelve-Step recovery programs and individual resources including family and friends, “all of which have played a vital role in the change process for different men.”

“Most of what is on the web now testifies only of the spiritual aspects of healing homosexuality,” Mr. Wyler notes. “While that is totally valid, most of us have found there was much more work to do. This work involves our emotional lives, our personal sense of identity, and all our relationships. We want to provide a holistic path to healing. We hope that some people will be receptive to it, who might not be receptive to spiritual conversion alone.”

Individuals who want to contribute their stories are invited to e-mail [ben@peoplecanchange.com](mailto:ben@peoplecanchange.com).

*An excerpt from the website:*

### “Gender-Affirmative Therapy” Can Help

Gay-affirmative therapy is supposed to be the “cure” for unwanted homosexual desires, according to gay activists and the major therapeutic associations (whose professional motto seems to be, “If we can’t figure out how to fix it, it must not be broken”). The problem, they say, is not with the desires, but with the fact that they are unwanted.

But we didn’t want to be affirmed as GAY. We wanted to be affirmed as MEN. Call it “gender-affirmative” therapy: learning to experience at last, in non-sexual ways, the masculine love and affirmation we had secretly longed for all our lives.

Gay activists have lambasted and politicized reparative or sexual reorientation therapy and persuaded the major therapeutic professional associations, out of political correctness, to vilify and condemn it. Deliberate mis-characterizations of reparative therapy abound.

But those of us who went through reparative therapy found it to be a deeply healing experience. It helped bring us out of shame. It helped us release anger. It helped us heal lifelong hurts and emotional wounds. It taught us how to “repair” childhood yearnings for male affirmation and acceptance by fulfilling them, often with new heterosexual male friends and mentor-father figures, instead of repressing them. Instead of focusing on our sexual orientation, reparative therapy focused on healing with other men (especially our fathers and peers) and with ourselves as men.

As the clients, we directed the therapy. We were never coerced. We were never shamed. (And we certainly never received electric shocks, as some myths claim!) And because good reparative therapists act more as a compassionate mentor than an aloof, disinterested professional, we began to learn to trust men and overcome our defensive detachment from them, sometimes for the first time in our lives.

We are not talking about politics. We are talking about our very lives, and our freedom to heal. “Going straight” is not a hate crime. For us, it is an affirmation of our true identity as men. ■

## THE NARTH BULLETIN

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“Victory on the Bow of a Ship”

# Is Human Sexuality a Reflection of Design and Purpose?

By Linda Ames Nicolosi

Where did we come from, and what is our purpose? Different people answer that question differently. Yet the answer to that question cannot simply be a personal matter, relegated to private musings during our quiet moments. For the response we give will profoundly affect our foundational understanding of education, the law, ethics, science—and indeed, of psychology and sexuality.

No one in recent years has forced us to look at that issue more profoundly than Berkeley law professor Phillip Johnson.

Professor Johnson has reopened a controversy that was assumed by many to be long-ago laid to rest—the scientific debate about evolution. The media tends to caricature the debate as a contest between Bible-waving, illiterate creationists from the backwoods on the one hand, and modern scientific rationalists on the other. The issue, however, is not that simple.

Specifically, Professor Johnson has pointed out the striking gaps in the fossil evidence and the unanswered questions in the established Darwinian theory of evolution, while challenging scientists to take a closer look at a new discipline known as intelligent-design theory (1,2,3).

As a theory of limited variation within pre-existing types, Johnson agrees, neo-Darwinism is perfectly scientific; but as a general theory of how complex types of plants and species of animals came into existence, Darwinian evolution is as yet philosophical speculation.

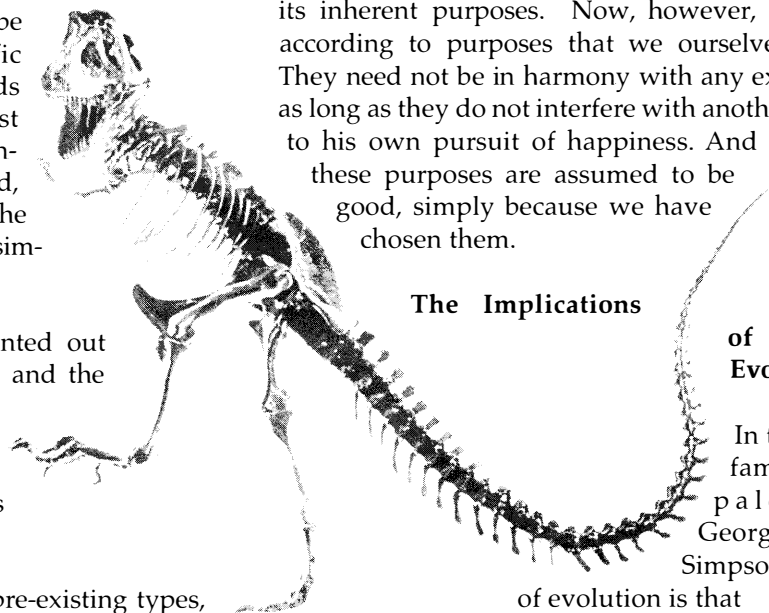
Since Johnson burst onto the intellectual scene a few years ago, he has stimulated a small group of science writers to reexamine the evidence. (4,5,6) But such a pursuit is not for the faint-hearted researcher. Since grants, teaching appointments, faculty tenure, peer review in scientific journals, and overall credibility all depend on a researcher's willingness to work within the established scientific model, an interest in intelligent-design theory could be the kiss of death for an ambitious scientist.

## The Essence of the Debate: Where Did We Come From, and Why Are We Here?

Still, Johnson emphasizes that it is not so much a dispute over the *mechanism*—whether or not we came into being

through some form of *gradualism*—that is at the heart of the debate. (Johnson himself is a theist who admits that a supernatural creator *might* have used some form of evolution.) No, the heart of the problem, he believes, is the foundational principle that arises from the assumption that no intelligent cause *could possibly have been involved* to give human life direction and transcendent meaning. This is the assumption of naturalistic evolution.

Science is the supreme authority in modern society, and so we have (usually unthinkingly) come to accept naturalism as our culture's official creation story. We once sought to understand the created order and to live in harmony with its inherent purposes. Now, however, we seek to live according to purposes that we ourselves have chosen. They need not be in harmony with any external measure, as long as they do not interfere with another person's right to his own pursuit of happiness. And these purposes are assumed to be good, simply because we have chosen them.



## The Implications of Naturalistic Evolution

In the words of the famous Harvard paleontologist George Gaylord Simpson, the meaning of evolution is that

“man is the result of a purposeless and natural process that did not have him in mind.”

A popular college biology textbook written by Douglas Futuyma echoes the same assumption. It says,

“Some shrink from the conclusion that the human species was not designed, has no purpose, and is the product of mere mechanical mechanisms—but this seems to be the message of evolution.”

In contrast, if the world *was* designed by an intelligent agent for a purpose, according to Professor Johnson, then it follows that *the* most important knowledge to have would be an awareness of the purposes of that designer.

But if there is *no* evidence for design and we are merely evolving through a mindless, uncaring, and strictly mate-

rial process, then man is free to tailor his life to fit his own or his culture's evolving values.

The philosophical assumption of naturalism has led to profound changes in law, education and science. Some changes that come to mind:

- the statement, now accepted unthinkingly in our culture, that homosexual is "*who a person really is*"
- the relativist's insistence that no one can "impose his morality" on another
- the educator's claim that children's values should be primarily *chosen* by them, not *shaped* by adult mentors
- the drive to reform marriage into a legal contract between any two people who love each other—rather than viewing it as a covenant based on complementarity, whose central purpose is the protection of children
- the "rights-based" mentality in law, which has no universal concept of the good—and thus is on shaky grounds when it calls prostitution illegal, when it tries to discriminate between pornography and art, and when it rules that a boy cannot go to school wearing girls' clothing
- the "*grand sez who*" -- that is, the retort "Who are *you* to say?" to any statement of value.

### Social Science is an Applied Philosophy

Professor Johnson reminds us what the scientific community --and psychologists--tend to forget: that there are actually two kinds of science.

First, there is the objective, "hard" science that involves the likes of data-collection, statistical analysis, discovery of mathematical and chemical formulas, and so on, through what is known as the scientific method. Few people dispute its validity.

Second, however, there is another kind of science that is necessarily an *applied philosophy*. Most of psychology, particularly the personality theories, fit into this category.

According to established scientific practice, a scientific investigator must first begin with a foundational philosophy or worldview, which is necessary to give his work direction and meaning. He thus commits himself to whatever explanation for a phenomenon he considers to be most plausible. He then works backward from that foundation and tries to prove that the data actually fit his conceptual framework. If the data *don't* fit, it's his job to reject that original conceptual framework and start over.

The dedicated evolutionist holds a philosophical precommitment to the assumption that matter is all there is, and no supernatural force *could possibly* have intervened at any

point in history. Evolutionists will freely admit that the world may *look* like it was the product of some sort of designer. But they refuse to follow the facts wherever they may lead, Professor Johnson charges, whenever the evidence points away from naturalism and toward the design hypothesis.

Johnson notes instances where evolution theorists have worked to suppress scientific evidence that would reveal the weaknesses of their theory. Nevertheless the idea that man has evolved from *impersonal and purposeless* processes has become our culture's official creation story, and that concept—with all the far-reaching philosophical implications such a worldview implies—is tenaciously defended by a dogmatic priesthood.

### What This Means for Psychology

Many observers see evidence for design and purpose in the psychosexual complementarity of men and women.

"We need to live a certain way because we are *designed* to live that way," says Professor of Philosophy J. Budziszewski (7). "Everything in us has a purpose: everything is *for* something. When you thwart a thing's design, it either works badly, stops working or breaks...The same thing is true of the human design."

Others, however, approach human sexuality from the philosophical assumption that—as gay advocate Andrew Sullivan has argued—"order is just a euphemism for disorder."

In 1945, one researcher defined normality as "that which functions according to its design." (8) But just

before the 1973 decision to remove homosexuality from the diagnostic manual, Judd Marmor—who was soon to become president of the American Psychiatric Association—expressed a philosophy that flatly rejected design and purpose. He wrote,

"I submit that the entire assumption that homosexual behavior *per se* is 'unnatural' or 'unhealthy' is a moral judgment and has no basis in fact...

"...to call homosexuality the result of disturbed sexual development **really says nothing other than that you disapprove** of the outcome of that development [*emphasis added*]" (9)

In disparaging terms, Dr. Marmor labelled the philosophy undergirding the "disorder" view of homosexuality as "pious" — at the same time he freely admitted that homosexuality often results from disturbed family relationships.

Because of science's dedication to naturalism, the idea of a created nature with inherent purposes has fallen into disfavor.

Marmor's worldview seems to fit that of psychoanalyst and author Robert Stoller. In his book *Pain & Passion*, Stoller explored the "fetishes and bizarre practices" of consensual sadism and masochism. Rejecting established concepts of normalcy, Stoller contended that "psychoanalysts [should] become less threatened by the pleasures that perversions bring the perverse ..." (10) It is only the psychoanalyst's "deep prejudices" about the nature of perversion, Stoller says, that would lead to the conclusion that sado-masochism is abnormal.

We see a similar worldview in a recent book by a gay advocate. *Biological Exuberance* "celebrates the diversity" of sexual behavior that can sometimes be seen among animals, particularly gender-atypical and homosexual behavior (11). With his rejection of the purposes inherent in male-female complementary, and a valuing of diversity *per se* as good, the author does not look beneath the surface to investigate *causes* for the behavior (pollution in the environment, high levels of stress, fetal-hormonal anomalies, dominance) that would explain homosexuality as either a prenatal developmental error or as a behavioral anomaly.

#### It's a Worldview Issue

Another gay advocate, writing in *The Journal of Homosexuality*, astutely noted that the 1973 psychiatric debate about homosexuality was not a battle over new scientific evidence. It was, he admitted, really "more akin to judging it [homosexuality] differently, while in possession of the same old facts." (12)

Similarly, psychologist Gary Greenberg—who is a staunch gay advocate and sexual liberationist—argues that the normalization of homosexuality is a question that could never have been settled by science (13). The only way the American Psychiatric Association (or anyone else) could settle the question of the normalcy of homosexuality was through a philosophy—some way of understanding the world. Thus the A.P.A. gave "wrong reasons," Greenberg says, to explain to the public how psychiatry arrived at its landmark 1973 decision. The Association misrepresented its deliberations as having been grounded in facts, rather than facts interpreted through the prism of a new foundational philosophy.

Indeed, to borrow a phrase from Phillip Johnson, "the old creation story had been rejected for a new one," so the A.P.A. could no longer answer the question, "What is sexuality *for*?" or "What *is* homosexuality?" through the philosophical assumptions of design and purpose.

#### The New Goals: "Safety and Happiness"

Modernism's new goal, Johnson says—and one that appears to have been adopted by much of the mental-health profession—is "learning to control our physical and social environment in order to increase our safety and happiness." (14)

We see many examples that suggest such a philosophical shift in the mental-health literature. Since a naturalistically-based psychology cannot meaningfully conceptualize inherent purposes in human nature, it shifts away from the older therapeutic goals of character, wisdom and virtue to focus on a pursuit of autonomy—that is *self*-defined forms of *self*-actualization, which can be roughly translated into the "safety and happiness" model.

The *Family Therapy Networker* recently featured a case history entitled, "Monogamy and Gay Men: When are Open Relationships a Therapeutic Option?" (15). In that column—which, significantly, was followed by *no* published letters-to-the-editor from outraged counselors—the therapist sought to help a sexually bored gay couple stay together.

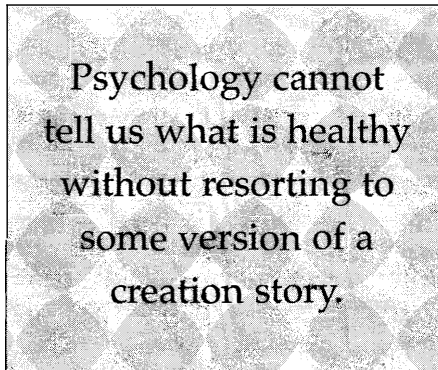
The therapist suggested several possibilities: try group sex, engage in some varieties of public sex, and try changing the "marriage" into a three-person rather than a two-person relationship.

The author of the column, an instructor at Hunter College School of Social Work, said "I have grown to respect the fluidity and customized relationship forms that can work well for gay men." The definition of the term "works well" would have presumably meant whatever succeeded in keeping the relationship

together and providing sexual satisfaction. Of course, whether the counselor's suggestions would have *ultimately* provided the couple with happiness—if the word "happiness" is used in the fuller sense of "well-being"—would be a subject for another discussion.

Then there was the case of the woman going through a traumatic divorce, who felt rejected and vulnerable and was considering a lesbian relationship. Taking a utilitarian tack in apparent pursuit of "safety and happiness," two scholars wrote that a lesbian affair can represent a useful adaptation when the woman needs to consolidate her female identity, introject a loving maternal object in response to a disappointment, or where there is no man available (16).

Could sado-masochistic torture-play really be just harm-



*continued, next page*

less fun? Even if it brings pleasure, what does it do to the integrity of the person? Is three-way sex good for the well-being of a relationship? If we don't see *obvious* evidence of harm among men who were molested as children, could adult-child sex be harmless? Could a lesbian affair be "adaptive" during a time when no man is available?

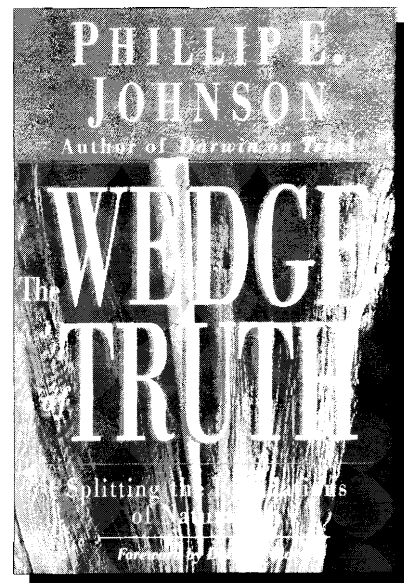
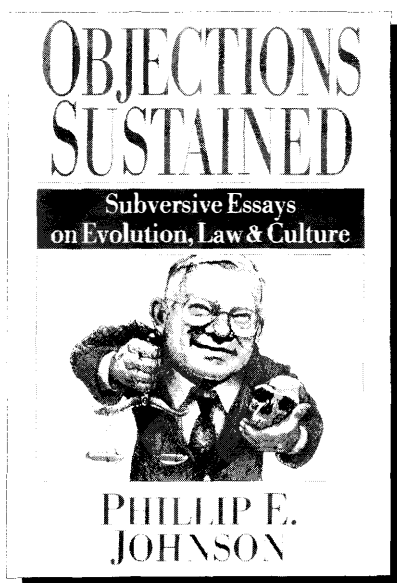
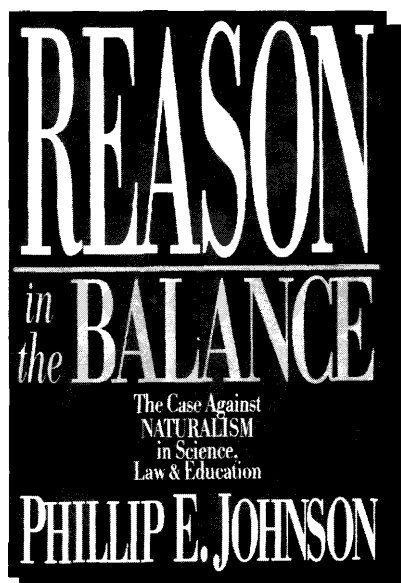
This brings us back to Phillip Johnson's original question: "Where did we come from, and what is our purpose?"

Indeed, psychology cannot begin to respond to any of those questions without first assuming some version of a Creation Story. And if Johnson is correct---that the concept of design and purpose will eventually be recognized within the realm of *scientific* knowledge, not marginalized in the fields of philosophy and ethics---then psychology may yet find a compelling motivation to rethink its foundational assumptions about human sexuality.

### Endnotes

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- (14) Johnson, P. (1995) p. 13.
- (15) "Monogamy and Gay Men: When are Open Relationships a Therapeutic Option?" *Family Therapy Networker*, Mar-April, p. 63-71.
- (16) Kirkpatrick, M. and C. Morgan, "Psychodynamic Psychotherapy of Female Homosexuality," in *Homosexual Behavior: A Modern Reappraisal*, by Judd Marmor, editor, 1980, N.Y.: Basic Books.



## Science and Values: Some Quotes for Reflection

**"Impose ideas? Try to limit freedom of choice? Of course we do, all of us."**

--D.O. Hebb, "What Psychology is About,"  
*American Psychologist*, Feb. 1974.

**"Psychological research cannot be conducted in a moral vacuum. Rather, it is a fundamentally moral enterprise designed to improve human welfare, which will inevitably tend to promote some ideals over others."**

--Blaine J. Fowers, "Psychology as Public Policy: An Illustration of the Moral Dimensions of Psychology with Marital Research," *Journal of Theoretical and Philosophical Psychology*, Fall 1993.

**"When we are tempted by fantasies of power to try to set the world in order, we need an occasional dose of scientific humility."**

--M. Brewster Smith, Ph.D., "Toward Scientific and Professional Responsibility," *American Psychologist*, Sept. 1954.

**"As a discipline, psychology has seldom been noted for being deeply reflective about its most basic philosophical foundations, or the conceptual commitments that ensue from such foundations."**

--Edwin E. Gantt, Ph.D. "Psychology as a Science? Creative Ways to Avoid Answering the Question," *APA Review of Books*, 1999.

**"Developments in philosophy of science over the past several decades have challenged the assumptions of the value neutrality of science. The result has been a growing consensus that science is not, and cannot be, value free."**

--William M. Kurtines, Mildred Alvarez, and Margarita Azmitia, "Science and Morality: The Role of Values in Science and the Scientific Study of Moral Phenomena," *Psychological Bulletin*, May 1990.

**"The business of deciding what's normal and what's psychopathology gets influenced by culture and politics. It's not hard science."**

--Alvin Poussaint, M.D. Quoted in Emily Eakin, "Bigotry as Mental Illness Or Just Another Norm,"

*New York Times*, Jan. 15, 2000.

**"Science is not value free, and...social science...is...entwined with the values of the society in which...it would operate."**

--Theodore R. Vallance, "Social Science and Social Policy: Amoral Methodology in a Matrix of Values," *American Psychologist*, Feb. 1972.

**"In the absence of lesions, chemical influences, parasites, bacteria, viruses, or unequivocal genetic or brain anomalies, the decision as to what constitutes an illness is subject to the interpretation of existing research, and to personal opinion--i.e., it is a political decision."**

--Ray W. Johnson, Ph.D., "American Psychology: The Political Science," Collected Papers from the NARTH Annual Conference, July 29, 1995.

**"Since psychiatry, as a discipline, has no coherent view of man, it has no rational basis for argument regarding the conclusions of religion as to the nature of personality, and the sources of behavior."**

--Royden C. Astley, M.D., "The Nature of Conflicts Between Psychiatry and Religion," Charles Rolo, ed., *Psychiatry in American Life*, 1963.

**"Although many of us wish it were otherwise, the mental health professions are far from having a robust conceptual model of normal and abnormal behavior...Attempts to define and differentiate normal and abnormal behavior have been the subject of intense debate in the psychological literature for at least 60 years."**

--Richard L. Bednar and Scott R. Peterson, *Self-Esteem: Paradoxes and Innovations in Clinical Theory and Practice*, American Psychological Association, 1995.

**"At bottom, we all yearn for an overarching and seamless sense of order and purpose."**

--Daniel X. Freedman, President, the American Psychiatric Association. Quoted in Jacqueline Swartz, "Psychiatrists Urged to Confront Larger Issues," *APA (American Psychological Association) Monitor*, Aug. 1982.

# APA SYMPOSIUM SEEKS COMMON GROUND

Martin B. Koretzky, Ph.D., ABPP

*The following article describes the symposium on sexual-reorientation therapy held this past summer at the annual meeting of the American Psychological Association. The event was organized as a reading of papers (not a debate). Two psychologists spoke for the "therapy can be ethical and effective" position.*

*Two gay-activist psychologists approached the subject from a gay-affirming position. Surprisingly, one of the two--Douglas Haldeman--actually defended the client's right to pursue reorientation therapy.*

*Psychologist Martin Koretzky attended the symposium as an observer. His report is as follows:*

A remarkable program took place on August 7th at the American Psychological Association Annual Meeting for the Year 2000.

Held in Washington, D.C., the two-hour Symposium was entitled "Gays, Ex-Gays, Ex-Ex-Gays—Examining Key Religious, Ethical, and Diversity Issues." The event was co-sponsored by APA Division 36 (Psychology of Religion), along with Division 44 (Society for the Psychological Study of Lesbian, Gay and Bisexual Concerns) and the APA Public Interest Directorate.

With a tone of mutual respect, the four speakers presented data, observations and opinions originating from both sides of the divide which usually separates proponents vs. opponents of sexual reorientation therapies. A standing-room-only audience of approximately 200 psychologists listened with rapt attention throughout.

Symposium Chair Mark A. Yarhouse, Psy.D., of Regent University introduced the session. He explained to a somewhat restless audience the desire of all participants to seek common ground, guided by the ethical principle of respect for the values and wishes of individuals seeking treatment. With these words, and with the subdued and professional tone of each presenter, the audience settled into quiet attentiveness.

The first presentation consisted of preliminary results of a recent study by Ariel Shidlo, Ph.D. of Columbia University and Michael Schroeder, Psy.D. of The Schroeder Group. The study is entitled, "National Study of Sexual Orientation Conversion: Empirical and Conceptual Issues."

The methodology included interviews with former patients who answered advertisements placed in gay publications, and former patients referred through Exodus International contacts. The preliminary data indicated sever-

al factors considered "helpful" in their lives by former patients, and a larger number of factors considered "hurtful."

The next presenter was Warren Throckmorton, Ph.D. of Grove City College with a paper entitled "Review of Empirical Findings Concerning Ex-Gays." Dr. Throckmorton drew a distinction between two philosophical perspectives: the "essentialist" position (that categories such as homosexual, bisexual and heterosexual are fixed and unchangeable), and the "social constructionist" position (that sexual identity is socially constructed, and thus changeable). He also noted the vagueness and definitional imprecision of the term "sexual orientation."

Those with an "essentialist" position tend to see sexual orientation as intrinsic to "who a person really is." They believe that reorientation therapy may succeed in changing self-identity, but they say it will never change sexual orientation, because orientation is fixed and immutable.

Those theorists who view sexual orientation as "socially constructed," however, usually accept self-reports of change at face value. If a person says he is "ex-gay," the social-constructionist will tend to assume that his change in self-identity is equivalent to a change in sexual orientation.

Building on these distinctions, Dr. Throckmorton reviewed empirical studies of individuals seeking change, with particular focus on studies which include ex-gay ministries as a treatment component. He cited a number of studies which report successful sexual-orientation change, as well as reports of individuals who did not change, and feel they were harmed by therapy.

He noted the limitations of these studies, but then observed that debating about their conflicting results may constitute a mistaken focus. Instead, Dr. Throckmorton concluded, the mental-health professions should investigate how therapists can reduce the likelihood of negative therapeutic outcomes.

Next, Douglas C. Haldeman, Ph.D., an independent practitioner in Seattle, WA, presented "Gay Rights, Patient Rights, Implications of Sexual Orientation Conversion Therapy." Dr. Haldeman is a prominent gay-affirmative theorist who has criticized reorientation therapies.

Dr. Haldeman said that studies which have investigated the effectiveness of sexual-reorientation therapy lack scientific rigor. Thus it is impossible, he said, to make meaningful generalizations about these treatments. "From the perspective of gay theorists and activists, however," Dr. Haldeman said, "the question of conversion therapy's efficacy, or lack thereof, is irrelevant. It has been seen as a social phenomenon, one that is driven by anti-gay prejudice in society..."

Surprisingly, though, Dr. Haldeman went on to say that such therapy is not necessarily harmful or unethical: "There appear to be many dissatisfied homosexually-oriented individuals who seek psychological guidance or spiritual intervention to achieve a goal they identify as a



change in sexual orientation...some...particularly those who have experienced less invasive styles of conversion therapy, seem not to have been affected adversely..."

He went on to reiterate strongly the well-known APA position that mental-illness-based views of homosexuality lack all scientific merit, and therefore should not be discussed in a scientific symposium. He also stated his conviction that historically, the conversion therapy movement appears to be intimately associated with anti-gay prejudice.

But he granted that the client with strong religious convictions about sexuality has the right to pursue change. He said, "A corollary issue for many is a sense of religious or spiritual identity that is sometimes as deeply felt as is sexual orientation. For some it is easier, and less emotionally disruptive, to contemplate changing sexual orientation, than to disengage from a religious way of life that is seen as completely central to the individual's sense of self and purpose."

"However we may view this choice," Dr. Haldeman said, "or the psychological underpinnings thereof, do we have the right to deny such an individual treatment that may help him to adapt in the way he has decided is right for him? I would say we do not."

The final paper, delivered by Dr. Yarhouse, was entitled "Respecting Religious Diversity: Possibilities and Pitfalls." Dr. Yarhouse stressed that religion is a legitimate, though often overlooked expression of diversity. True respect for diversity requires tolerance of conservative religious expression, as well as liberal expression.

He identified ways in which gay-affirmative theorists and conservative religious persons fail to appreciate each other's perspective. He placed special emphasis on religious vs. sexual priorities in organizing one's core identity.

Finally, Dr. Yarhouse identified a continuum of service options for clients who experience same-sex attraction, including reorientation/reparative therapy, chastity/ celibacy, sexual-identity management, and gay-affirmative therapy. Respect for client values and wishes, he said, should guide the choice of service selected.

Several areas of agreement seemed to emerge from the presentations. First, all agreed that respect for client diversity must include the right of conservative religious persons to receive interventions in keeping with their deeply-held values.

Second, "best practice" approaches to be encouraged are those which are humane and voluntary. Coercive techniques, all agreed, should be avoided.

Finally, all seemed to agree that there are no conclusive answers possible at this time about treatment efficacy, given existing research and methodology.

Naturally, many highly contentious areas of disagreement remain. Two of these areas were highlighted by questions from audience members near the end of the program.

A gay-affirmative psychologist from a rural area expressed heated objection to the notion that sexual reorientation ministries could be tolerant and non-punitive, based on her own experiences. Dr. Yarhouse responded that a range of options are available in his own area, and urged her to look beyond her immediate experience.

A psychologist asked why NARTH has not been allowed a presence at APA meetings. Dr. Haldeman responded that NARTH's position that homosexuality constitutes a developmental disorder goes against APA policy, and therefore cannot be included in the discussion.

More impressive than particular findings, in my opinion, was the simple fact that such a symposium was held at all--especially with such a tone of mutual respect and lack of rhetorical excess.

According to Dr. Yarhouse (private communication), the program began with a conversation between Dr. Haldeman and himself at the previous year's APA conference in Boston. The two agreed that the purposes of the symposium should be to :

(1) discuss the empirical research and implications through the lenses of gay theorists and conservative religious persons, with an eye toward any possible areas of mutual agreement, and

(2) do so in a way that modeled for the audience respect and mutual regard for each other's perspectives, despite areas of disagreement.

The composition of the psychologist audience seemed quite diverse, with representatives of various religious backgrounds (e.g., Jewish, Christian, Mormon), including liberal and conservative expressions of each of these. More than half seemed to be gay/lesbian supporters, some of whom were also religious--with a significant, though considerably smaller number of religious conservative persons.

To this observer, the symposium fully accomplished the purposes noted above. One can only hope that this effort will become a model for future thoughtful discussion of all issues surrounding sexual orientation, identity and change.

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Martin Koretzky, Ph.D.

# Is There a Link Between Left-Handedness and Homosexuality?

by N.E. Whitehead, Ph.D.  
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This year, three Canadian scientists published a study which found some connection between left-handedness and homosexuality (1).

Analyzing a number of studies, their paper concludes that male homosexuals are about one third (31%) more likely than heterosexuals to be left-handed (2), while lesbians are almost twice as likely (91%) to be left-handed as heterosexual women.

The authors say that their findings support the notion that sexual orientation in some men and women has an early neurodevelopmental basis. They trace this to "disruptive events causing developmental instability." These events may modify sexual differentiation of the brain, they say, "perhaps through hormonal or immunological mechanisms."

The authors point out that left-handedness has been associated with a wide range of indicators of reduced fitness, from the standpoint of natural (Darwinian) selection. Left-handed people, the authors say, have a smaller number of offspring, higher number of spontaneous abortions, lower birth weight, higher number of serious accidents, higher rates of serious disorders, and a shorter life span. Left-handedness has similarly been linked to neural tube defects, autism, stuttering, and schizophrenia.

The authors conclude by discussing possible biological reasons for the link between left-handedness and homosexuality. Their preferred explanation is that both left-handedness and homosexuality result from "biological developmental errors."

In a related development, two recent studies reported in *Archives of General Psychiatry* found significantly higher levels of pathology in the gay population than among heterosexuals. One of several possible explanations, said researcher J.M. Bailey in a published commentary that accompanied the article, is that since evolution naturally selects for heterosexuality, "homosexuality may represent developmental error" (3).

## How Significant is the Latest Study?

I would conclude that there is possibly some link between left-handedness and homosexuality, but not a highly significant one. The fact remains that most left-handed persons are not homosexual, and most homosexual people are not left-handed.

The Canadian scientists' paper is a meta-analysis, which has become an increasingly popular way of combining data from multiple studies to overcome the problems of slightly different approaches, and to pinpoint small effects which individual studies have not enough power to detect.

There are many potential traps in meta-analyses. The paper in question has avoided most of them--as one would expect, given the prominence and expertise of its best-known authors, Ray Blanchard and Kenneth Zucker.

One concern, however, is that the paper was published in a social-science rather than a medical journal. *Psychological Bulletin* was certainly a correct choice for reaching the authors' target audience (psychotherapists working with gay and lesbian clients), but it is quite doubtful the paper got a rigorous refereeing, since the number of specialists required to properly analyze the paper would likely exceed the number of informed referees usually assigned to a paper by the editorial staff of a journal. The study is severely technical; it uses odds ratios (statistics from the field of epidemiology), and refers to fetal masculinization (endocrinology), the Major Histocompatibility Complex (immunology), and fluctuating asymmetry (developmental biology).

The main caution, however, must be about the significance of the findings. Neither the authors nor I can quantify its error, because it was done using a meta-analysis. A known epidemiological rule of thumb for *individual* surveys states that, in a test-population, a prevalence of twice that in the control group is intriguing but inconclusive, and a prevalence of three is probably significant. This means that if this were an individual survey, the result of 31% above normal would be insignificant, and that of 91% above normal (about twice the control group) would be considered intriguing, but not decisive. This rule-of-thumb applies to individual surveys, but it is unknown if the rule should apply in the same manner to a meta-analysis.

Using their results, it is possible to derive a number, which shows the extent of any link there may be between homosexuality and left-handedness. Here's how it's done. Given that 2.7% of adult Western males are homosexuals and 1.7% of adult Western women female homosexuals (both figures including bisexuals, and defined as activity in the last 12 months [4]) we can calculate by standard methods that only 3.9% of left-handed males are homosexual, and only 3.3% of left-handed females are lesbian (5).

*continued next page*

In other words, *the overwhelming majority of those who are left-handed, do not become homosexual*. The strength of any underlying factor producing both is weak. Something unusual appears to happen to a small number of left-handed people, and their sexual-orientation development is atypical. Conversely, however, and very importantly, most homosexual people are not left-handed.

The latest study is intriguing. Nevertheless, the main routes to homosexuality would not likely be through the route that has caused some people to be left-handed.

## References

1. Lalumière, M.L.; Blanchard, R.; Zucker, K.L. (2000): "Sexual orientation and handedness in Men and Women: a meta-analysis." *Psychological Bulletin* 126, 575-592.
2. Although for conciseness the term "left-handed" is used in this article, the original definition in the paper is "all those who are not exclusively right-

handed."

3. Bailey, J.M., "Commentary: Homosexuality and Mental Illness," *Archives of General Psychiatry*, October 1999, vol. 56, no. 10, 876-880.
4. Whitehead, N.E.; Whitehead, B.K. (1999): *My Genes Made Me Do It!* Huntington House, Lafayette, Louisiana. 233 pages.
5. The calculation is quite easy and useful to put in perspective other alleged links.  $F1 = 0.0277 * R1$  (for men) and  $F2 = 0.0173 * R2$ , where F1 and F2, the results, give the fraction of left-handers who are homosexual (men and women respectively), and R1 is the ratio of the percentage of left-handed homosexual men to the percentage of left-handed heterosexual men. R2 is similar but for women. The numerical factors are the ratio of homosexuals to non-homosexuals in a population, thus it is 2.7/97.3 for males and 1.7/98.3 for females. Other figures could be substituted if you think them more accurate. The formulae apply similarly to other biological factors that are alleged to link with homosexuality; only R1 and R2 change.

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## "Gay-Positive" Therapy.. For a Married Man?

NARTH Scientific Advisory Committee member Joseph Berger, M.D. recently sent NARTH a copy of a letter he wrote to Dr. Paul Garfinkel, Chairman of the Department of Psychiatry at the University of Toronto and director of a sexual-disorders clinic.

Dr. Berger describes the following situation: a patient in his early thirties came to the clinic, who was married and wished to remain married, but who thought of himself as having homosexual attractions. He had not been able to have sexual intercourse with his wife, but his history of sexual relationships with men had been very limited and not particularly satisfying.

The patient strongly expressed the desire to remain married and to eventually have a family.

The man had seen a number of different psychiatrists and was assessed at the University of Toronto's clinic. But according to Dr. Berger, the patient was not offered the type of therapy he sought.

"I am appalled that your report, signed by the head of the clinic, no less," Dr. Berger wrote, "which suggested to the patient that he see a 'gay-positive' therapist...in spite of the patient's expressed wish to become more comfortably heterosexual.

"How can you justify a report being sent out from a center that claims to be one of Canada's leading centers in psychiatry, with the statement 'sexual orientation is not mutable'? Is there a deliberate suppression of all the evidence indicat-

ing positive results from psychotherapeutic treatment?"

Dr. Berger, a NARTH Scientific Advisory Board member, is the author of a paper on treatment of male homosexuality published in the *American Journal of Psychotherapy* in 1994. He is also an acknowledged expert in the field, yet the patient's request for help in overcoming his unwanted attractions was not granted.

On an academic level, Dr. Berger said the clinic has not invited any expert to speak who could offer a rebuttal of the claims that homosexuality is an "innate, irreversible, normal, healthy, alternative form of sexual expression."

"When it comes to depriving patients of viable treatment alternatives," Dr. Berger wrote, "your clinic does a great disservice to the public."

Dr. Berger described another patient who, a decade ago, had also been denied help for his unwanted same-sex attractions.

"This person, a high-functioning professional, came to my office and said to me, 'Ten years ago I went to the Clarke Institute. They told me I was gay and should accept it. If I had listened to them, I would be dead by now.' This man was living a fully heterosexual life."

"I think that in your department the distinctions between compassion, political correctness, scientific accuracy, and appropriate treatment, have become severely distorted in the area of sexual disorders." ■

# Questions and Answers

By David Leaman, Ed.D.

**Question:** My son has always felt intimidated by other boys. Now that he's 14, he still has no male friends his own age. His high school has just instituted a program run by GLSEN ("Gay, Lesbian and Straight Education Network") to identify "sexually questioning youth" and send them to gay counselors. I am afraid they may take advantage of his confusion and isolation, and urge him to make a lifestyle choice he will later regret. Worse yet, he could even be exposed to HIV-infection. What can I do to protect him?

**Answer:** Thank goodness for parents like you! It's great to hear of your compassion and concerns for your son. Those concerns are legitimate because your son is vulnerable, like many other boys his age. He is searching for companionship and is solidifying his sexual identity. The acquaintances and friends he hangs out with will impact his view of himself. If he associates with males who identify themselves as "gay and proud of it," your son could be significantly influenced by them. If he is targeted for counseling with a gay therapist, he will probably be urged to embrace a homosexual lifestyle.

What can you do?

First, try very hard to connect him with a mature adult heterosexual man who can be a mentor and friend. It would be most desirable for that person to be his father, but if that is not possible, then seek out a man in the community. Man-to-man relationships usually evolve out of shared activities, so your son needs to connect with a healthy adult male who will do fun things with him.

Second, your son should get into counseling with a heterosexual therapist to learn needed social skills. Also, if father is at home, counseling with both would be most desirable.

Third, become informed about that organization (GLSEN)



David Leaman, Ed.D.

and about homosexuality. Learn about the research and clinical aspects of homosexuality. Discuss the material at home with your son. Perhaps your son can read some appropriate material on homosexuality and "teach" you about it. One excellent source is the NARTH booklet entitled, *Understanding Same-Sex Attractions*.

Fourth, provide for your librarian the above pamphlet and other books on homosexuality that are recommended by NARTH. Get involved with selected school personnel or parent-teacher associations and disseminate appropriate information that challenges the misleading assumptions of GLSEN. This is a tough step! Get prepared for a lot of resistance and hostility. However, it's your child you want to protect. This type of bold action is greatly needed in our communities.

**Question:** I am a 34-year-old married man who has always been attracted to women. Lately, however, I have been unable to get the idea out of my head that I am really a homosexual. The idea continues to play round and round in the back of my thoughts no matter how much I try to get rid of it.

I am unemployed right now, so could the stress and long hours at home have something to do with this problem? How can I find out if I am really homosexual?

**Answer:** Persistent negative thoughts can develop from distressing circumstances. Since you are unemployed, you probably have more doubts about your worth and manhood. You are more vulnerable to worry and focusing on negative thoughts. Be careful not to falsely label yourself.

Try to identify what triggered your anxious thoughts about homosexuality. What precipitating events caused you to doubt your sexual identity at this time? Was

there a dream, some sexual fantasy, or a disturbing comment that you recently heard which made you feel uncomfortable? Honestly face your feelings and talk to a therapist confidentially to learn some strategies to reduce anxiety and negative thinking.

Realize that having a homosexual thought does not make you a homosexual. Healthy people occasionally experience a variety of obsessive thoughts. Worrying that you have cancer certainly does not mean that cancer exists in your body. Don't confuse the worrisome thought with the reality.

There is no simple test to determine if you are a "homosexual." But your lifelong self-identity as a heterosexual, along with your personal sexual experiences, do suggest a heterosexual orientation.

Homosexuality is best understood as a symptom of underlying issues. In the small child, there exists an unconscious drive for bonding with the same-sex parent. Same-sex erotic attractions develop primarily, I believe, from childhood experiences. In the case of the boy, an emotional wound with the father remains unhealed and the person seeks to resolve that unmet need through sexual activity with persons of the same gender. Additionally, there is a basic fear of intimacy with someone of the opposite sex. Thus homosexuality can be described as a same-sex attachment disorder. The individual is significantly detached from the same-sex parent, from same-sex peers, and from his own body.

If you are not actively choosing a homosexual lifestyle, you should not label yourself as such. The fact that you are experiencing some doubts about your sexuality certainly does not define you as homosexual. Consult a competent cognitive-behavioral therapist for help. Also request and read the pamphlets from NARTH on *Homosexuality: Questions and Answers*.

**Question:** Ten years ago I went through therapy, came out of a gay lifestyle, and thought my problems were behind me. I got married and became an elder in my church, and everything seemed to be on track. Lately, however, I find myself seeking out gay pornography on the internet. I love my wife and I love being a father. I have no desire whatsoever to go back into a gay lifestyle; that life was empty and unrewarding. So why, then, could I be regressing?

**Answer:** Think back. Recall what you learned in therapy ten years ago. Remember the struggles you had as you made the transition from a homosexual lifestyle to heterosexual adjustment. What key things did you learn about yourself? Write them down now and reflect on your journey and accomplishments.

Be grateful, and be merciful to yourself. Be confident of your growth, but not naïve! Did you really think that you would never have to struggle with homosexual fantasies or thoughts again?

Your initial sexual experiences as a child or adolescent were very powerful in shaping your future sexual arousal. Your early sexual stimulation formed a template for what is enticing and arousing. They became solidified by repeatedly thinking or acting on those sexual memories. You probably will not completely extinguish those arousal mechanisms, because they are very strong and pervasive. However, you do not have to be dominated by them nor feel helpless in managing them. But neither should you feed those fantasies and continue to reactivate the sexual feelings from those initial memories.

Do not condemn yourself for having same-sex attractions or homosexual thoughts. Like the alcoholic who is vulnerable throughout his life, candidly admit that you also are susceptible to homosexual temptations. Periodically, you will have to face same-sex arousal, even though you have been free from it for a long time. That does not mean you are regressing. It only means you are human.

Take all precautions to avoid homosexual pornography. It will seduce you, deceive you and destroy you. It will also eventually destroy your significant relationships. Pornography is a pathetic substitute for intimacy. It is exciting--creating a temporary high--but quickly consumes your flesh and your soul.

You definitely need accountability. Take the risk to confide in one or two persons, admitting your temptation and confessing your actions. Ask them to hold you accountable by checking on your behavior at least weekly. Block your internet access to the porn sites. If you are a person of faith, you will find that prayer helps.

Finally, consider that pornography is addictive. Try to connect with a recovery group such as Homosexuals Anonymous (610-376-1146) or Exodus International (206-784-7799) for the support you need.. ■

### Reminder to NARTH Members

To continue receiving the NARTH Bulletin—  
When you receive your renewal notice, please don't forget to pay your dues!

## Explaining the Argument for Design and Purpose

"Gay activism is finding its way into more and more schools—promoting destructive behavior under the guise of tolerance and compassion. How can you ensure that the truth gets a fair hearing?"

So says the educators' magazine *Teachers in Focus*, published by Focus on the Family. The publication recently featured a lead article by J. Budziszewski, professor of Philosophy and Government at the University of Texas, Austin.

In simple language, Dr. Budziszewski explains how to speak in the public arena against gay-affirmative programs.

He says a parent or teacher can make his case by offering explanations that resonate with the listener's own latent knowledge of human design and purpose. Dr. Budziszewski also advises teachers to speak up with a blunt description of the negative health consequences of homosexual behavior.

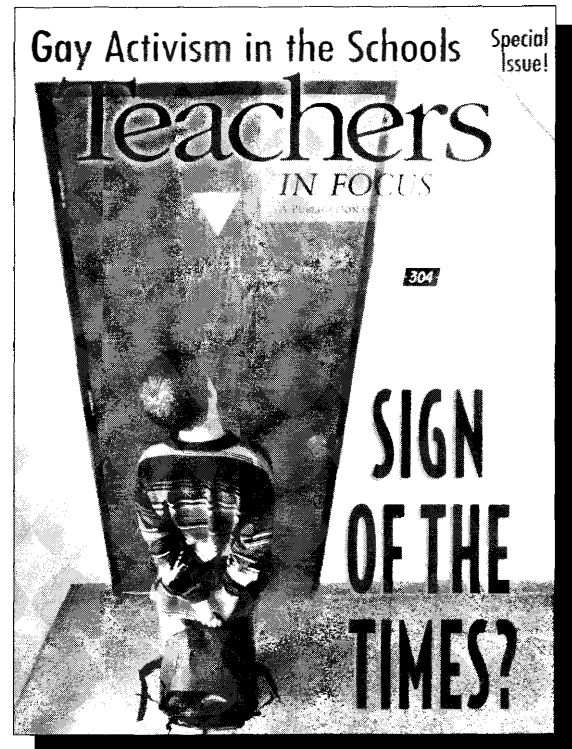
"We need to live a certain way because we are *designed* to live that way," he explains. "Everything in us has a purpose: everything is *for* something. At some level this is plain even to children, though of course they do not have words to express it.

"To make proper use of a designed thing, we have to know how it works. That involves knowing its purpose—what its *for*—as well as knowing how each feature contributes to the fulfilment of that purpose...When you thwart a thing's design, it either works badly, stops working or breaks. Something goes terribly wrong. The same thing is true of the human design."

Dr. Budziszewski explains that the sexual powers, being part of our design, have the twin purposes of bonding men and women together and creating new life. As he explains, men and women are complementary, and "It's not just that they're different—it's that their differences are *coordinated* in such a way that each contributes what the other lacks. In every dimension—physical, emotional and intellectual—they fit like hand and glove; they 'match.'"

This applies to both the procreative purpose of making new life, he says, and the *unitive* purpose of bonding the partners together.

The complementarity of both parents is necessary to provide an optimum upbringing for the child—to nurture him (for which the female is better designed), and to protect him (for which the male is better designed).



While gay couples may adopt children (or have them through artificial indetermination), a same-sex relationship is incapable of providing balanced gender modeling. Gay parenting is also inherently unable to provide the model of man-woman relationships that the child will need for building a future marriage.

When human design and purpose is thwarted, we can expect to see a higher level of emotional and physical problems. Dr. Budziszewski points out some of those problems—particularly, widespread promiscuity (even in "committed" gay relationships) and the bodily damage that is the byproduct of sexual practices that are incompatible with one's anatomy. "It's hard to see what is loving," Dr. Budziszewski notes, "about sexual acts that cause tearing, stretching, bleeding, choking, death, disease and pain."

To help educators present their case against gay-affirming programs, he explains some of the ways they can respond to the arguments they will inevitably encounter, such as "Don't you believe in tolerance?" and "The school is not endorsing homosexuality, we're just presenting it as an alternative lifestyle."

*Teachers in Focus* magazine is available by calling (719) 531-5181. The above article appeared in the October 2000 issue.

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## When Gender and Generational Boundaries are Betrayed

Book Review:

### *Free Indeed*, by Barbara Swallow

(2000, Seattle, WA: Exodus Publishing, \$11.95 paperback)

Reviewed by Linda A. Nicolosi

This gripping paperback book tells the story of a married woman who was caught in a seemingly unresolvable conflict. Barbara Swallow truly loved her husband and children. Yet in spite of that bond of loyalty to her husband, she still found herself irresistibly drawn into intense and codependent enmeshments with females.

"On the one hand," she said, "I was a wife who openly loved her husband and family, but who kept a dark secret from them. On the other hand, I was a lesbian lover who cared deeply for another woman."

She felt panic-stricken: What if her double life was discovered? Would she lose her marriage and three children? *Free Indeed* vividly chronicles the childhood traumas, marital deceptions, and intense need for nurturance and same-sex intimacy which motivated the author's double life.

Barbara's distorted feelings began early in childhood. "No one loved me as a girl," she said. Her father treated her like a son, and she was neglected by her mother, who spent much of the time in bed in a crippling state of depression.

When Barbara experienced night terrors in her attic room and went down to her mother's bed for comfort, her mother's love was offered in the form of sexual attention.

Each night, the little girl would see terrifying faces appear in her dreams. "If I couldn't stand the faces, I would call for my mother again and go down to her. But I hated what happened when I went down to her; so most nights I just pushed that scream down deeper and deeper, and waited for the dawn to chase the faces away."

"As a child, the only times I remember being given individual attention from my mother were when I played the male role in bed. Unconsciously, I began to accept the idea that my value rested in my sexual capabilities. Perhaps, if

I could function as a boy, I would be loved, and I would prove myself to be of some merit."

Barbara later married and had children, but she eventually developed an unhealthy relationship with another woman, Marla—who moved in with the couple as "Aunt Marla" and ultimately began to pull Barbara into a relationship characterized by psychological abuse and codependency.

A common theme recurrent throughout this short novel is that of blurred relational boundaries. As a small child, Barbara did not experience a normal mother-daughter relationship because her mother was a needy woman who violated the maternal trust to use her small daughter for emotional reassurance and sexual satisfaction. At about the same time, Barbara's uncle likewise violated his own role as an adult mentor to his niece, and he sexually molested her.

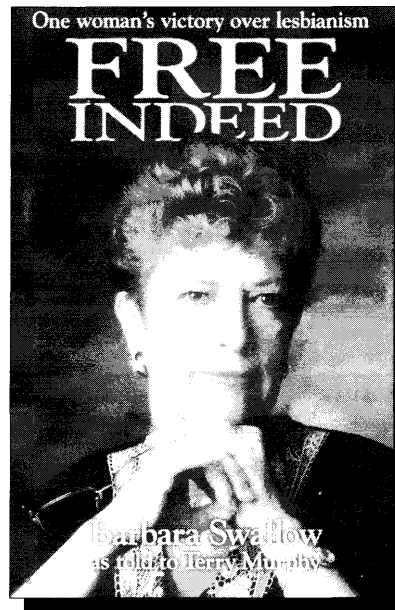
Thus it is not surprising that in adulthood, Barbara herself had great difficulty in respecting and maintaining boundaries. Not only did she dress in butch clothes in a rejection of her feminine nature, but—in spite of her absolute determination not to do so—she became sexually involved with an emotionally needy younger woman whom she had been mentoring spiritually. And in her relationship with the bullying and abusive "Aunt Marla," Barbara allowed Marla to usurp the maternal role, pushing her aside to transform Barbara into another sibling in the family.

Throughout Barbara's life, we see a pattern of crossed boundaries, betrayal of the trust inherent in a role of authority, and persistent gender disorientation.

Psychoanalyst Jeannine Chasseguet-Smirgel once observed that the "pervert" (in the psychoanalytic, not the colloquial sense of the term) violates two absolutely essential boundaries: that between the genders, and between the generations.

This novel, which is told from a Christian perspective, relates Barbara's faith-based determination to free herself from that destructive pattern. Eventually she learned how to move beyond the intense attractions which had caused her to betray her marriage and her same-sex mentoring relationships.

Today, Barbara and her husband Ron are co-directors of Free Indeed Ministries in Albuquerque, New Mexico. ■



## NARTH Notes

### Self-Deception in Science: "Harter's Precept"

"Self-deception plays an astonishing role in science," says German biologist Bruno Muller-Hill. He relates an amusing story—told in a book by Berkeley law professor Philip Johnson—to illustrate this concept:

"When I was a student in a German gymnasium [school] and thirteen years old, I learned a lesson that I have not forgotten...One early morning, our physics teacher placed a telescope in the schoolyard to show us a certain planet and its moons. So we stood in a long line, about forty of us...

"The teacher asked the first student whether he could see the planet. No; he had difficulties, because he was nearsighted. The teacher showed him how to adjust the focus, and that student could finally see the planet and the moons. Others had no difficulty; they saw them right away. The students saw, after awhile, what they were supposed to see.

"Then the student standing just before me—his name was Harter—announced that he could not see anything. 'You idiot,' shouted the teacher, 'you have to adjust the lenses.' The student did that, and said, after awhile, 'I do not see anything, it is all black.'

"The teacher then looked through the telescope himself. After some seconds, he looked up with a strange expression on his face. And then my comrades and I also saw that the telescope was non-functioning; it was closed by a cover over the lens. Indeed, no one could see anything through it."

One of the docile students, Muller-Hill says, later became a professor of philosophy, another a professor of physics, and a third a professor of botany. The honest student Harter "had to leave school and go to work in a factory."

"Harter's Precept," Philip Johnson concludes, "says that the way to advance in academic life is to learn to see what you are supposed to see, whether it is there or not."

-- Johnson, Philip E. (1998) *Objections Sustained: Subversive Essays on Evolution, Law and Culture*. Downers Grove, Ill.: InterVarsity, pp. 156-157.

### Gay Group Says: "Take the Boy Scouts Out of the Schools"

School districts across the country will soon be lobbied by the Gay, Lesbian and Straight Education Network (GLSEN) to "end the unique and special access" the Boy Scouts get from the public schools, according to M.K. Cullen, GLSEN's public policy director.

"The Boy Scouts can present in someone's homeroom, they can get the school list of students, they can have posters in the halls," Ms. Cullen said. "It's a very unique, special access that most other clubs do not enjoy, and at the same time it's a discriminatory club."

The Scouts contend that homosexual conduct is inconsistent with their values. Said the BSA's national spokesman, Gregg Shields: "We recognize the right of people to disagree with us and with our positions. We simply ask those people to have tolerance for our values and beliefs even though they differ from theirs." Boy Scouts troops are only asking, he said, for the same access to the schools that other groups receive.

Some schools have already cut their ties with the Boy Scouts—in fact, a New York City school board voted in October to bar its 42 schools from sponsoring troops. In 1998, the city of Chicago instituted a similar ban in response to an ACLU lawsuit.

(Excerpted from the *Los Angeles Times*, "Gays Ask Schools to End Scout Affiliation," Oct. 7, 2000, p. 15A.)

### American Psychological Association Files a Legal Brief Against the Boy Scouts: NARTH Dismissed as "Anti-Gay"

In the recent Supreme Court case in which former Boy Scout James Dale attempted to force the Boy Scouts to revise their policy of excluding gay scoutmasters, the A.P.A. filed a legal brief—not surprisingly, against the Scouts.

The A.P.A. brief is succinct, clearly written and comprehensive, advising the court on matters such as how homosexuality develops, whether it can be changed, whether the condition should be considered a disorder, whether gay men present a heightened risk of sexual abuse, and whether gay parents are as competent in raising children as are heterosexual parents.

The document provides a valuable summary of the A.P.A. position on many matters relating to homosexuality, and includes extensive and useful research references.



The A.P.A. report reads, not surprisingly, like a position paper from the National Gay and Lesbian Task Force. In a footnote in the brief, the A.P.A. dismisses statements from NARTH by labeling NARTH an “anti-gay organization.”

Of course, the A.P.A. makes no statements about its own philosophical precommitments.

And at the same time that the A.P.A. positions NARTH as ideological, it fails to identify the researchers whose work it relies on—a large proportion of whom are gay or lesbian themselves, and known in the gay community as political and ideological activists.

For example, prominent gay-activist psychologist Douglas Haldeman is relied upon to summarize the research on conversion therapy. In the section, “Can Homosexuality Be Changed?” Dr. Haldeman is quoted as saying there is no reliable evidence that “sexual orientation is amenable to redirection or significant influence from psychological intervention.”

Yet in its Supreme Court brief, the A.P.A. identifies Dr. Haldeman in a non-partisan fashion, simply as “a scholar.”

There is an extensive section on gay parenting. Research is cited that purports to show that gay men and lesbians are as effective as—indeed, possibly better than—heterosexual parents. “Some researchers have found,” the brief says, “that gay fathers make greater efforts to create a stable home environment and positive relationship with their children than heterosexual fathers.” Another A.P.A.-quoted study concluded that “gay fathers are at least equal to heterosexual fathers in the quality of their parenting.”

### **New Report from Judith Reisman**

Dr. Judith Reisman—a former research professor at American University, veteran pornography researcher and expert witness before the Attorney General’s commission on pornography—has reached disturbing conclusions about the link between homosexuality and pedophilia.

Her report is entitled, “Crafting ‘Gay’ Children: An Inquiry into the Abuse of Vulnerable Youth Via Establishment Media and the School Room.”

Dr. Reisman believes that the Boy Scouts of America have sound reasons to ban gay scoutmasters. She also said that sexual recruitment of young teenagers by adult gays has become much easier recently due to graphic sex education (particularly AIDS education courses), and other school-sponsored diversity programs that teach children and teenagers to see homosexual experimentation as normal and desirable.

### **A Closer Look at Gay Activism**

Readers interested in a stark, behind-the-scenes look at gay activism—after the filtering effect of the major media has been removed—should subscribe to Family Research Council’s *Culture Facts*, a fax/e-mail newspaper. It provides the details about the gay movement that the major media chooses not to print.

*Culture Facts* will both outrage and amuse. A sample from a recent issue: The Canadian Embassy and United Airlines recently sponsored a gay film festival in the nation’s capital. The festival included (according to its own website) “voyeurism...nudity...illicit sex...rough sex...risky sex.”

Those corporate sponsors were joined by the Rev. Barry Lynn, a United Church of Christ clergyman. According to *Culture Facts*, the Reverend has previously said that pornography might be useful for “sexual minorities” such as masochists, who he believes would benefit from seeing a film that “affirms their lifestyle.”

When *Culture Facts* alerted the festival sponsors of the pornographic nature of many of the films, none showed concern, and one—Swissotel—reportedly responded with a letter that the hotel was “proud to be a sponsor” because their business “does not discriminate.”

Swissotel cited an exhaustive—and amusing—litany of traits and lifestyle choices about which the company is proud not to take into account, including “age, color, disability, family responsibilities, marital status, political affiliation, national origin, personal appearance, race, religion, sex or sexual orientation.”

Another article in the issue quotes Elizabeth Birch, Executive Director of the gay-activist group Human Rights Campaign, delivering the keynote address at a University of California at Santa Cruz conference: “I don’t think that when we grapple with these institutions [marriage and family] they will ever be the same. When we touch them and redefine them, they will be transformed, not just for our community, but for all of America and the world.” The gay group’s college conference, according to *Culture Facts*, featured workshops on prostitution, transsexuality, and sado-masochism.

Suggested annual donation to receive *Culture Facts* is \$25. The newspaper is not easy reading—it is likely to upset and anger—but it is useful for keeping well informed. Call 800-225-4008 to order.

### **Psychologists for a Free APA**

Psychologist Ray Johnson, Ph.D. of Denton, Texas is the founder of a group to oppose the socio-political activism of

the American Psychological Association. Dr. Johnson objects to the APA's representation of itself as a strictly scientific and professional organization, when it actively supports political causes such as radical feminism, gay activism, and the redefinition of the natural family.

The APA has an enormous membership (over 155,000 members), Dr. Johnson says, and is funded by a staggering annual budget. It is the only organization which represents psychologists' professional interests on a national level. The core of the problem, however, is that its membership-at-large does not have a voice in the A.P.A.'s socio-political positions. The A.P.A.'s research tends to be interpreted through its philosophical precommitments, which are liberal-to-radical, but which are represented to the public as neutral and "scientific."

The situation is much the same within the American Library Association and the National Education Association. Like the APA, those trade associations have a monopoly on representation of their members' financial and legal interests, but their leadership is one-sidedly liberal and historically insensitive to other perspectives.

Psychologists interested in helping Dr. Johnson in his quest to open the APA to alternate views should write him at 1807 N. Elm, #321, Denton, Texas 76201 or e-mail him at [freeapa@excite.com](mailto:freeapa@excite.com).

#### **Does Tolerance Mandate Inklusiveness?**

The Jewish journal *Midstream* recently clarified some important points about the nature of tolerance and inclusiveness.

When we are tolerant, we allow differing opinions and behaviors to coexist with our own. This does not, however, mean that we must have no convictions of our own, or that we believe that all belief systems are valid. Tolerance is good for society because:

- It recognizes that beliefs cannot be enforced—one can only offer proof and persuasion;
- In many instances, one cannot be absolutely sure of the rightness of one's opinions, so it is best not to force one's opinion on others;
- Tolerance recognizes and respects the dignity and autonomy of the individual.

But even tolerance, he says, must operate within limits. We do not tolerate crime, violence, and cheating, for example. We do not discard the normative principles of right and wrong. Nor do we tolerate a violation of the the distinctions between true and false--there can be no tolerance, for example, for teaching the concept that the earth is flat, or that two plus two equals five.

The principal contributor to the ethical consciousness of Western civilization has been Judaism. Jewish thought has a long history of promoting tolerance for dissenting viewpoints and lifestyles, and it is this tradition, the author believes, that is the reason for the predominance of liberal thinking among the Jewish people.

But liberal toleration need not require *inclusiveness*. Mr. Roshwald explains that "inclusiveness" may actually entail the undermining of an established belief system. And the tolerant person cannot be expected to assimilate alien elements into his belief system when they will have the effect of destroying the foundations of that belief system.

Thus, he says, we must be wary of the trend toward *assimilating* everything we have agreed to tolerate.

If the Jewish people, in particular, do not want to deny their "Jewish essence," he concludes, then they "cannot accept new family concepts based on different sexual orientation."

#### Reference

"Toleration, Inclusiveness, and Judaism," by Mordecai Roshwald, *Midstream*, July / August 2000, p. 15-17.

## *Letters*

### **Some Thoughts on Terminology**

#### **To the Editor:**

Professionals supportive of the goals of NARTH often use the term "Same-Sex Attractions" (S-SA's) in place of the term "homosexual orientation." Would it not be even more accurate and instructive to talk about "*Same Gender Sexual Attractions*" (SGSA's)?

The advantage of the change in terminology would be the recognition that it is not all attractions to persons of the same sex (gender) that are problematic, but only the sexual ones.

Talking about "SGSA's" implicitly recognizes that there are *legitimate* attractions or desires for needs to be met by persons of one's own gender (e.g., attention, affection, approval, affirmation). That these legitimate needs underlie and stimulate SGSA's--and that the satisfaction of these legitimate desires should result in a weakening of the SGSA's--is also readily asserted by the addition of "Gender" to "Same-Sex Attractions."

Philip M. Sutton, Ph.D.

# The Misuse of Science

*Summary: "The Use, Misuse and Abuse of Science in the Ecclesiastical Homosexuality Debates," by Stanton Jones, Ph.D. and Mark A. Yarhouse, Ph.D., in Homosexuality, Science and the Plain Sense of Scripture, David Balch, ed., Grand Rapids, MI: Eerdmans, 2000.*

by Linda A. Nicolosi

Psychologists Mark Yarhouse of Regent University and Stanton Jones, provost of Wheaton College, have written an important article which should be read by every church governing board.

Mark Yarhouse was a presenter at the NARTH conference in Washington, D.C. this November. He also spoke at—and organized—the groundbreaking August 2000 symposium at the American Psychological Association Meeting on the ethics and effectiveness of reorientation therapy.

Jones and Yarhouse cite many examples of theological documents which misuse and misunderstand the scientific literature. This literature is currently being used, they point out, to persuade many denominational leaders that the biblical model of sexual behavior is outdated and lacking scientific support.

But before examining the scientific evidence, the authors pose the following foundational question: "Can science tell us whether homosexual acts should be deemed intrinsically immoral?"

Their answer is no. Science, they say, cannot resolve questions which must be engaged on ethical and theological grounds. That which is *spiritually disordered* ("wrong") and that which is deemed *psychologically disordered* ("sick") are not identical.

In fact, many traits conditions considered sins—idolatry, lust, and pride—are not viewed as psychological disorders. By the same token, many conditions considered to be psychological disorders—*anxiety, depression, psychosis*—are not considered to be sins.

The church must abandon one very seductive myth: the idea that when psychology identifies a psychological condition—"what is"—it can, without recourse to an evaluative philosophy of its own, conclude "what ought to be." Indeed, what contemporary psychology identifies as mental health, or "self-actualization," is in many ways, quite different from what Christianity conceptualizes as "a life well-lived."

## The Uses of Scientific Evidence

Yarhouse and Jones do acknowledge that scientific findings have *some* relevance within the church's debate. Even

though scientific evidence cannot speak to us in any definitive way, still it can inform the discussion. So they examine that evidence. First, they ask, *Is homosexuality a pathology?*

They look at two defining features of pathology—maladaptiveness, and personal distress. Maladaptiveness, of course, cannot be defined without first answering some philosophical questions ("adapted to what?") which require a concept of healthy psychological functioning. And any such standard can be challenged.

Jones and Yarhouse cite a number of studies which show that gay relationships are more promiscuous. Many—if not most—gay male writers now say that open relationships are "adaptive" in the context of gay life. But if we believe that emotional faithfulness *requires* sexual faithfulness, then gay relationships can indeed be deemed less healthy.

But without a consensus on what constitutes a healthy relationship, the question of "adaptiveness" can never be definitively answered.

## The Problem of Research Bias

Pursuing the same question, "Is homosexuality a pathology?" the authors consider the earlier studies (like the classic Hooker research) that were presumed to have answered that question. The Hooker study, however, was not designed to prove that gay men are as healthy as heterosexuals—it only sought to prove that homosexuality was not invariably associated with obvious pathology. The study never looked for a representative sample of the gay population, but actively sought out emotionally healthy subjects. Yet the findings of the Hooker study were erroneously used, in many cases, as "proof" that on average, homosexuals are as healthy as heterosexuals.

Contemporary research, Jones and Yarhouse say, also continues to suggest that homosexuals suffer higher levels of emotional instability and distress—even though that conclusion is usually not stated, *as such*, in those research studies. Intriguingly, Jones and Yarhouse cite studies in which the evidence of higher levels of distress is obvious—yet those researchers then tend to minimize *their own findings*, presumably because of the political implications.

*continued, next page*

The actual evidence, Jones and Yarhouse say, continues to paint a rather disturbing picture. One study found that 57% of the lesbians surveyed had had suicidal thoughts during their lifetime, compared to about 33% for the general population.

But whatever the scientific findings, the authors say, those findings still should not be used to lead to the conclusion that there ought to be a change in theology. Yet one Methodist committee stated that if homosexuals were found by social science to be, among other things, no more promiscuous or emotionally unhealthy than heterosexuals, then Methodism *could not continue* to condemn homosexual practice.

Not only did the committee conclude—falsely, using inaccurate evidence—that gays *were* as healthy and as relationally stable as straights, but their conclusions implied that one must judge *moral* health by the same standards as the psychological profession currently employs (using a philosophy of its own) to judge *psychological* health.

### The Misuse of the “Born that Way” Argument

Science is also, the authors say, used to “prove” that a homosexual orientation is an intrinsic, natural part of “who a person really is.” Since, according to this argument, a homosexual orientation is part of a person’s core identity, then the homosexually oriented person’s acts must be evaluated in light of his *own, true nature*.

But there are problems with this argument, the authors explain. First, science *cannot* show that a homosexual orientation is part of a person’s core nature. Nor, of course, can science establish a vision of normalcy in an *ethical* sense.

The authors discuss the biological studies in detail—particularly, the problems in those studies. Even if science does discover biological influences leading some people into homosexuality (and Jones and Yarhouse agree that such predisposing influences *are* likely) it cannot show that the person had *no free will* to work against his inclinations. They note that there are also genetic influences predisposing some people to alcoholism and violence, yet the person is still presumed to be—at least to some extent—a free moral agent.

Whatever the different sources of the “push” toward homosexual attraction, they conclude, “there is no evidence that this ‘push’ renders human choice utterly irrelevant.”

### Developmental Factors

Science does not have enough evidence to *prove* that psychological and familial factors are pivotal in causing homosexuality, Jones and Yarhouse say. Still, “there is too much evidence to dismiss” those factors.

What is now derisively referred to, by gay activists, as the “old” evidence for psychodynamic factors, in fact *has never been refuted*, the authors point out, and these psychological-familial factors “still hold promise for understanding part of the causal puzzle of homosexuality.”

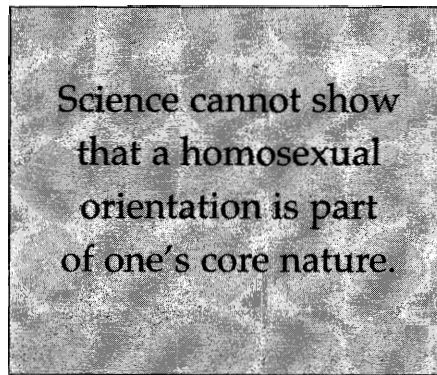
### The Possibility of Change

The authors agree that sexual orientation is very difficult to change, but that it is not impossible to do so. They review the evidence, and identify some notable problems. First, the term “homosexual” has never been satisfactorily defined, and gay apologists have taken advantage of this problem by classifying people who have successfully changed as never having been homosexual in the first place, but “bisexual.”

Second, sexual reorientation therapy is held up to an impossibly high standard when gay apologists insist that any residual same-sex attraction is evidence of treatment failure. No other form of therapy is held up to such a standard. If an alcoholic has a relapse, or a person struggling with bulimia goes through periods when the unwanted weight returns, all efforts to stop drinking or lose weight are not simply written off as ill-advised.

Furthermore, the existing evidence of sexual reorientation is dismissed by gay apologists as “without merit” because much of it is anecdotal and consists of the self-reports of people who claim to have changed. Yet gay apologists use the *same* type of evidence—reports from people who said they were *harmed* by reorientation therapy—to *debunk* such treatment, and they consider that sufficient evidence to make their own case convincingly.

Psychologist Doug Haldeman is a gay activist who has been critical of reorientation therapy because he sees homosexuality as part of a person’s core nature. Yet Haldeman has stated that “the categories of homosexual, heterosexual and bisexual, considered by many researchers as fixed,...are in reality very fluid for many.” Presumably, one can make a political choice to be a lesbian, or a gay man may fall in love one day with a woman. Yet gay advocates dismiss as fantasy the idea that strong personal motivation, combined with a planned course of therapy, may eventually induce a transition to heterosexuality. ■



## Gay Men Lament the Problem of Unsafe Sex in *Poz*

A revealing article in the gay magazine *Poz* featured a first-person, real-life account of a gay couple, one of whom admits that he knowingly infected his live-in lover. The story, "Protect Me From What I Want," was the feature article of the magazine's November 1999 issue.

The couple—a man named Hush, and his HIV-positive partner Stephen—offer some provocative insights into the problem of unsafe sex.

Hush candidly admits that he was erotically obsessed with Stephen, who came into the relationship HIV-positive. Stephen, however, soon lost sexual interest in Hush. With that, a crisis ensued.

"My identity increasingly centered on Stephen's approval and happiness," writes Hush. "I was deeply in love. I was, more plainly, obsessed."

When Stephen was especially aloof, Hush would try to provoke a fight, with the goal of channeling his partner's anger into sex through an S&M enactment. That worked only for awhile.

Sometimes he was so desperate for attention that he would, Hush admits, shamelessly "cry or beg" for sex. Finally, he discovered that there was one way he could renew his HIV-positive partner's erotic interest—by offering himself as Stephen's passive partner for unprotected anal sex.

Suddenly their relationship took on a new spark of excitement.

Of course, the inevitable soon happened. Hush, too, became HIV-positive like Stephen. Yet Hush admits that in a strange way, the sickness felt right. "In some dark way," he said, "that I should be a part of the great, tragic story."

And yet the story did not end there: Hush's newly HIV-positive status caused Stephen to lose romantic interest in his partner. Without the sexual rush which had been generated by the danger of unsafe sex, Stephen was no longer physically attracted to his partner. With Hush infected like he was, the excitement was over.

The two drifted into a platonic relationship. Meanwhile, the newly infected Hush began to frequent sex clubs. He reported a "new sexual confidence...I opened the relationship wide...health risks such as STD's seem minor, compared to the *fait accompli* of infection."

In the *Poz* interview which was written two years later, Stephen admitted that he now has little remaining feeling for the man to whom he gave a fatal infection. He reports that trying to keep their relationship going is a "daily struggle."

He says he is an expert in AIDS prevention, so he does not understand why he chose to risk infecting his lover. "I don't mean to deny responsibility," he says. "I know what I did was wrong."

Yet he seems to believe that some better form of education might have prevented him from infecting his lover.

"I may have read 100 brochures on the mechanics of safe sex, but I saw not a single guide exploring the emotional complexities that lead to risk in relationships," Stephen said. "I sense that many couples are trapped in a dynamic similar to Hush's and mine."

"In a way," he explains, "I feel fatalistic about Hush's sero-conversion."

In spite of the enormity of what he did, Stephen admits that he still feels a thrill at the thought of unsafe sex.

"After all that's happened," he said, "unsafe sex remains an attraction for me, and it is a regular struggle to use condoms with negative guys."

How could the couple talk to *Poz* about what happened with such frankness and equanimity?

In his book *Psychological Seduction*, William Kilpatrick spoke of the psychological society's "curious modern combination of 'hedonism and earnestness.'" Frankness (through an earnest discussion of one's own morally reprehensible acts) is assumed to be evidence of having taken responsibility. The result of this flawed approach, Kilpatrick notes, is a "debauch of tolerance."

NARTH's Joseph Nicolosi agreed. "Honesty about what happened represents a first step forward," he said. "But one must also commit oneself to understanding the motivations behind such behaviors."

"That deeper level of understanding—along with a willingness to act on that understanding—that's what's missing in this story."

# Destabilizing the Categories of Sex and Gender: *The Case of the Transgendered Student*

In October, a judge in Brockton, Massachusetts ruled that a junior high school boy must be permitted to attend classes while wearing girls' clothing.

The boy had been suspended three times for using the girls' bathroom and wearing padded bras, wigs and high heels to school. School officials said the boy's behavior was disruptive.

The boy's therapist had diagnosed him with gender-identity disorder. She said it was "medically and clinically necessary for [him] to wear clothing consistent with female gender." If he was not allowed to dress as a girl, the therapist told the court, he would be traumatized.

The judge in the court case, who is a self-identified lesbian, agreed with the boy's therapist. When reporting her ruling, the judge referred to the boy as a female.

UPI reported that "school officials said [the unidentified student] sometimes wore tight skirts and high-heeled shoes, blew kisses to a male student, and once grabbed another boy's buttocks."

Transgenderism is a theme which the gay community has—for public-relations reasons--long downplayed. In its quest for mainstream acceptance of homosexuality, activists call upon gender-typical spokesmen to address the public--even though these same individuals may look notably gender-*atypical* when photographed for gay publications. Lesbian women who appear as spokespersons when speaking to the mainstream media, for example, may then be photographed in the gay press wearing masculine clothing and men's hairstyles.

But with the recent political successes of the gay movement, that effort to "mainstream" homosexuality as a "gender-typical" sexual variation is slowly changing. In fact, gay publications now frequently acknowledge a transgendered man or woman according to that person's preferred gender-identity rather than their biological sex, referring to a transgendered male, for example, as "she."

Furthermore, activists have begun to lobby forcefully for new laws which assert the right of a transgendered person to dress and identify themselves in the workplace according to their preferred gender.

But Dale O'Leary, author of *The Gender Agenda*, observes that society is colluding with what really amounts to a self-

delusion. *The following is her commentary:*

The boy in Brockton MA, is not a "she" no matter how many judges or therapists pretend he is. He is a boy with a severe gender identity disorder who needs real help. Unfortunately, many medical and mental health professionals--rather than working to find a cure for this type of psychological problem--have decided that *supporting the delusion* constitutes treatment. Or worse, they further the delusion through surgery aimed at "changing" a person's sex.

Patients who suffer from the belief that they are men trapped in the bodies of women (or women trapped in the bodies of men) need real help. Cutting off a man's private parts, giving him breast implants, shooting him full of female hormones, and taking off his beard will not make him a woman---it will make him something less than a eunuch. Surgery will *not* change the fact that every cell of the man's body is clearly marked male (XY).

The promotion of "sex changes," and the normalizing of severe gender-identity disorders by radical feminists, pro-same-sex-attraction-disorder activists, and sexual revolutionaries is part of their larger agenda -- namely, the destabilization of the categories of sex and gender.

Judge Giles justifies her decision by claiming that "exposing children to diversity at an early age serves the important social goals of increasing their abilities to tolerate differences and teaching them respect for everyone's experience in that 'Brave New World' out there."

I find the statement particularly revealing. Years ago, I read *Brave New World* and remember being horrified at the ugly, anti-human future it portrayed.

This is not as the lesbian judge would have it about tolerance. Of course, we should be kind to people with severe psychological problems. But there is nothing kind about denying them real help, or using them as pawns in the culture wars.

The idea that gender identity can be changed was long promoted by Dr. John Money, formerly of Johns Hopkins University. Dr. Money's strident promotion of the sexual revolution, his tolerance toward pedophilia, and his highly controversial approach to gender issues in psychiatry have been well documented by John Colapinto in the new book, *As Nature Made Him*. ■

## Growth into Manhood: Resuming the Journey, by Alan Medinger

Reviewed by Gregory Dickson, Ph.D.

"Can a 30-, 40- or 50-year-old man go back and retrace his steps? Can you go back and live your childhood all over again—doing it "right" this time?" asks author Alan Medinger. Religious faith will provide support for the process, but more yet will be required of a man, he says, because "God does not heal our immaturity."

Alan Medinger offers direction, challenge, and encouragement to men who desire to grow beyond unwanted homoerotic attractions in his new book, *Growth Into Manhood*. Written in a straightforward, reader-friendly manner, Medinger's work promotes a deeper understanding of male homosexuality along with practical suggestions to guide the reader as he "resumes the journey" toward a full embrace of his true masculine identity.

"A man growing into manhood does not do it alone," the book explains. "He needs encouragers, models, and friends." These words set the tone for the pages that follow.

Alan Medinger is one of the best-known and respected leaders in Christian ministry to homosexual strugglers. In addition to sharing his own personal experiences, he describes the circumstances so commonly reported by the men he has counseled: a struggle with self-identity, and a resulting failure to achieve a stable, internal sense of equality with one's peers. He illustrates some of the ways in which the symptoms may be manifested in adulthood, while clarifying that this is an individual process which differs with each man.

Medinger's observations are congruent with the clinical experience of most reorientation therapists. In order to be effective, therapy must rely on understanding how the individual boy (and later man) has interpreted and acted upon the circumstances he experienced during his developmental years. Even though each individual's experience and healing process is undoubtedly unique, we see many of the same patterns: the tendency to doubt self, and to fear failure and the rejection of others; the development of a passive approach to life, with the acquisition of various self-defeating behaviors. All of the above fall within a broad cluster of commonly noted symptoms.

While the author does not directly focus on a discussion of psychological dynamics, the clinician reading this work

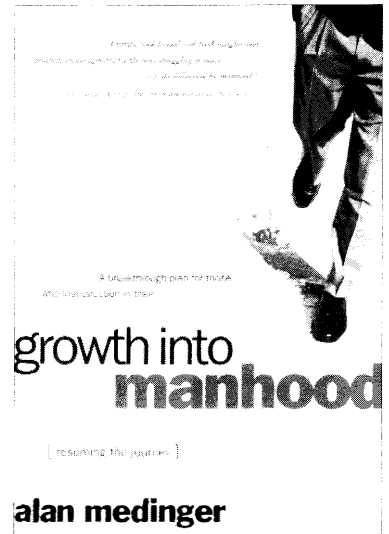
will easily note the underlying psychological themes related to separation/individuation, core beliefs, unconscious defenses, unresolved anger, failure to develop an internal locus of control, and the development of a false/adaptive self.

Medinger describes a double-binding, self-defeating situation. The developing boy has an inherent need to grow into a cohesive sense of adult masculinity. However due to his developmental experiences--which most often include difficulty in detaching from mother, attaching to father, and joining his peers as an equal--he may then reject that which he most fervently wants and needs. The resulting sense of frustration often leads to a perpetually diminished sense of confidence, personal power, and peer connection, along with yet a greater striving to escape that bind. And so the boy compensates through same-sex attraction.

The author provides a straightforward challenge to men who have gone, as he dubs it, "AWOL" from the journey toward manhood. He emphasizes the importance of an internal motivation toward maturity, rather than one which may be dictated by society--either by those with an anti-homosexual agenda, or by those who relay a politically correct message that says his gender confusion is part of his authentic identity.

Medinger's incorporation of his personal conversion experience and Christian faith into the message may limit the book's appeal to those who do not share similar beliefs or who have not had a similar life-changing experience. However the discerning reader, regardless of personal spiritual posture, will likely glean helpful information and therapeutic insight from this insightful resource.

*Growth into Manhood* is published by WaterBrook Press for \$12.99 softcover, and can be ordered through Regeneration Ministries (telephone 410-661-0284). ■



## Teaching Psychology Students an Alternative View of Homosexuality

*"Isn't a traditional value system  
one form of diversity that must  
be respected by psychology?"*

by Philip M. Sutton, Ph.D.



*Philip Sutton, Ph.D.*

I teach graduate-level psychology at the Institute for the Psychological Sciences (IPS) in Arlington, Virginia. The Institute was recently established as a Catholic institution offering masters'-level and Psy.D. programs.

Part of the mission of IPS is to challenge the psychology graduate students "to integrate new and current psychological theories and therapeutic interventions with Catholic insights into the dignity of the human person."

This summer I had the challenging privilege of teaching the NARTH-inspired view of homosexuality and reparative therapy in a graduate course on Ethics and Professional Issues in Psychology.

As I expected, the twelve students in the class were open to and sympathetic with the material on reparative therapy of homosexuality. I think, however, that the approach I used may also be applicable for use in secular institutions.

As the basic text for the course, I chose a standard text used in many graduate courses on ethics and professional issues called *Ethics in Psychology: Professional Standards and Cases-2nd edition* (New York: Oxford University Press, 1998), by Gerald Koocher & Patricia Keith-Spiegel.

Before introducing an alternative view to the A.P.A. position, we considered Koocher and Keith-Spiegel's "standard" views on homosexuality. In defense of the standard view, the textbook references two articles by D.C. Haldeman.

They are, "The practice and ethics of sexual orientation conversion therapy," from the *Journal of Consulting and Clinical Psychology* (62, 221-227, 1994), and "Sexual orientation conversion therapy for gay men and lesbians: A scientific examination" from J.C. Gonsiorek & J.D. Weinrich, eds., *Homosexuality: Research Implications for Public Policy*, pp. 149-160, a 1991 Sage publication.

In their text, Koocher and Keith-Spiegel make a number of assertions, including the following:

1. That the APA decision to remove homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* "marked the official passing of the illness model of homosexuality."
2. That "empirical studies fail to show any evidence that conversion therapies do what they purport to do: change sexual orientation."
3. An third, "that such therapies are unethical and professionally irresponsible, as well as based on inadequate and questionable science" (p. 109).

To evaluate these assertions, we first considered Koocher and Keith-Spiegel's ethical principles and criteria, as follows, that

1. "No program of psychotherapy should be undertaken without a firm theoretical foundation and scientific basis for anticipating client benefits" (p.109), and
2. Only "empirically validated or clinically proven approaches to treatment should be presented to clients as established treatment"(p. 111).

Then we applied these professional guidelines to NARTH's alternative view of the causes and treatment of homosexuality.

We read the NARTH Fact Sheets and position papers--"Understanding Same-Sex Attractions" and "Q & A on Homosexuality: Parts I & II"--and watched a videotaped presentation by Joseph Nicolosi entitled, "An



Understanding of the Homosexual Condition.”

Because the class was being taught to Catholic students in a Catholic institution, we also read from John Harvey’s book, *The Truth about Homosexuality*, and emphasized chapter four, “Possibility of Change of Orientation,” which reviews the psychological literature. We also discussed Appendix I, “The Origins and Healing of Homosexual Attractions and Behaviors,” by Richard Fitzgibbons, M.D.

In class discussions and in one of several essay questions on a take-home examination, we evaluated whether sexual-orientation conversion therapy for homosexuality as presented by NARTH, Nicolosi and Harvey meets Koocher and Keith-Spiegel’s criteria for a firm theoretical foundation and empirically validated basis for anticipating client benefits.

We also discussed the contradictory positions of the textbook’s authors in their approach to diversity. For example:

The authors say the therapist is responsible for avoiding the imposition of his or her own values on the client, especially on key issues including sexual preference. They say that psychologists should be aware of the special cultural issues and related needs of minority populations, including gay men and lesbians (p. 83).

Yet the text’s authors imply that the only responsible approach to homosexually-oriented clients is to either affirm their homosexual attractions and behaviors as good, or to refer them to another psychologist who will.

When there is no room in one’s ethical approach for offering compassionate help to a different minority population—one which *does not* want homosexual desires or behaviors—then the therapists will, ultimately “impose his or her own values” on such a client.

Psychologist Mark Yarhouse made a strong case for the ethics of reparative-type therapies as a treatment option in *Psychotherapy* (vol. 35, Summer 1998, no. 2, pp. 234-259), entitled “When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the ‘Right to Choose’ Debate.”

He stated,

“Psychologists have an ethical responsibility to

allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction or modifying same-sex behaviors, not only because it affirms the clients’ right to dignity, autonomy and agency, as persons presumed capable of freely choosing among treatment modalities and behavior, but also because it demonstrates regard for diversity.”

Following the same line of reasoning, I found it gratifying to introduce the students to some of the theoretical, empirical and clinical foundations for reparative therapy, and to be able to contradict the objections of the textbook’s authors using their own ethical criteria.

Having attended the demonstration and press conference in support of reparative therapy at the May (2000) APA Convention in Chicago, I also enjoyed being able to share with the students my private conversation with Robert Spitzer, M.D. and the public statements of Dr. Spitzer and other presenters.

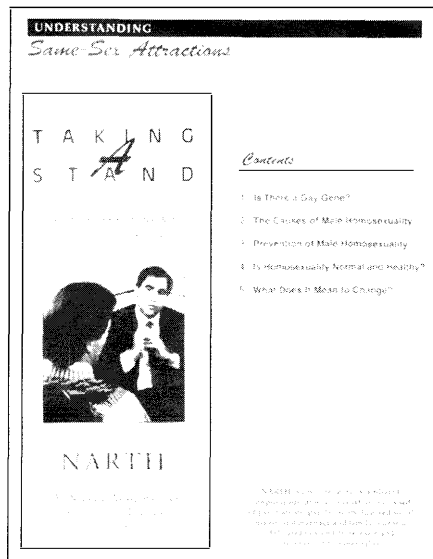
I am amazed at how many mental-health professionals and policymakers remain unwilling to examine fairly the scientific evidence already available, or to allow further study of the causes and treatment of homosexuality.

The students also voiced their disappointment with the current polemical and political nature of research and treatment of homosexuality in the mental-health profession, and I believe they were pleased to discover that there is competent, professional help available

for persons who struggle with homosexual desires and behaviors.

During a presentation from the chaplain of the Washington, D.C. chapter of the group, Courage—a John Harvey-inspired ministry to Catholic homosexually oriented strugglers—the question arose about how to best deal with the parents of clients with same-sex attractions. The students discussed how to relieve self-defeating parental guilt, while at the same time, offering parents realistic insight into their co-responsibility and possible contributions to a son or daughter’s difficulties.

Some of the students seemed inspired by the challenge to integrate what they had learned into their future clinical practices. ■



NARTH’s booklet,  
“Understanding Same-Sex Attractions”

Exposing the rampant sexual addiction and narcissism, as well as the return of unprotected anal sex and illegal drug usage within the gay community, Rotello paints a grim picture of the future:

“Who wants to encourage their kids to engage in a life that exposes them to a 50% chance of HIV infection? Who even wants to be neutral about such a possibility? If the rationale behind social tolerance of homosexuality is that it allows gay kids an equal shot at the pursuit of happiness, that rationale is hopelessly undermined by an endless epidemic that negates happiness.”

In other words, Rotello recognizes the possible consequences if the public leans that a teenager who is referred to a homosexual support group in high school has a 50% chance of becoming HIV-positive before he is 50 years of age. Rotello understands the effect that such knowledge will have on the homosexual liberation movement because “an endless AIDS epidemic would essentially hand anti-gay forces their greatest gift: seeming proof that liberated homosexuality, inevitably, leads to disease and self-destruction.” Rotello’s conclusion is accurate: Involvement in a homosexual lifestyle starts many young men down a clear path of self-destruction.

### Healing SSAD

For a number of years, my area of expertise has been in the nature and treatment of excessive anger. Throughout my work, it became clear to me that the most important relationship in which men and women deny their anger is the father relationship. Since anger at rejecting peers or a distant father is extremely common among men who experience same-sex attractions, many men who struggle with SSAD have come to my practice.

My goal with these patients was not necessarily to change their sexual orientation, but to try to help them understand and overcome their emotional pain, which most often was the result of childhood and adolescent conflicts. In using the healing approach that I will describe, I found that many clients could resolve the emotional hurts which led to same-sex attractions and, as a result, over an extended period of time, that they were able to resolve their homosexual attractions and behaviors. The first stage of the healing process is to understand the operative emotional conflicts. There are several different origins of same-sex attraction, and in addition, there is a marked distinction between the origins of homosexual attractions in males and in females.

### SSAD in Men

The three most important risk factors for the development of SSAD in men are weak masculine identity, mistrust of

women, and narcissism.

**Weak Masculine Identity.** Weak masculine identity is easily identified and, in my clinical experience, is the major cause of SSAD in men. Surprisingly, it can be an outgrowth of weak eye-hand coordination which results in an inability to play sports well. This condition is usually accompanied by severe peer rejection. In a sports-oriented culture such as our own, if a young boy is unable to throw, catch, or kick a ball, he is likely to be excluded, isolated, and ridiculed. Continued rejection can be a major source of conflict for a child and teenager. In an attempt to overcome feelings of loneliness and inadequacy, he may spend more time on academic studies or fostering comfortable friendships with girls. The “sports wound” will negatively affect the boy’s image of himself, his relationships with peers, his gender identity, and his body image. His negative view of his masculinity and his loneliness can lead him to crave the masculinity of his male peers.

The second and crucial conflict in the development of a weak masculine identity is a poor emotional relationship with the father. A number of therapists characterize the childhood experiences of the homosexual adult as a form of defensive detachment from a disappointing father. As children and adolescents, these men yearned for acceptance, praise, and physical affection from their fathers, but their needs were never met. The profound inner void that develops from a lack of physical affection and father love can lead a man to promiscuous behavior in a misguided attempt to fill an emotional emptiness.

Another reason that some men have a weak masculine identity is poor body image. I have found that many active homosexual men are totally obsessed with other men’s bodies. They often express hatred for their own bodies and desire the bodies of other men. A final reason can be a history of sexual abuse by older, more powerful children or by adults. Such abuse over a prolonged period of time may have made the child believe that he must be a homosexual.

**Mistrust of Women.** The second most common cause of SSAD among males is a mistrust of women’s love. Feelings of mistrust may develop as a result of a difficult mother relationship or from experiences of betrayal by women. Male children in fatherless homes often feel overly responsible for their mothers. As they enter their adolescence, they may come to view female love as draining and exhausting. They want a relationship that is light-hearted and enjoyable and, by default, turn to male love. Feelings of mistrust may also arise from having a mother who was chemically addicted, overly controlling, possessive, or emotionally distant.

A very small percentage of homosexual men have experienced such devastating female betrayal in personal or professional relationships that they fear and avoid female

*continued*

love. Subsequently, they only feel safe making themselves vulnerable to a person of the same sex.

**Narcissism and Sexual Addiction.** Narcissism is defined in the DSM-IV as “a pervasive pattern of grandiosity, need for admiration, and a lack of empathy.” The narcissistic person is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love. For the homosexual narcissist, the goal is the pursuit of pleasure. A certain segment of the homosexual community expresses narcissism by promoting total and absolute sexual freedom. They advocate the pleasures of anonymous sex and insist that the freedom to engage in the most extreme behaviors is an essential part of homosexual liberation. Most homosexual persons with narcissistic personalities are not interested in any healing. Narcissism may also explain an extreme irresponsibility in sexual practices.

In 1994, one study found that a newly diagnosed AIDS patient had an average of sixty sexual partners in the previous year. Other reports are even more frightening and lend credence to the speculation that many male homosexuals suffer from an addictive disorder. The first men diagnosed with AIDS reported an average of one thousand partners during their lives. Those who have researched the HIV-AIDS epidemic have noted that some homosexual males actually have five to ten sexual encounters in a single night.

Other causes of Same-Sex Attraction Disorder are loneliness, rebellion for its own sake (or against Judeo-Christian values), and even the desire to punish a parent. Some people develop an excessive sense of responsibility and attempt to find relief in homosexual behaviors. Gerard van den Aardweg, a Dutch psychologist, believes self-pity is an important factor in homosexual attractions. Finally, increasing numbers of young people become involved in sexual experimentation and develop an addiction to same-sex activity.

### SSAD in Women

The major conflicts that lead to SSAD in women are, in my opinion, a mistrust of men's love, a weak feminine identity, or intense loneliness.

**Mistrust of Men.** A number of women who become involved in same-sex relationships had fathers who were emotionally insensitive, alcoholic, or abusive. Such women, as a result of painful childhood and teenage experiences, have good reason to fear being vulnerable to men.

Women who have been betrayed by a man after a long-term relationship often fear trusting other men and seek relief from their loneliness through involvement in homosexual relationships. Women who have been sexually abused or raped as children or adolescents may find it

difficult or almost impossible to trust men. They may, therefore, turn to a woman for affection and to fulfill their sexual desires.

**Weak Feminine Identity.** The second most common cause of SSAD in women is a weak feminine identity. Three basic areas of conflict lead to such difficulty: mother conflicts, peer rejection, and poor body image. In those cases that involve maternal conflict, the woman usually had a mother who was emotionally distant and who had difficulty in affirming her child's femininity. Such negligence can lead to an inner sadness and emptiness which no amount of adult love can overcome.

This condition is far more rare than weak masculine identity, and this is why, in my view, male homosexuality is much more common than female homosexuality. The female role model, the mother, is much more likely to be affirming, to be giving, to be nurturing to her daughter than the father to his son.

**Loneliness.** Finally for some women, loneliness is also a major factor in the development of homosexual attractions. A number of women in their late twenties or early thirties have spent considerable time in a disappointing search for the right male relationship. The resultant loneliness and disillusionment about men may lead them into a sexual relationship with a woman.

### Prevention

As I noted, many of the emotional conflicts that lead to SSAD begin very early, and this may explain why some homosexuals feel they were born that way. Early identification of possible conflicts offers hope that prevention is possible. Boys with poor hand-eye coordination and poor father relationships can be easily identified. If the fathers or surrogate fathers become extremely active in these boy's lives and talk to them about masculine identity and what it means to be a man, it can make a difference. It is important for these boys to know that it is possible to be a good, strong man without playing sports.

Prevention of the father wound would involve making sure that every little boy receives physical affection from his father. In this regard, I agree with Jeffrey Satinover and a number of others who have emphasized the need for warmth between father and son. Because in our culture almost 40% of children will spend some time in a home without a father, where their needs are not met, I predict that there will be a notable increase in the incidence of SSAD.

### Overview of the Healing Process

The boy who has been betrayed either by his peers or by his father does not simply accept the hurts that were inflicted

ed—he often reacts to them with sadness, anger, and feelings of insecurity. The work of therapy is, in part, to understand and resolve the betrayal pain.

Betrayal anger is one of the major reasons a notable element of sado-masochism is found in homosexual practices. When the extreme sado-masochistic behaviors engaged in by homosexual men are reported, most people are shocked. They do not stop to consider the possibility that people who abuse others or allow themselves to be abused in violent, dangerous, and unhealthy practices may be driven by unresolved betrayal anger and feelings of inadequacy or other psychological forces. If the same type of behaviors took place among heterosexuals, the identical acts would be considered forms of abuse and evidence of a disorder, yet they are considered “normal” among homosexual men.

It has been my clinical experience that the degree of emotional pain in our culture can be so profound that there is no mental health technique that can totally resolve this pain without a spiritual component. My approach is very similar to one used in the field of addictive disorders. Those involved in the treatment of alcoholism and addiction to drugs find that significant healing rarely occurs unless some form of spirituality is brought into the healing process by turning the emotional pain and compulsive behaviors over to a higher power.

In summary, it is necessary to identify the emotional conflicts, uncover and treat the anger, attempt to resolve the sadness, overcome profound feelings of inadequacy, and build trust.

### Therapy

The individuals in the groups described are quite different. Not only are the causes of their emotional struggles quite diverse, but the behaviors and level of desire to seek treatment may also be part of the equation. Men and women who suffer from a weak masculine or feminine identity or a mistrust of the opposite sex are generally more open to therapy than those who fall into other categories. Frequently, young men come into treatment because of a fear of AIDS, an inability to establish healthy committed relationships, and the fear of an early death. They are tired of the lack of commitment they have found in the homosexual lifestyle, and they do not want to continue to be used any longer as sexual objects.

The treatment I have described involves the identification of the causes of SSAD. For many people there is considerable resistance, particularly in the examination of their relationship with their father. The therapist can lead the client to recognize that although many men have not had a particularly close father relationship, most do not have same-sex attractions. Most men who did not have close

father relationships had their masculinity affirmed through involvement in team sports and in other activities with their male peers. They bonded with other males through sports, affirming their masculinity over a period of time.

In addressing a lack of involvement by the father in the life of a son, the approach that seems to be successful is to help the client face the pain, resolve the betrayal anger by working at understanding and forgiving his father, and be healed of the craving for father love. The latter is accomplished through spiritual reflection on God as a loving father.

A common pattern of reaction to emotional pain can be observed and identified. When a person is hurt in a relationship, a series of reactions occur. First sadness develops, then anger accompanied by low self-esteem, and finally a loss of trust. It is essential to resolve the anger associated with all these types of betrayal pain.

### Giving Up the Anger

The majority of therapists have recognized two methods of dealing with anger—the denial of the anger, or the expression of it. The expression of anger is important, but has limitations as a means of coping with anger. The adult expression of anger does not resolve the anger which began in childhood and adolescence. The only way anger can be completely removed is through a process of forgiveness during which the offended person becomes willing to look at the people who caused his suffering, attempts to understand them, and then make a decision to give up his anger. The person imagines himself as a boy or teenager, expresses disappointment and anger at those who hurt him—for example, rejecting peers or a distant father—and then tries to reflect upon forgiving the offender so that he can be freed from the pain of the past.

Giving up the anger through forgiveness can be done on three levels: intellectual, emotional, and spiritual. In order to forgive intellectually, a man who has same-sex attractions can reflect on his experience with his father: “Did my father really love me as much as he was able to love me? Perhaps my father communicated his love as he experienced it from his own father. He didn’t deliberately mean to hurt me.”

As he comes to understand his father’s family history, he usually finds it easier to let go of the anger. It is possible that forgiveness may stay at the intellectual level for an extended period, but with perseverance, emotional forgiveness will follow. It can be identified easily, for it happens when the person truly feels like forgiving the offender.

The third level is spiritual forgiveness. It occurs when the

person is unable to forgive intellectually or emotionally. This type of forgiveness is used by those who were regularly rejected or ridiculed by their peers because of their inability to play sports, or who were severely traumatized by a parent or loved one.

### **Scapegoated Children Carry Scars Into Adulthood**

Most of the males who were scapegoated when they were younger, simply because they were not good at sports, can experience tremendous repressed anger later in life. Many were ridiculed, beaten, and called "queer" or "faggot" by peers, and even by adults, and they harbor violent impulses as a result. When the therapist asks them to imagine releasing their anger against those who ridiculed them, many are surprised to discover that they feel as if they would like to physically hurt their tormentors. Spiritual forgiveness for the men I described involves a process borrowed from the twelve steps of Alcoholics Anonymous. The angry person is encouraged to think: "I am powerless and want to turn this resentment over to God," or "revenge belongs to God."

In the process of resolving a client's betrayal anger at peers, parents, or others, the therapist may lead the client back and forth on the three levels of forgiveness. It is not unusual that the injured person may feel like forgiving one day, and the very next day feel only hatred for the people who hurt him. Tremendous patience is needed by both the therapist and client during this part of the struggle for freedom from the pain of the past.

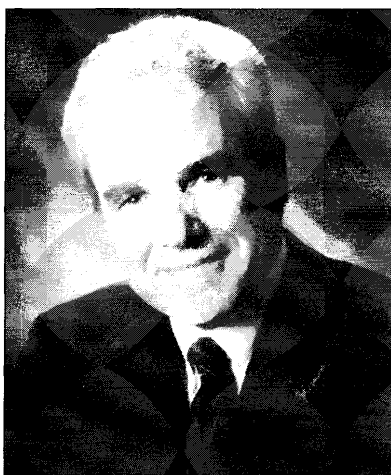
When the betrayal anger is resolved significantly, the individual is left with an inner emptiness and a sadness resulting from the lack of acceptance by peers. The person has often attempted to fill the emptiness experienced in childhood or adolescence with numerous sexual encounters, but it is an emptiness that is never satisfied sexually. The experience of this void is the fundamental emotional dynamic that fuels the promiscuous behavior in those with homosexual attractions. Nothing seems to fill the sadness or make up for what that little child or that teenager failed to receive from his peers or from his father or mother.

It is possible for a therapist to praise and affirm his clients, but such a technique reaches only the adult, not the child and teenager within. Some therapists use strategies that involve going back and suggesting that the adult love the little boy or little girl within. Since the adult still wants to be loved at the stage where the deprivation took place, such strategies are of limited value. It is helpful, therefore, to have clients reflect on earlier stages of their lives and, using practices learned as part of a Judeo-Christian heritage, meditate on being loved when they did not feel

loved. If they did not have a father to love them as a child, they can work on their sense of God as a loving Father.

Christians who were regularly ridiculed and belittled as youngsters are encouraged to meditate on the Lord being with them as a friend and a brother, loving them on sports or athletic fields. For those who are Catholic, meditating upon Mary as a loving and joyful mother with them as children and teenagers can be very consoling and comforting.

Experience has taught me that healing is a difficult process, but through the mutual efforts of the therapist and the client, serious emotional wounds can be healed over a period of time. For example, for those with sports wounds, it is necessary to work to strengthen their masculine identity. The individual should spend time daily being thankful for his God-given male gifts and masculinity in childhood, adolescence, and adult life. As his identity is strengthened, homosexual attractions usually diminish and usually, over time, they are extinguished. Then these individuals may develop heterosexual attractions or, in the case of clergy, have a stronger desire to be faithful to their vows.



*Richard Fitzgibbons, M.D.*

Peter Rudegeair, an associate of mine, has group therapy sessions for those with sports wounds who need to strengthen their masculine identity. With the father wound, as George Rekers has said, if the person is younger, every effort should be made to get the father more involved in his life. Frequently, however, the father is no longer available and so the therapist can affirm the person's unique identity and strengthen his ability to form non-sexual, masculine relationships.

Unfortunately, rather than encourage young men and women to take this path to facing and resolving emotional pain, many mental health professionals--even those who claim to espouse Judeo-Christian values--tell these young men and women that God has made them this way; that this is "who they are meant to be." But this is not who they are meant to be. They are the way they are because they were wounded deeply in the past. Healing and freedom from emotional woundedness is possible.

Sexual addiction may likewise be a major problem with many in the homosexual lifestyle. Considering the number of sexual partners, dangerous behaviors, and other negative aspects typical of the homosexual lifestyle, it is difficult to understand how people can claim that there is no disorder present. Sexual addiction with extreme narcissism causes serious illnesses and early deaths in many young men, and we must take some steps to change a very dangerous trend. In dealing with sexual addiction, Prozac or other antidepressants can help to a degree. They will

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and can sexually compulsive behaviors, but they will not experience the emotional pain leading to the attractions.

### Childhood Sexual Abuse

Sexual trauma in childhood predisposes people toward homosexual behavior and can be extremely difficult to treat. One can work at trying to help the client understand and resolve the anger against the abuser, if for no other reason than to alleviate the abuser's negative influence. We need to help those who have been abused before they become sexually addicted or involved in sado-masochistic practices. Only when, through forgiveness, they are free from their anger and from this dark side of abuse will they be able to develop a healthy identity.

Our schools need to take a proactive stance in this time of crisis. The practice of turning at-risk children and adoles-

cents over to groups which usher them into a homosexual lifestyle can be fatal. Homosexual tendencies can be recognized early and treatment is available.

It is a time of real crisis, but we are not without hope. While the mental health field is a new field, we know how to identify the origins of same-sex attractions and behaviors. We have treatment for weak masculine and feminine identity, for mistrust of those of the opposite sex, for betrayal anger, for sexual addiction and for the other conflicts associated with same-sex attraction disorder. As a therapist I deal with the psychological. Yet I must admit there is little meaningful healing without the use of spirituality. If we combine spirituality and good psychotherapy, as in the treatment of alcoholism, we can expect resolution and healing for those who struggle with same-sex attractions and behaviors. ■

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## New Educational Film

A new film has just been released by the American Family Association, entitled, *It's Not Gay—Former Homosexuals Tell a Story Few Have Heard*.

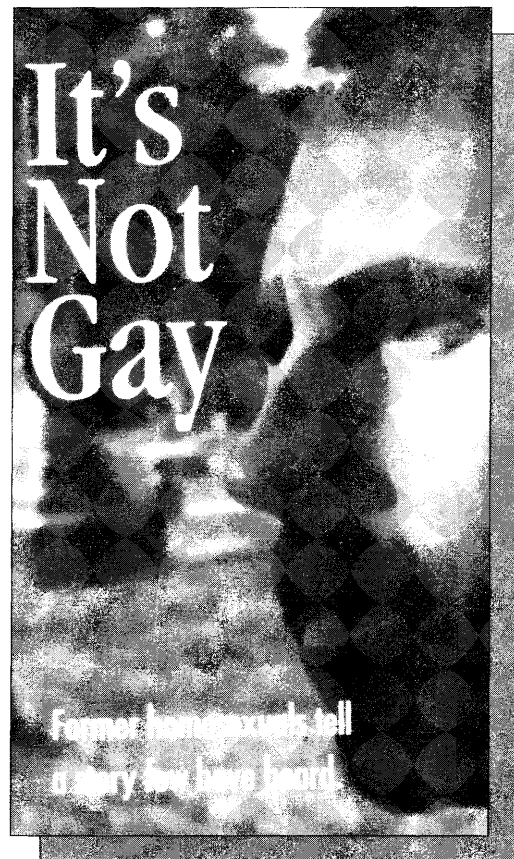
"Among adults," the film says, "the subject of homosexuality often provokes controversy over fundamental issues such as human sexuality, marriage and family. In a growing number of schools across the country, however, students of all ages are being told that the debate is already over.

*"It's Not Gay* presents a story that few have heard, allowing former homosexuals the opportunity to tell their own story in their own words. Along with medical and mental-health experts, these individuals express a clear warning that the prevalent view of homosexuality being presented to students is not the whole story."

The principle speaker is ex-gay Michael Johnston, but the film also features Richard Cohen, M.A., Yvette Cantu Schneider, Evergreen Ministries' David Pruden, and others. All of them deliver a devastating indictment of the effects of a gay lifestyle.

Michael Johnston's tragic story—in which he tearfully laments the loss, through youthful seduction, of his childhood innocence—is deeply moving. From the moment he was brought into a gay bar, his life was never the same.

The American Family Association is a conservative Christian group, but their new production makes a compelling case to a broader audience by basing its argument on universal social concerns, rather than religious principles. Public-health experts and mental-health counselors are interviewed, as well as ex-gays.



Because this film does not base its argument on religious principles, it would be suitable for parent groups, teachers and school boards, although at times its medical information is shockingly graphic.

The film is available by writing: It's Not Gay, P.O. Drawer 2440, Tupelo, MS 3380 and sending a check or money order, or by calling 1-662-844-5036 (Visa/MC only). **Suggested Donation:** 1 for \$20; 2 for \$35; 3 for \$40; 4 for \$45; 5+ for \$10 each.

# Reflections on the Human Potential Movement: *An Interview with William Coulson*

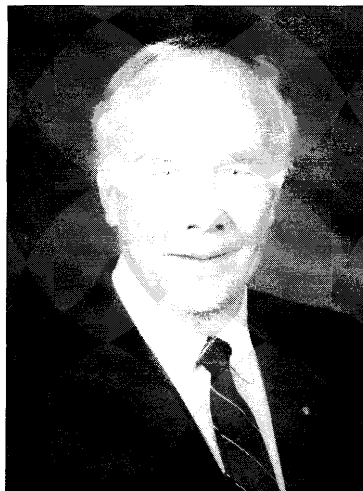
by Linda Ames Nicolosi

*William Coulson, Ph.D. was a close colleague of psychologist and author Carl Rogers. Rogers was one of the three founders of the "Human Potential Movement" of the 1960's.*

*Dr. Coulson served for many years as researcher at Rogers' Western Behavioral Sciences Institute in La Jolla, California. By the early 1970's, however, Dr. Coulson had begun to question the value system inherent in the Human Potential Movement. It was an approach to psychology that eventually transformed the culture.*

*The Human Potential Movement set the stage for—among other things—the sexual revolution, the redefinition of the family, values-clarification programs in education, a "therapeutic" movement which transformed many established religions, and the normalization of homosexuality.*

*Coulson eventually repudiated the movement, and the reasons why are described in this interview, which we first published in a NARTH Bulletin several years ago.*



*William Coulson, Ph.D.*

**What went wrong with the humanistic movement of the 1960's?**

Abraham Maslow, Carl Rogers and Rollo May taught that the most important source of authority is within you, and that you must listen to yourself. They created the theory of self-actualization, in which unstinting satisfaction of desires--bodily or otherwise--was implicit.

But all the questioning encouraged by the humanistic movement leads us down a path toward infidelity, and when that happens, you can kiss civilization goodbye. Civil and public health depend upon faithful, monogamous marriage.

Don Clark wrote a revealing article in 1973 for *The Humanist*. He said those of us who are denying our bisexual capacity are probably listening to ourselves with one ear. I think he's right--if everyone were honest about their sexuality they'd probably be bisexual--in fact, they'd be sexual toward anything and everything. I think it's better *not* to be so honest.

**How did the Human Potential Movement affect our social philosophy?**

It had a very strong effect. We now have a misapprehension of the demands of social justice. We believe that justice demands that nobody be condemned for anything. We've decided that one belief is as good as another, and everyone has the right to say for himself, "That's right for *me*."

In the human potential movement, you prove your personhood by having sex in as unconstrained and uncivilized a way as possible. It's, "I'll have what I want, when I want it."

It's very much like the little girl in the children's novel *Charlie and the Chocolate Factory*, who says, "I want it Daddy, and I want it now!" That's a good description of San Francisco's gay district--Castro Street--in the 1980's.

**In what ways has sexual liberation hurt us?**

Experience should persuade us that the sexual liberation laid out for us in the 1960's is species-threatening. It leads to unlimited sensual gratification. Our children deserve better.

**How did Rogers figure in this movement?**

Rogers wanted to explore the outer limits of therapeutic inquiry. But he betrayed his vocation as a psychologist because he came to the conclusion that there *should be no such thing* as a therapist. In fact, he even changed the name of his work from "client-centered therapy" to "person-centered approach." With this approach the therapist disappeared, all authority disappeared and all limits disappeared.

Rogers' work in the 1970's, I think, was in part a defense of his own daughter Natalie's conduct. She had enrolled with

Maslow to get a master's degree and was bitten by the self-actualization bug. She left her husband and three children to, as she said, "become a real person." Her father's and Maslow's philosophy of self-fascination had persuaded her that marriage and motherhood weren't good enough.

Rogers wrote a series of defenses of alternative relationships, including homosexuality, defending the freedom to be sexually experimental. He writes about people who had engaged in what would once be called, as he put it, "living in sin, committing adultery, lewd and lascivious conduct, fornication, homosexuality, ingesting illegal drugs, even soliciting" but who did so "in their struggles for a better partnership." He said, "We as a culture can relieve them of the ever-present shadow of moral reproach..."...implying the belief that if we will only take away the penalty, we can wipe out any culpability.

In essence, he took behaviors which had for thousands of years been considered destructive to society, and reframed them as representing progress.

One of Rogers' granddaughters is a well-known lesbian activist. Rogers created a theory which his daughter and granddaughter set out to fulfill.

#### **How was Rogers' work appropriate to the times?**

Rogers' books gave voice to something that was already brewing in the culture at that time.

In his 1961 book, *On Becoming a Person*, he wrote a chapter called, "To Be That Self Which One Truly Is." This gave voice to a fundamental argument of today's gay-rights movement--the idea that one "truly is" homosexual.

Rogers' voice carried great authority. He was a onetime American Psychological Association president, and he received the APA's first Distinguished Scientific Contribution Award. He was a weighty authority, and he wrote persuasively. Behavior that would have been confronted by the previous generation as shameful now became obligatory--according to Rogers' creed, "One must be that self which one truly is."

#### **Did Rogers intend for the Human Potential Movement to go in such an extreme direction?**

I think Rogers was carried along by all the fan mail he'd get from college students--letters like, "It's because of your writings that I'm now free." Some of his readers would read encouragement for sexual license into his work, and later Rogers gave them more ammunition by writing more explicitly about sexual license.

#### **Did Rogers actively encourage such license in his encounter groups?**

As long as Rogers and those who feared his judgment were there it was okay, because nobody fooled around in the presence of Carl Rogers. He kept people in line. He was a moral force. Rogers didn't get people involved in sex games, but he couldn't prevent his followers from doing it, because all he could say was, "Well, I don't do that." They'd say, "Well, of course *you* don't do that, because you grew up in an earlier era; but *we* do, and it's marvelous. You have set us free to be ourselves."

#### **But Rogers was himself a relatively traditional person?**

His background was fundamentalist Protestantism, and he was once a seminarian. He may have found the behavior of some of his followers morally repellent, but as a therapist he believed his job was to help people find themselves. If he had just stopped at that--after all, "coming home to oneself" is what happens at the hands of a good therapist--but many people, including his own daughter, read too much into his good intentions and decided to "free themselves." The most destructive form of that freedom was usually sexual.

Of course, Rogers also believed he owed it to himself to become an individual, and his younger followers eventually persuaded him that he wasn't following his own ideas. He decided he had to cheat on his wife to be real. During the last seven years of her life, his wife Helen was bedridden, and Rogers admits he became romantically involved with some of the young women in his encounter groups. He says these involvements were platonic, and I believe him, but at any rate, they were inappropriate. Not only did he write about allowing himself to love other women, but in *A Way of Being* he felt obliged, for openness' sake, to tell the world he wasn't sure he still loved his wife.

#### **Did Rogers fulfill the original mission of the human potential movement?**

He fulfilled the lower part of the mission, but he betrayed the higher part.

Rogers did have some serious doubts. He wrote one very telling chapter in the 1983 revision of his earlier 1969 book, *Freedom to Learn*. This was four years before he died. He called this chapter, "A Pattern of Failure." In it he described disastrous projects like the breakup--through misguided encounter groups--of the Catholic community of the Sisters of the Immaculate Heart of Mary. Rogers wrote honestly about those tragedies, although he did blame much of those failures on other people.

That revision of *Freedom to Learn* didn't sell very well, and



when the book was published again after Rogers' death, the self-reflective chapter was removed--tragically, I think--by the editors.

### **Did Rogers have a change of heart before he died?**

Perhaps on one level he saw what was wrong, but on another level, I believe he really couldn't afford to see it.

### **What about one of the other leaders of the movement, Abraham Maslow?**

Many people think Maslow was an unreconstructed human potentialist, but he did express a lot of regrets at the end of his career. Part of Maslow's story may never be told. In fact, he burned some of his most intimate papers while he was in Ohio awaiting the birth of his first grandchild in September of 1968.

To pass the time, he went to the Ohio State Fair where he was greatly impressed by the young midwestern farm people who, instead of rejecting all authority and experience, were following in their parents' ways. While he was in Ohio he was also deeply moved by reading *The Chosen*, a novel by Haim Potok, about two families, one Hasidic, one conservative, in which both sons were being steered toward the rabbinate. Maslow was born a Jew, but he had proclaimed his atheism loud and clear his whole life. In fact when he was a boy, he had jumped up during his Bar Mitzvah and run out of the temple when it was his turn to read from the Torah.

Yet in his journals, Maslow wrote that he cried and got drunk the night he finished the book. I suspect he may have been asking himself at that time, ""What if everything in my life has been wrong? What if I've hit the bull's eye of profligacy rather than integrity?"

Perhaps he had had a revelation like Tolstoy's character in "The Death of Ivan Ilyich," because he had already begun to see what had gone wrong with the human potential movement.

### **But why would he have burned part of his journals?**

I speculate he might have feared he had misled people. He had seen his own theories backfire. He believed that his granddaughter's quality of life was threatened.

Toward the end of his life, he began to urge his students to think less about their self-actualization and personal identity, and more about self-forgetting. Thirty years after writing a paper on the virtues of monkey behavior, he had begun to see individuals acting like monkeys in the name of self-actualization.

In later life, he wrote in his journals about his previously mistaken view of "the sacred impulse." He concluded, "My unconscious is not the boss, my impulse is not sacred and irrefutable." He condemned Carl Rogers' idea that we should follow our feelings whether they were right or wrong. Maslow had caught on to the fact that this idea of the human potential movement was a civilization-destroying concept. It failed to understand the reality of evil in human life. When we implied to people that they could trust their impulses, they also understood us to mean that they could trust their evil impulses...and that if they trusted them, they wouldn't turn out to be evil.

### **What did Maslow say about homosexuality?**

Not much specifically, although he did make statements like, "The gay life is anything but 'gay.'" However Maslow was very clear in saying that the *real* growth center for human beings is "the authentic family--male, female, mother, father, love, parenthood, joint childbirth."

### **You've talked about the dangers of psychotherapy.**

Actually, the problem is "TMP"--"Too Much Psychology." Psychotherapy according to Rogers' theory requires that the therapist practice acceptance, understanding and permissiveness. Those qualities often exceed their rightful parameters.

### **What about the 1973 decision to de-pathologize homosexuality?**

I can understand that decision if you think of it in terms of Thomas Szasz's *The Myth of Mental Illness*. Homosexuality is more a form of moral distress, than of mental illness. In fact, most problems referred to psychologists today are moral problems, rather than than mental-health problems. People who come to therapy sometimes *need* to hear advice like, "You can't do that." They need to hear talk of moral absolutes.

The fundamental problem, however, is not changing the diagnosis of homosexuality, but putting our beliefs about the *scope* of psychotherapy on hold until we can get our thinking straightened out. Psychology has been called upon to substitute for all morality, and that is simply too much to ask.

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# International Conferences on Homosexuality

by Richard Cohen, M.A.

*Psychotherapist Richard Cohen describes his recent speaking engagements at various seminars around the world.*

In September, an international group of speakers participated in a symposium called "Homosexuality and the Church" which took place in Salzburg, Austria and was hosted by the Catholic Diocese of Salzburg.

It was a historical event for the Catholic Church--the first time in many decades this diocese had openly discussed the psychological, ethical and moral issues related to homosexuality.

Bishop Andreas Laun of Salzburg was the organizer of this event. In my opinion, he is a man of great integrity and courage who is pursuing a full and honest understanding of same-sex attractions.

Many researchers and clinicians from Europe and America presented at the conference, including:

1. Father John Harvey, Director of Courage, the Catholic ex-homosexual ministry;
2. Dale O'Leary, researcher and author of *The Gender Agenda*;
3. Dr. Gerard van den Aardweg, psychologist from the Netherlands and author of several books on homosexuality, including *Homosexuality and Hope*, and *On the Origins and Treatment of Homosexuality*;
4. Dr. Christa Meves, psychologist from Germany and author of over 100 books on child and adolescent development;
5. Others were Dr. Larry Hogan, a professor in Vienna; Rev. Joseph Spindelbock, Rev. Stephan Reuffurth, R.A. Hausen (an attorney from Germany), and myself, Richard Cohen (psychotherapist and author).

A wide variety of perspectives were shared on the homosexual issue. Attorney R.A. Hausen told us that in Germany, lawsuits are commonplace relating to homosexuality. A man was sued, he said, simply for referring to a co-worker as gay. Mr. Hausen told us the German legislature is now extremely close to legalizing same-sex unions.

Dr. Christa Meves also related how difficult it is for strugglers to find successful therapy to transition out of homosexuality. The political climate, she explained, prevents an open discussion on etiology and treatment.

Dale O'Leary described the intense battles being fought on our front here in the United States, and gave a brilliant summary of psychological and political aspects relating to the homosexual issue.

Father John Harvey provided an overview of the purpose

of Courage, and described how to begin local Courage chapters throughout Europe.

Dr. van den Aardweg shared his perspective on the etiology of same-sex attractions and reported on success rates in treatment.

Dr. Larry Hogan reviewed both the Old and New Testament's perspective on homosexual acts. Father Spindelbock gave an historical account of the Church's attitude toward homosexually oriented men and women throughout European history--from ignorance and persecution, to glimpses of understanding.

Father Stephan Reuffurth presented a paper on moral and theological perspectives of homosexuality. I presented on the etiology of same-sex attractions and a four-stage model of recovery.

A press conference was held the day after the conference concluded. National and local newspapers, TV and radio were present to "get the scoop." For days, Austria was abuzz with the news that Bishop Laun believed that "gays aren't born, they're made." And even more outrageous, "They can change!"

Since that time, Bishop Laun continues to receive opposition from not only the media, the homosexual community and their sympathizers, but also from within the Church. Many Catholic priests oppose his position. I cherish Bishop Laun's courage and bravery, to stand against the madding crowd and defend his beliefs with love and conviction.

After returning to the States, I departed for Salt Lake City, Utah, where I had the honor of presenting at Evergreen International's annual conference. Evergreen International is an independent ministry serving primarily Mormon strugglers. A press conference was attended by TV and print media, and coverage was basically favorable. The following day, the *Salt Lake City Tribune* read, "'None Born Gay,' Author Insists at Therapy Panel."

Next, I am off to Poland to present at a three-day conference which is sponsored by a Polish group called "Courage." About 100 participants are expected, including psychologists, pastors, educators and strugglers. Afterward, I will speak at the German Institute for Youth and Society in Reichelsheim, Germany.

Upon returning to the States, I am off to Grand Rapids, Michigan to present at a conference sponsored by the Michigan Family Forum entitled, "Ministry in the New Millennium," where I will give an address on "Sexuality and the Church." ■

# Sexual Diversity in Animals Teaches Us Little About Human Sexuality

by Johanna Krout Tabin, Ph.D.

In a previous Bulletin, the book *Biological Exuberance* was reviewed by NARTH member James Phelan, MSW.

Now our Scientific Advisory Board member Johanna Krout Tabin, Ph.D. adds her own observations about this book. *Biological Exuberance* was dedicated by the book's author to a celebration of sexual diversity.

*Biological Exuberance*, by Bruce Bagemihl, is esthetically pleasing. From an arresting cover, to the typeface and paper, to its exquisite drawings of animals, the book is a delight. Furthermore it is clearly written and well organized.

Yet Bagemihl's book is not so much a scientific contribution, as a political statement. In fact Bagemihl himself is not a biologist. His stated purpose is to convince the reader that homosexuality and male/male bonding occur throughout the animal kingdom, and therefore should be seen as an expectable form of diversity in the human population.

To prove this point, Bagemihl draws upon many naturalistic studies of a large number of species of animals. Yet such observations should elicit no surprise: anyone who has observed dogs frolicking in the park should know that animals pay attention to each other's sexual parts regardless of gender, and male-male mounting behavior is also common. This is not to say that even Bagemihl claims that homosexual behavior and male/male bonding occur in all species, nor that they are commonly observed in many. But he does believe that heterosexuality is a chance behavior which, because it happens to work to support the continuation of a species, has been favored through natural selection.

The author devotes considerable space to providing arguments that contradict interpretations made by others who have reviewed the same material. He does not, however, apply scientific rigor to examining the credibility of studies he has included in his survey. Many studies that he cites are not from peer-reviewed journals. Bagemihl is not a trained biologist (who would, in fact, have recognized the difference in credibility between scientific journals) but is a

specialist in linguistics and cognitive science.

To complicate the matter, the reader cannot make his own, potentially more sophisticated evaluation of the studies because Bagemihl does not identify his sources in the text, but simply lists his references at the end of each section.

Bagemihl is fair-enough as an observer to occasionally mention other, much less palatable types of animal diversity, such as that of animal parents killing and devouring their young. He also mentions lemmings, but without discussing their puzzling and self-destructive habit of marching in droves into the sea, where they drown (their usual avoidance of water notwithstanding). Are mass suicide and infanticide therefore to be considered normal in humans?

The diversity of form and behavior in the animal kingdom is indeed wondrous and worthy of human study. But what one learns from animals, to help us understand ourselves as human beings, is another matter.

We humans, with our formidably developed brains, are not simply directed by gene-driven patterns which are devoid of subjective meaning. Those of us who study homosexuality in humans, for example, know that its foundation lies in meanings rooted in a

person's emotional development.

No study of lower animals reveals a behavior such as the foot fetish, which is a common aspect of human homosexuality in the male. (It is common enough that there is actually a society of homosexual foot fetishists.)

There is much more we need to learn about the complex psychic mechanisms which lead to human homosexual behavior. We also need to learn how many men and women go through a phase of homosexuality, but then succeed in growing beyond it. This is why research is a part of NARTH's ongoing program. But we cannot call a behavior normal and healthy simply because it exists. To understand it, we must interpret its meaning in a larger social and intrapsychic context. ■

