

INTRODUCTION

For Parents: Words to the Wise



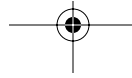
Jacob, a twenty-five-year-old client, had been in treatment for several months because of depression about his unwanted homosexuality. One day—driven by feelings of both sadness and anger—he confronted his mother:

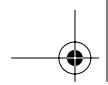
I told her, “Mom, you saw me play with Barbie dolls. You allowed me to use makeup and to fix my hair in front of the mirror for hours. My brothers never did any of this. Why didn’t you stop me? What were you thinking?”

I have no doubt that Mom had wanted the best for me. But she had nothing to say. She just sat there and looked at me, stunned and tearful.

For many years, I¹ have worked with homosexual men who are profoundly dissatisfied by their same-sex attractions. Gay life did not work for them, and they all suspected, on some level, that events in their early lives had laid the foundation for their homosexual feelings. This book flows directly from what I have learned from my two decades of work with these men, as they attempted to grasp the causes of their same-sex attraction and achieve progressive freedom. Again and again, these men have taught me what was missing in their boyhoods.

The life stories I hear every day, told by men like Jacob who are struggling





to heal their homosexuality, typically include painful memories of gender confusion. The fact is, there is a high correlation between gender nonconformity in boyhood and adult homosexuality. Most of the men I counsel were not as feminine in boyhood as Jacob—they did not play with dolls or dress like girls. But just the same, there were telltale signs of conflict and doubt about claiming their gender; particularly, there was a disturbing fear that they somehow did not fit in with other boys.

And yet their parents—the vast majority of whom loved their children very much and sought the best for them—often missed the early warning signs and waited too long to seek help for their children. One reason for this is that the mental health profession is not telling them the truth about their children's gender confusion. Parents have no idea what, if anything, to do about it.

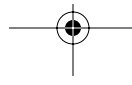
Perpetuating Gender Stereotypes?

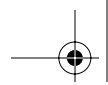
We cannot go along with people who—many of them within the mental health profession—say that each of us can “be whatever we want to be,” in terms of gender identity or sexual orientation. They speak as if being gay or lesbian did not have the deepest consequences for us as individuals, for our culture, and for the human race. They speak as if our anatomy was in no way our destiny. They imply that when we help our children to grow more fully into the maleness or femaleness that is their created destiny, we are merely perpetuating outdated gender stereotypes.

But the human race was designed male and female; there is no third gender. Furthermore, civilization has shown us that the natural human family (father, mother and children), with all its faults, is the best possible environment for the nurturing of future generations. Have we really gotten it all wrong for so many hundreds of centuries? Are we going to cast all of history aside, in favor of the latest TV show about the glories of gender bending?

As one prominent psychoanalyst, Dr. Charles Socarides, says, “Nowhere do parents say, ‘It makes no difference to me if my child is homosexual or heterosexual.’”² Given a choice, most parents would prefer that their children not find themselves involved in homosexual behavior.

It is fashionable in intellectual circles to believe that we human beings have no innate “human nature” and that the essence of being human is the freedom to redefine ourselves as we wish. But what good can freedom bring us, if it is used in defiance of who we are?





Some things, we would argue, are not redefinable. If indeed normality is “that which functions according to its design”—and we believe that to be true—then nature calls upon us to fulfill our destinies as male and female.

In this book we will use the following terms interchangeably: *prehomosexual*, *gender-conflicted*, *gender-confused*, and *gender-disturbed*. All of those conditions have the potential to lead to a homosexual outcome. *Gender-identity disorder* (GID) refers to a psychiatric condition that is an extreme example of this same problem of internal gender conflict. In GID the child is unhappy with his or her biological sex. Many of the children we describe—in the course of their development toward homosexuality—fell short of the strict criteria for a clinical diagnosis of GID, but the warning signs of gender conflict and homosexuality were there nonetheless.

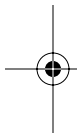
At Odds with the Mental Health Profession

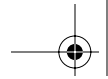
Today’s mass media convey the message that men ought to be encouraged to discover a homosexual or bisexual identity. “Isn’t sexual diversity wonderful?” they ask. A number of TV and movie producers (some of whom are gay themselves) try to persuade us with idealized coming-out-of-the-closet stories. We believe their efforts are misguided attempts to encourage what is actually the unfortunate situation in which too many of our young people find themselves.

Of course, in taking this view, I (Joseph) am often at odds with members of my own profession. Those who oppose me say the 1973 decision by the American Psychiatric Association (APA) to remove homosexuality from the *Diagnostic and Statistical Manual* (DSM) has settled the issue: homosexuality is normal. But that 1973 decision was made (as even some gay activists have noted) under heavy political pressure from gay activism.³

The removal of homosexuality from the DSM had the effect of discouraging treatment and research. When it became “common knowledge” that homosexuality was “not a problem,” clinicians were discouraged—and in many cases, prevented—from expressing opinions to the contrary or presenting papers at professional meetings. Soon scientific journals became largely silent on homosexuality as a developmental problem.

In fact, as of this writing, the American Psychological Association refuses to cooperate in any way with the National Association of Research and Therapy of Homosexuality (NARTH) because they disagree with NARTH’s view that the condition is a developmental disorder. Furthermore, they believe that a sci-





entific position of this sort “contributes to the climate of prejudice and discrimination to which gay, lesbian and bisexual people are subject.”⁴ In effect, the APA has placed a moratorium on debate about this subject.

This silence among researchers was not brought about by new scientific evidence showing homosexuality to be a healthy variant of human sexuality. Rather, it became fashionable simply not to discuss the condition anymore as a problem. Homosexuality was reported and discussed the way one reports the evening news—as something that “just is,” like the next day’s weather.

Ronald Bayer, a researcher from the Hastings Center for Ethics in New York, summarized the entire process. “The American Psychiatric Association,” wrote Bayer, “had fallen victim to the disorder of a tumultuous era, when disruptive elements threatened to politicize every aspect of American social life. A furious egalitarianism . . . compelled psychiatric experts to negotiate the pathological status of homosexuality with homosexuals themselves.”

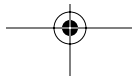
The result—homosexuality’s removal from the psychiatric manual of disorders—came about not through a rational process of scientific reasoning, “but was instead an action demanded by the ideological temper of the times.”⁵

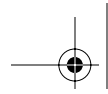
Prevention: A Growing Need

Before the APA’s decision in 1973, it was accepted practice to try to prevent homosexuality. The condition was a disorder, and disordered sexual-identity development should be avoided whenever possible. Today, we believe it is time that this idea of prevention be revisited. It is for that purpose that we have written this book.

Few previous books have been written for parents other than the 1968 classic *Growing Up Straight* by Peter and Barbara Wyden. Since the removal of homosexuality from the diagnostic manual, the only book written by a clinician on prevention has been Dr. George Rekers’s *Growing Up Straight: What Every Family Should Know About Homosexuality* (Chicago: Moody Press, 1982). Then there was a recent book aimed at Christian families, *An Ounce of Prevention* by Don Schmierer (Nashville: Word, 1998), which offers scientifically grounded words of practical wisdom from a seasoned pastoral counselor.

Now, we hope that *Preventing Homosexuality* will continue to respond to this growing need. Most of the parents of prehomosexual children who come to us for help are people of religious faith—Catholic, Protestant, Mormon, Jewish—but a few, too, are secularists who intuitively sense that humankind is designed





to be heterosexual. We can empathize with these parents' concern because we share their worldview.

Yet some gay activists (mostly within academic circles) will condemn us for taking this position. Who are we to call someone's sexual identity into question, much less help a child to avoid it, or an adult homosexual to change it? But we take our stand with history and with the majority of the population that thinks same-gender sex is something that hurts people.

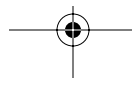
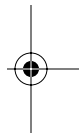
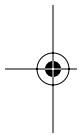
We have included many clients' testimonies to illustrate the chapters in this book. Naturally, names, places and any identifying details have been changed to protect their privacy. But be assured that their stories are true.

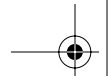
This book's focus on the role of parents is not intended to *blame* but to *educate*. Not one of the parents I worked with had wished to influence his or her child—or even to *fail to intervene* where intervention was necessary—in a way that could lay the foundation for future homosexuality. But despite the best of intentions, many remained trapped in harmful family patterns. And indeed many were sadly misinformed, believing that nothing could be done to influence a child's sexual-identity development. The reasons for this truly shameful lack of accurate information from the mental health profession are discussed in chapter eight, "The Politics of Treatment."

Thankfully, we have found that once parents are given accurate advice, they quickly make changes and proceed enthusiastically toward helping their child develop a healthy gender identity. One father acknowledged that his "gut" told him something was wrong, and he indeed sensed what he needed to do, but he heard nothing but warnings from teachers and counselors not to "traumatize your son" but rather to accept him "for who he is."

But when parents consult with a psychotherapist who validates their desire for heterosexuality in their child, and who offers specific guidance to what they intuitively know they should do in response to his gender confusion, there is hope for a heterosexual outcome. Once they have found professional support for their parental intuition, these mothers and fathers immediately grasp their therapist's treatment plan. They are more than willing to begin applying the positive and affirming strategies that have been outlined for them. This book contains many of those same intervention strategies.

Dr. George Rekers, a nationally known expert on sexual disorders, writes that "gender nonconformity in childhood may be the single most common observable factor associated with homosexuality." And there is considerable evi-





dence, he asserts, that the child with a gender-identity problem *can* resolve the difficulty—with or without psychiatric intervention. Rekers reports, “In a sizable number of cases . . . the gender-identity disorder resolves fully.”

Although biological factors *do* have a predisposing effect in some children, Dr. Rekers believes change is possible because family and social influences appear to have the most powerful influence in the development of homosexuality. Most parents hope for heterosexuality for their children, he notes, and the therapist should not direct the course of treatment to work against the parents' values.⁶

In addition, Dr. Rekers believes that when the therapist is working with a teenager, he should clarify some important points:

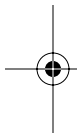
- There are life-threatening health risks associated with a gay lifestyle.
- A gay lifestyle adjustment will be difficult and socially controversial.
- Premature sexual activity is psychologically risky.
- The client will be much better able to make wise choices in adulthood about his sexuality.

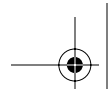
The bulk of research on gender identity has been with boys. Male homosexuality is, in fact, my own clinical specialty; therefore, most of the advice within this book is about boys. We hope that another writer will carry our work further to more fully investigate lesbianism and its prevention.

Perhaps you are concerned about your child and his or her sexual development. Maybe your son or daughter is saying things like “I must be gay” or “I’m bisexual.” You have found same-sex porn in his room. You have found intimate journal entries about another girl in your daughter’s diary. The most important message we can offer is that there is no such thing as a “gay child” or a “gay teen.” We are all designed to be heterosexual. Confusion about gender is primarily a psychological condition, and to some extent, it can be modified.

We think you will find the information in the pages that follow to be both encouraging and affirming. In reading these stories, you may see something of your own son or daughter and be motivated to more strongly affirm that child’s healthy, sex-appropriate gender development.

In closing, we wish to reiterate that we have strong philosophical differences with the American Psychological Association, of which I am a member. They have taken a one-sided, gay-affirming stance in recent years, supporting a political philosophy that actively promotes gay marriage, gay adoption and the normalization of homosexuality, while stigmatizing traditional values and eroding the nuclear family model. The APA’s positions are not purely scientific





stances, since none of these are strictly scientific matters; they represent the APA's political-philosophical opinions and its own sexual-liberationist values.

The APA's political control over the free flow of ideas has in fact grown so oppressive in recent years that we would call it less of a scientific group than a professional trade guild whose goal is to advance a liberal political agenda within our society. In fact, in a rare article of rebuke published in a major professional journal, one bold psychologist-critic charged that the APA's lack of respect for viewpoint diversity actually "biases research on social issues, damages psychology's credibility with policymakers and the public, impedes serving conservative clients, results in *de facto* discrimination against conservative students and scholars, and has a chilling effect on liberal education."⁷

In writing this book, we have made every effort to represent the scientific data in a fair and accurate manner. We do not wish to imply that the model of prehomosexuality described here is the only pathway to homosexuality. However, we believe this model is the most common one. Nor do we wish to imply that there is one easy answer that will prevent homosexual development. What you, as a parent, can do is provide the optimum environment that is within your ability to provide.

If you agree with us that normality is "that which functions according to its design," and that nature calls us to fulfill our gendered destinies as male and female, then we invite you to read on. As parents ourselves, our goal is to offer you hope, support, education, and encouragement.

Note: As you've probably already observed, this book sometimes uses "I" and sometimes "we" in expressing authorship. This alternation is not as random as it may appear. The "I" represents Joseph Nicolosi speaking; all other sections represent the contributions of both authors.

