

Mental Health of Homosexuals

One of the many “facts” that homosexual activists have used to their advantage is their claim that there is no difference in the mental health of homosexuals and heterosexuals. That is, when it comes to things like being unsettled, unhappy, depressed, or having irrational fears, homosexuals and heterosexuals experience these phenomena at much the same rate and are therefore indistinguishable overall. This indeed was supposedly why the American Psychiatric Association removed homosexuality from its ‘disorders’ list. But the empirical evidence is rapidly running against this claim of ‘equality.’ Yet another new study adds to its debunking.

Theo Sandfort — an apparent homosexual — has published the findings from a large,

nationwide, random survey of 7,076 Dutch adults aged 18 to 64. Like other similar studies, a little over 30% of those who were targeted for interview declined to participate. But of the 5,998 respondents who said that they had been “sexually active” the preceding year, 82 men (2.8% of the sexually active and perhaps 2.6% of all men in the sample) and 43 women (1.4% of the sexually active and perhaps 1.3% of all women in the sample) said that they had had homosexual sex in the past year.

How did these different groups compare on indices of mental health? Similar to other recent, well-done studies. The prevalence of various mental disorders during either the past year or over one’s lifetime are presented in Table 1.

Although the small sample of homosexuals leads to some statistical uncertainty in the figures, this is the same pattern that emerged from the National Household Survey of Drug Abuse (NHSDA) conducted by the U.S. government in 1996.

In both studies, women test a bit ‘less stable, more anxious, and more moody’ than men, while men more frequently report substance abuse. For both sexes, homosexuals test less mentally robust than heterosexuals overall, and — especially among lesbians — report more frequent substance abuse.

This is yet another well-done piece of research that reports essentially the same findings traditional thinking would expect. But they are the opposite of what ‘modern psychiatry’ has

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AIDS Education Test in Sweden

Sweden instituted AIDS education of the same sort and same kind as the U.S. in 1987 — at just about the same time our government did. While a complete accounting of all the ‘condom talk’ and public discussion of homosexuality has never been conducted, the Swedish Medical Research Council and the Swedish National Institute for Public Health attempted a fairly comprehensive assessment of some of the changes in Swedish society due to AIDS education that occurred between 1987 and 1997. The results of that investigation have now been published.

Many traditionally minded groups were dead set against mainstream AIDS education. These groups — including FRI — were concerned that too much

sexual information would be disseminated to youth. In turn, traditionalists worried, youth would be stimulated to more sexual venturism — including homosexuality. As a rule, the traditionalists held, sex education should be



brief, focused toward some basic biology, and coupled with support for marriage and admonitions against fornication of any stripe.

The sexual liberals had an entirely different take. Kids, they ar-

gued, ‘owned’ their own bodies and had the right to know much about the ways they could use their bodies to get pleasure — particularly sexual pleasure. Knowledge, they claimed, was in short supply among the young, and the more knowledge society could give kids the more rationally youth could and would behave. Education, they asserted, was the ‘key’ to combating the spread of AIDS.

Both the traditionalist and liberal points of views came from different perspectives and assumptions. Traditionalists regard it as better to keep our youth fairly ignorant of sexual matters, because many youth — if they are fully informed — will end up doing things that they would not have considered doing had the topic

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A tantalizing mix of recent headlines

] **San Francisco:** The city council has voted to pay up to \$50,000 for sex-change operations for city employees. Since the going surgical rate is about \$37,000 for male-to-female *v.* \$77,000 for female-to-male and the employee will be required to pick up 15% of the cost, the policy looks suspiciously discriminatory against women. (*Omaha World Herald* 2/17/01)

] **New York:** E*TRADE president, Kathy Levinson, and lesbian partner Jennifer Levinson donated \$300,000 to defeat California’s successful defense of marriage initiative. Jennifer was the ‘stay at home mom’ for their two school-age children. Now, Jennifer has ‘fallen in love’ and is staying with Sarah Hainstock, mother of one of the school-mates of the Levinsons’ children. Breaking up is hard with millions of dollars and two kids at stake, but they are headed to court. (*Advocate* 3/27/01)

] **Santa Monica, CA:** New estimates show treatments for antiviral drugs against HIV cost about \$20,000/year. The good news? Costs of treating HIV-infected individuals have dropped from around \$50,000/year early in the epidemic. The bad news? While about 16,000 die, another 40,000 become infected each year, so there is an annual growth of about 25,000 with HIV. About 345,000 currently have AIDS and close to that number are HIV+. The really bad news? Costs are borne by tax- and insurance premium payers. (*Wall Street Journal* 3/15/01 & *HIV/AIDS Surveillance Report* 2001)

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held since the mid-1960s. Not only is engaging in homosexuality bad for those who participate in it, but, collectively, homosexuals have a detrimental impact on society.

Reference:

Sandfort TGM, Graaf R, Bijl RV, Schnabel P. Same-sex sexual behavior and psychiatric disorders. *Archives of General Psychiatry* 2001;58:85-91

Table 1. Prevalence of Mental Disorders in Netherlands

Mental Health Index	Male		Female	
	Hetero	Homo	Hetero	Homo
n	2796	82	3077	43
% in last year:				
mood disorders	5.2	17.1	9.3	14
anxiety disorders	7.6	19.5	16.4	16.3
substance abuse	12.7	17.1	2.9	14
> 0 disorders	21.1	35.4	22.4	34.9
> 1 disorder	5.5	17.1	9.8	7
% in lifetime:				
mood disorders	13.3	39	24.3	48.8
anxiety disorders	13.2	31.7	25.1	25.6
substance abuse	29	30.5	7.1	25.6
> 0 disorders	41.4	56.1	39.1	67.4
> 1 disorder	14.4	37.8	21.3	39.5

The Joy of Torture Sex?!!

There are other “sexual minorities” besides homosexuals. Perhaps as many people have engaged in torture-sex or sado-masochistic sex [S&M] as have participated in homosexuality. In FRI’s 1983-84 national study, 5% of heterosexual men and 4% of heterosexual women said that they had — at least once — engaged in S&M. About 10% of heterosexual men and 7% of heterosexual women also said that they had participated in bondage and discipline [B&D].

The American Psychiatric Association does not classify participation in B&D or S&M as a mental ‘disease,’ unless by doing so one finds that it ‘impairs work, social, or personal functioning.’ So most people who engage in torture-sex and/or humiliation-sex are considered perfectly ‘normal.’

As it turns out, while one doesn’t have to be homosexual

to engage in these kinds of bizarre sexual practices, about a third of homosexual men and about 15% of homosexual women claimed in the FRI survey that they had engaged in S&M, and about a third of homosexuals of both sexes said that they had participated in B&D. In practical terms, since a greater proportion of homosexuals have tried B&D and S&M, we would also expect that the real devotees to these activities would be disproportionately homosexual.

And that appears to be the case. In Finland, investigators recently examined the 164 male members of two B&D/S&M clubs, one of which is called the “Kinky Club.” Apparently, there were too few female members to interview. In this study, only 28% of the men said that they were ‘exclusively heterosexual,’ about 13% said that they were ‘predominantly

heterosexual,’ but fully 59% said that they were homosexual or bisexual.

Given the degree of personal and psychological commitment and self-convincing it takes to do something so outside the norm of society’s preferred sexual behaviors, it should not be surprising that homosexuals — who after all have already rejected society’s norm of heterosexuality — constitute such a large fraction of B&D/S&M club members. Belonging to such a club would seem to require a level of commitment to B&D/S&M sex. While many heterosexuals may have *tried* B&D/S&M at some point, those who engage in it regularly or semi-regularly are likely to be those who have less inhibition about flouting social conventions and mores.

So while the proportion of homosexuals who have engaged in B&D/S&M is about five times larger than the proportion of heterosexuals who admit to such sexual behavior, we would not be surprised if a third, or even a half of those ‘really committed’ to B&D/S&M were homosexual, even as the results from Finland suggest.

Comparing the specific kinds of B&D/S&M activities favored by homosexuals versus heterosexuals at the Finnish clubs, there were a number of differences as well as some similarities. Gays were more apt to ‘dress up’ in leather (97% v 80%), and to have engaged in anal intercourse (95% v 71%), oral-anal contact (87% v 71%), and ‘wrestling’ (63% v 23%). Heterosexuals were more apt to have participated in blindfolding (78% v 58%), vaginal intercourse (95% v 0%), cross-dressing (52% v 9%), and using a strait-jacket for sex (27% v 10%). All in the name of ‘sexual fun.’

Keeping in mind that ‘sex with pain’ basically defines B&D/S&M activities, almost everyone at the clubs engaged in oral sex, flagellation, and handcuffs. However, large fractions of both homosexuals and heterosexuals also admitted to playing with urine (~50%), giving enemas (~42%), and playing with feces (~18%). In fact, the very things that society instructs people to ‘get rid of’ or to ‘flush down the toilet’ are the things this sexual minority wants to play with!

Despite their sexual risk-taking and flaunting of convention, the outward appearances of these Finnish men seemed fairly ‘normal.’ The B&D/S&M enthusiasts were fairly well-off compared to their countrymen. They were on average more educated and made more money. The gay club members were disproportionately teachers and administrators, while the heterosexual members were more frequently blue-collar workers.

The men also tested as OK on the psychiatric scales they were given. Further, most of them also engaged in “ordinary sex” in addition to their B&D/S&M activities.

Clearly, as the world becomes more and more ‘free’ for sexual license, it is only a matter of time before other sexual minorities begin to demand their fair share of ‘civil rights.’ As long as public policy and law continue to be molded to give everyone ‘rights’ — so long as they can pass a mental exam and are not obviously and publicly endangering others — the parade of new and additional ‘victims’ will continue.

References:

1. Cameron P, Cameron K, Proctor K. Effect of homosexuality upon public health and social order. *Psychological Reports* 1989;64:1167-1179.
2. Sandnabba NK, Santtila P, Nordling N. Sexual behavior and social adaptation among sado-masochistically-oriented males. *Journal of Sex Research* 1999;36:273-282.

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not been broached in a public forum. Traditionalists see young persons as being at best semi-rational, given to rebellion and generally not mature enough to appreciate the long-term consequences of their sexual activities.

The liberals espouse the belief that mankind — including kids and teenagers — is ultimately rational. The more information they have, the better their decisions will be. And while traditionalists believe that all sexuality should be housed in marriage, the liberals believe that marriage is only one of many possible appropriate venues for sex.

The traditionalists looked at AIDS education with dread. It would, they predicted, tend to make youth even less sexually responsible than they otherwise might be. Teenagers would ‘drive condoms’ like they drove cars — very erratically. Further, the traditionalists predicted, because youth are so irrational when it comes to sex, AIDS education would probably turn out to be counter-productive. That is, when the dust settled, society would be worse off sexually after AIDS education than it was before. AIDS education would neither prevent nor probably even slow the spread of HIV. Instead, more and more kids would be sexually charged, with all that that implies.

The liberals regarded AIDS education as a great test of their understanding of man. If fully implemented, the liberals argued, AIDS education would not only stop or slow the spread of HIV, but it would have additional benefits of freeing youth from the oppressive customs of the past — customs that were ‘unscientific’ and ‘judgmental.’ With more freedom, the liberals promised, would come more responsible behavior. Not only would there be less partner changing and less casual sex, as teenagers realize the irrationality of doing otherwise, but kids would be more apt to use condoms in all situations, so society would win three ways.

So what happened in Sweden? Did AIDS education work like the traditionalists or the liberals thought?

In some respects Sweden is a “neat test.” The country is small (only about 9 million people), and fairly homogeneous (i.e., there isn’t a lot of ‘cultural or racial diversity’). Of course, because it is

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more homogeneous the results of AIDS education there might not apply to larger, more diverse countries such as the U.S. or Russia.

However, because everyone is registered and known by the government, a truly random sample of the Swedish population can be drawn. So in 1987 when the AIDS education program began, as well as in 1989, 1994, and 1997, researchers attempted each time to contact a random sample of 4,000 Swedish adults. In 1987, 71% of those contacted agreed to participate in the study, but by 1994 and 1997 only 64% agreed.

As a rule in sex studies, at least 30-35% of the sampled individuals refuse to participate. No matter what the effort, no sex survey has ever really gotten better than an approximately 70% response rate. Consequently, because that “missing 30%” could ‘all be homosexuals,’ ‘all be straight,’ or ‘all be deviant,’ there is always significant uncertainty lurking in the results. No different for this Swedish study.

The authors of the study concluded that “changes in attitudes regarding HIV were more robust whereas only modest changes in sexual behavior were observed. The fear of HIV-seropositive persons, optimism that a cure or vaccine would be developed, and engagement in discussion concerning HIV all decreased over the 10 year period. A trend in increased condom use was observed, particularly in younger participants, but little change in sex with mul-

iple partners and unprotected casual sex was observed between 1987 and 1997.”

Let’s consider this conclusion a bit more carefully.

First, when it comes to a culturally influenced, central activity such as sexual behavior, we wouldn’t expect many changes no matter what the educational program. Even the biggest, baddest plague of all — syphilis — had, as near as we can tell, little influence on the typical sexual habits of Europeans when it hit in the Middle Ages.

Likewise, the current assault on Africa by the AIDS virus has had no measurable impact upon Africans’ sexual activities. Yes, AIDS is killing them by the millions, but no, they are not becoming chaste as a consequence. Seeing dozens, hundreds, and even thousands dying around one, seeing tragic tales of death on TV, and being hectored by the federal government... none of these factors has much affected African sexual activity. Why then would a media/educational campaign have much of an impact upon the sexual habits of Swedes?

There was evidence that opinions were changed. In 1987, 51% of those interviewed were concerned about being around a person with AIDS. By 1997 that proportion had dropped to 20%. In 1987, 49% were optimistic that a cure for AIDS was ‘just around the corner.’ By 1997 the optimists had dropped to 32%. And people were not talking as much about AIDS in 1997. The proportion engaging in a recent serious discussion of the topic had dropped from 71% to 30%.

But how about sexual behavior?

A 16 year-old in 1997 would have been 6 in 1987, so any 16 year-old could be said to have ‘come of sexual age’ during the AIDS education program. Likewise for 17 to 19 year-olds, for even a 19 year-old would only have been 9 when the AIDS education program started. Perhaps the AIDS education program would have had less influence upon the 11 or 12 year-olds in 1987, and almost

certainly would have competed with messages and information received earlier for the 13 to 15 year-olds. Nevertheless, the two youngest groups — the 16-17 and 18-19 year olds — ought to offer the best test of the impact of AIDS education.

Condom use

One question asked was: “Have you or your partner used a condom at least once during the past month?” The proportion of 16-17 year-olds answering ‘yes’ went from 37% to 48% (up 30% and statistically significant). For 18-19 year-olds, the figure went from 26% to 36% (up 38%, statistically significant). And for 20-24 year olds the figures went from 20 to 25% (up 25%, statistically significant). So by this measure, condom use increased for the age group most likely to be affected — those aged 16-19 — by 34%.

Multiple Partners

Among 16 and 17 year-olds, the proportion reporting multiple partners went from 9% to 10% (up 11%, not statistically significant), while among 18 and 19 year-olds, the proportion reporting multiple partners went from 12% to 16% (up 33%, statistically significant). For 20-24 year olds, the proportion saying that they had had multiple partners in the

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Cameron's Corner

Christians Giving Up in Nebraska?

FRI got its start in Lincoln, Nebraska shortly after I led the fight against gay rights in that city. In 1982, with overwhelming Christian support, voters defeated gay rights 4:1. Last November, Nebraskans statewide rejected gay marriage in a referendum 7:3. Given that this most recent vote was decided by little more than a 2:1 margin, it seems probable that opposition to gay marriage has dropped significantly in this fairly Republican state.

Now, a bill to give special employment rights to homosexuals is before the Nebraska legislature. It was not, and is not being opposed by Family First — an affiliate of Focus on the Family — the Catholic Conference (which, as I recall, was anti-gay rights in 1982), or the Nebraska Chamber of Commerce (which supported my efforts in 1982). The bill would give special protections to homosexuals employed by firms with 15 or more employees and would exempt religious organizations.

A spokesperson for Family First told me, on April 11, that it might try to get a 'religious exemption' for employers with anti-homosexuality religious scruples as the bill moved through the legislature, but otherwise the group was not uncomfortable with the proposal. So Focus on the Family and its affiliates have gone from all out support of Amendment 2 in 1992 — which would have abolished gay rights in Colorado municipalities — to acquiescence regarding a statewide gay rights law in Nebraska in 2001.

That which a society protects says a lot about it. The 'right' to one's own particular brand of sexual expression has obviously risen to considerable heights when 'homosexuals' are given the same special job protections as blacks. Their indifference to this law says even more about the two Christian organizations which are taking 'a pass' on it. The Catholic Conference, like its Catholic counterpart in Maine last year and Catholic Church officials in Maryland this year, is explicitly disobeying the Magisterium of the Church. The Magisterium has decreed that those who engage in homosexuality have no 'right' to any job (indeed, when the job involves children that they ought to be excluded), and explicitly called upon faithful Catholics to oppose all gay rights legislation whether or not it exempted religious organizations. Family First is 'turning its gaze' from the very issue that animated Bible-believing Christians in Lincoln just 19 years ago. At that time, all the Christian groups in Nebraska agreed that if the Biblical mandates about homosexuality were true and good when they were issued, then they were true and good for today's society.

Traditional Christianity is the last major obstacle facing the gay rights movement. The Chamber of Commerce will do what it thinks is good for business; it has no particular moral code. But Christianity, being the dominant religion in the dominant country of the world, is the 'nut' that gay activists have to crack to gain world-wide acceptance.

That the chief representatives of traditional Christian organizations in Nebraska have 'folded' on this one says a great deal about where the U.S. elite and American Christianity is heading. It will be interesting to see whether the laity will 'obey' its leadership and follow it on gay rights in Nebraska. Or whether, as in Maine this past year, the Christian electorate will ignore its leaders, come out fighting, and defeat gay rights yet again.

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past year declined, from 14% to 12% (down 14%, not statistically significant). So, for the 16-19 year olds, the proportion reporting multiple partners in the last year went up 22%.

Casual Sex

As to casual sex, the proportion of those aged 16-17 reporting at least one instance of casual sex went from 11% to 14% (up 27%, statistically significant). For those aged 18-19, the proportion went from 13% to 19% (up 46%, statistically significant). But for those aged 20-24 the proportion went from 16% to 17% (not statistically significant). So on this measure of

sexual activity, one critical to any AIDS campaign, those aged 16-19 increased 37%.

Who Was Right?

No one doubts that you can teach 'facts' about AIDS to the general population, whether or not these 'facts' are true. So there is no real test of either the traditionalist or liberal thesis in the 'AIDS knowledge' portion of the Swedish study.

But the liberals were apparently right about condom use. It seems to have gone up. Of course, since respondents only had to have used a condom once in a month

to answer 'yes' to the question, total condom use may not have increased much, if at all.

On the other hand, when it comes to teen sex, the traditionalist view seems to be supported. Concerns about sexual behavior among teenagers being stimulated by AIDS/condom-talk are generally borne out by the Swedish data, with the youngest groups reporting more casual partners and a greater incidence of multiple partners in 1997 than in 1987.

So the liberals were right about teenagers using more condoms and the traditionalists were right

about the AIDS program being stimulative of teenage sexuality. The outcome, however, was not a 'toss-up.'

Yes, the liberals were correct in thinking that they could get more teenagers to wear condoms for sex. But we don't know how well these condoms were employed. Teenagers do drive cars — even as adults drive cars. But teenagers drive cars much more recklessly on average than adults do. The Swedish study does not provide any evidence that the teenagers did 'a good job' of using condoms.

Any increase in condom use — even if used poorly — probably provides some protection against sexually transmitted disease or unintended pregnancy. But it does nothing about the social, psychological, or even characterological effects of increased fornication. And to what extent does condom use offer a false sense of security to sexually active teens, further stimulating additional sex and perhaps the more frequent reports of casual and multiple partners that were found?

If all the changes recorded in the sexual behavior of teens are considered a consequence of the AIDS education program (and that may or may not be a fair assumption), a modest increase in condom use has been purchased with greater amounts of fornication.

That would seem to be a bad bargain. Significant erosion of appropriate sexual standards — standards eminently useful to the continuance of a society — has been the price of greater condom use. Yet condom use has not been clearly shown to reduce HIV susceptibility, either in Sweden or elsewhere. So something that has 'worked' for thousands of years — saving sex for marriage — has been sacrificed in favor of a product with considerably less than sterling credentials. All in all, a very bad exchange.

Reference:

Herlitz, CA; Steel, JLA decade of HIV/AIDS prevention in Sweden: changes in attitudes associated with HIV and sex risk behaviour from 1987 to 1997. AIDS, 2000, 14:881-890.