

Pediatrics Group Bows to Politics, Not Science

Endorses Gay Adoptions

Recently, the American Academy of Pediatrics [AAP] recommended “legal and legislative efforts” to allow children “born to, or adopted by one member of a gay or lesbian couple” to be adopted by the homosexual partner. If passed, such a law would effectively eliminate the possibility of adoption by other family members following the death of the parent. It could also cause problems for many children.

The AAP — like many other professional organizations — is apparently too caught up in politics to consider all the evidence relevant to homosexual adoption. In fact, in its report, the organization offers only positive evidence about gay men and lesbians as parents: Thus gay fathers “adhere to stricter disciplinary guidelines,” “place greater emphasis on guidance and the development of cognitive skills” and

are” “more involved in their children’s activities”; “[l]esbian mothers strongly endorse child-centered attitudes and commitment to their maternal roles and have been shown to be more concerned with providing male role models for their children than are divorced heterosexual parents.” “In fact,” the report concludes, “growing up with parents who are lesbian or gay may confer some advantages to children.”

Like many quasi-scientific pronouncements on this issue, the AAP report failed to acknowledge the existence of other studies that focus on the pathological behaviors of children with gay or lesbian parents. Yet a number of clinical reports detail “acting out behavior,” homosexual seduction, elective muteness, and the desire for a mother.

To arrive at its conclusions,

the AAP ignored every comparative study of children that showed that those with homosexual parents experience more problems.

These include:

- The largest comparative study, where 58 elementary-school children raised by coupled homosexual parents were closely matched (by age, sex, grade in school, social class) with 58 of cohabit-

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ing heterosexual parents and 58 raised by married parents. Teachers reported that the married couples’ children scored best at math and language, somewhat lower in social studies, experienced the highest level of parental in-

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Income Gap Not Related to Public Health

Is income inequality a public health concern? If there were a smaller income difference between the top, say, 5% of the population and the bottom 10%, would the whole population benefit healthwise?

Wealthier people, of course, generally live longer than poor people. But much of this relationship exists because many people’s habits drive them to poverty (e.g., drunks, drug users, spendthrifts, etc.). So the real issue at stake is not the fact that income differences exist or that some individuals tend to live longer than others, but rather the size of the gap between rich and poor and its effect on the average lifespan.

The American Public Health Association has issued many a resolution favoring reducing income inequality and has trumpeted its desire — on ‘public health’ grounds — for the ‘rich’ to be made to ‘share’ with the ‘poor.’ Ostensibly, income inequality in a country causes the whole country to be less healthy on average — by lowering the lifespan.

In 1992 a rather famous paper was published in the British Medical Journal that purported to demonstrate that those countries with less income inequality had higher life expectancy. The politicians in Scandinavian countries rejoiced. They had been pursuing a ‘leveling’ strategy for years through the

welfare state, and to have it proven that what they were doing was ‘good for everyone’ was nothing less than a godsend.

Alas, in the past decade many researchers looked at much better epidemiological data. The result? The ‘finding’ has disappeared! It’s gone. Vanished. And almost without a trace.

Johan Mackenbah, Professor of Public Health, summarized data from around the globe on the income-inequality issue in the January 5, 2002 British Medical Journal in the editorial Income Inequality and Population Health.

As happens so frequently in science, the flag went up. The media trumpeted the ‘big news,’ but now the flag has been quietly lowered.

INSIDE THIS ISSUE...

- A Reply to Critics



A tantalizing mix of recent headlines

-] **San Antonio:** A jury convicted a 19-year old man of murdering a gay professor of religion at *Our Lady of the Lake University*. Seems the kindly professor picked up the hitchhiker and had sex with him three times before the hitchhiker ‘lost it’ and stabbed him to death at the prof’s home. The young man had a criminal record. (*Washington Blade* 12/14/01)
-] **San Francisco:** The *American Medical Association* [AMA] voted December 3 to include the *Gay and Lesbian Medical Association* in its Specialty and Service Society. Two days later, under pressure from its new affiliate, the AMA passed a resolution in favor of homosexual domestic partner benefits. (*Washington Blade* 12/14/01)
-] **Netherlands:** A Muslim cleric had charges filed against him after he said on national TV that “Homosexuality is damaging for Dutch society. Homosexuality isn’t limited to people with this disease, it can spread.” He could face one year in prison for promoting discrimination. (*Washington Blade* 12/14/01)
-] **Amsterdam:** 1,900 couples were wed in the first six months of the new law allowing full marriage for homosexuals — 2,100 men and 1,700 women ‘tied the knot.’ (*Washington Blade* 12/21/01)

Pediatrics *from page 1*

involvement at school and also at home, and had parents with the highest expectations for them. The children of homosexuals scored lowest in math and language, somewhat higher in social studies, were least popular, experienced the lowest level of parental involvement at school and also at home, had parents with the lowest expectations for them, and least frequently expressed higher educational and career expectations.

Yet the AAP said that studies have “failed to document any differences between such groups on... academic success.”

The organization’s report also ignored:

- A study that included the largest number of children with homosexual parents: It compared 73 children of homosexuals with 105 children of heterosexuals. Of the 66 problems cited by panels of judges who reviewed the living conditions and psychological reactions of children of homosexuals undergoing a divorce from heterosexuals, 64 (97%) were attributed to the homosexual parent.

In addition to these comparative group studies, considerable anecdotal evidence exists that children who live with homosexual parents experience big problems as a consequence.

Over 150 children with homosexual parents have provided, in extensive interviews, detailed evidence of the difficulties they encountered as the result of their living arrangements. A study we published this year in a peer-reviewed journal analyzed the content of 57 life-story narratives by children with homosexual parents. (These narratives, focusing on 52 homosexual families, came from books published by lesbian researchers.)

In these narratives, children in 48 (92%) of the 52 families

mentioned one or more “problems/concerns.” Of the 203 problems which were scored — hypersexuality, instability, molestation, domestic violence — children attributed 201 (94%) to their homosexual parent(s).

Here are two sample excerpts:

- 12-year-old boy: “Mum... has had several girlfriends in my lifetime... I don’t go around saying that I’ve got two mums... If we are sitting in a restaurant eating, she’ll say, ‘I want you to know about all these sex things.’ And she’ll go on about everything, just shouting it out... sometimes when mum embarrasses me, I think, ‘Oh god I wish I had a

dad... Been to every Gay Pride march. Last year, while attending, we went up to a field... when two men came up to us. One of them started touching me. I didn’t want to go this year because of that.”

- 39-year-old woman: “In my memories, I’m always looking for my mother and finding her with a woman doing things I don’t understand... Sometimes they blame me for opening a door that wasn’t even locked... [At about the age of 10], I noticed a door that I hadn’t yet opened. Inside I saw a big bed. My mother sat up suddenly and stared at me. She was with

B... and then B shouted, ‘you f—ing sneaking brat’... my mother never said a word... [Then came N] I came to hate N because of the way she and my mother fought every night. They screamed and bickered and whined and pouted over everything... N closed my mother’s hand in the car door... she and N hadn’t made love in seven years.”

The other 57 narratives can be found on our website at www.familyresearchinst.org. Anyone who believes that living with homosexual parents confers “some advantages to children,” should read these accounts.

Finally, while ignoring studies that contradicted its own conclusions, the AAP misrepresented a number of findings from the limited literature it did review. For instance, Higgins compared 18 children of 16 volunteer lesbian mothers with 18 children of 16 volunteer heterosexual divorced mothers on self-esteem.

Higgins reported statistically non-significant differences between the 19 children of mothers who were not living with a lover v. the 17 children of mothers who were living with a lover; further that [the 4] “adolescent daughters with high self-esteem had been told of their mother’s lesbianism at a mean age of 6.0 years. In contrast, [the 5] adolescent daughters with low self-esteem had been told at a mean age of 9.6 years” and” “3 of 4 of the mothers with high self-esteem daughters were currently living with lesbian lovers, but only one of four of the lesbian mothers with low self-esteem daughters was currently living with a lesbian lover.”

Yet the AAP cited Higgins as demonstrating that “Children’s self-esteem has been shown to be higher among adolescents whose mothers (of any sexual orientation) were in a new partnered relationship after divorce, compared with those

whose mother remained single, and among those who found out at a younger age that their parent was homosexual, compared with those who found out when they were older.”

The AAP thus transformed statistical non-differences into important differences — twice! Of course, the tendencies Higgins reported could correspond to real differences. But that’s the point. We could never know — based as these two results were on 9 daughters and 8 lesbian mothers — given the extremely limited study group sizes and the non-random way in which the volunteers were selected.

As usual, the media picked up on this report as authoritative, assuming that it represented the consensus of a large and highly educated membership. Not so. As in other professional organizations, the vast majority of members pay their dues, read the journal, and never engage in professional politics. As a consequence, a small but active minority of members gains control and uses the organization to promote its agenda. Too often, the result is ideological literature that misrepresents the true state of knowledge.

Gay rights activists have been particularly adept at manipulating research and reports to their own ends. For years, the media reported that all studies revealed that 10 percent of the population was homosexual. In fact, few if any studies ever came to that conclusion.

For the next few years we will have to live with the repeated generalization that all studies prove homosexual parents are as good for children as heterosexual parents, and perhaps even better. What little literature exists on the subject proves no such thing. Indeed, translated into the language of accounting, this report could be described as “cooking the books.”

Cameron's Corner *from page 4*

trists,' 'clinical social workers,' 'mental health counselors,' or 'clinical psychologists.'

One of the great insights of social psychology (my primary field) was the Hawthorne effect — which supposedly changed how people behaved if they thought they were being 'studied.' As research has continued on this effect, it has become less and less certain and is currently relegated to the 'back pages' of social psychology textbooks. Sociologists have long been noted for concocting grand schemes, or even to be interested in "social justice" (what ever that might mean). But in terms of running a social club, a company, a state, or a country, if one of these professionals is not there to give advice, little if anything is lost.

The same can be said for anthropology. Yes, anthropology has collected evidence that humans can live in many different kinds of societies with all kinds of peculiar customs (e.g., drinking cattle blood, bizarre sexual practices, etc.), but, with very rare exception, the Western — basically Judeo-Christian — way of doing things is associated with better health, longer life, and better 'stuff.'

The fields of psychology, education, sociology, and anthropology all offer advanced degrees. Folk with these degrees have all kinds of theories. But can they do anything *predictable* with these theories? Not really. So if a "clinical psychologist" is someone who knows a lot about the material in these 'soft fields' of human knowledge — but not as much about anthropology as an anthropologist, nor as much about sociology as a sociologist, etc. — and if sociologists and anthropologists are largely unable to do anything with the knowledge assembled by their disciplines (other than teach them), what does the clinical psychologist know and why should he — because of his training — be particularly good at anything?

Here is the APA booklet's answer: "As a consultant to civil legal authorities, the clinical psychologist may be asked:... Is it likely that a particular individual could have committed a crime?... Is it likely that this couple can achieve a reconciliation or should they get a divorce? Who should get custody of the children in the case of a divorce?" (p. 4). Think about it, how does anyone know whether a "particular individual could have committed a crime?" Talk to him? Give him a test? If a test would 'do it,' then presumably just about anyone could give it. And if talking to an accused 'settled the issue,' the police would need no consulting.

How does one know whether "this couple can achieve a reconciliation or should get a divorce?" How much sociology plus how much anthropology goes into the formula? What kind of training enables one to tell the future ("can achieve a reconciliation")? And what kind of value system determines when a couple "should get a divorce?"

One hundred years ago the father almost always got the children in a divorce. Today it is almost as certain that the mother will get them. Have things improved or gotten worse? [One of the latest and largest government studies seems to demonstrate that kids raised by a father alone or by a mother alone do somewhat worse than those reared with both parents.] How does the clinical psychologist decide between the two parents? How much social psychology plus how much 'biology' minus how much general psychology gives him the answer?

As if answering such questions weren't enough, "as an expert in human development and research, a clinical psychologist might be asked... How early should sex education begin and how should it be provided?... What factors result in sexual preferences?" (p. 6). And if answering those questions fail to exhaust his reservoir of wisdom, he might be asked "What conditions result in war? How can racial, religious and sexual discrimination be ended?" (p. 6).

Solutions to war? "How can racial and sexual discrimination be ended?" I guess clinical psychology really is "exciting!" And what about sexual discrimination. Should it be ended? "Should" is not a word of science, but of social engineering, faith, or religion.

You might say that what is in this booklet is all "old hat" since it was penned more than 20 years ago. But the mental health crowd hasn't changed. Witness the current President of the American Psychological Association, Dr. Norine G. Johnson in her comments about the attacks of September 11th: "We have expertise in scientific methods to expand knowledge of and approaches to diminish ethnopolitical warfare and terrorism. We have expertise in understanding culture, conflict resolution and capacity building" [N.G. Johnson (2001) *We the people. Monitor on Psychology*, 32 (10), p. 5]. Let no one say that psychologists are lacking in hubris. Every one of her statements is without empirical foundation. Every single one.

No matter how you slice it, as the profession presents itself, a trained clinical psychologist is a kind of god and, because he is interested in social change, possibly a messiah — knowing just about all the answers to all things human. And this from a profession only 50 years old!

How ever did mankind get on without them? How did clients ever get by without their paid 'confidants?'

Yet if they all died (or more charitably, changed professions), would any of us be deprived?

In short, since the formal disciplines which inform clinical psychology are largely irrelevant to human manipulation of the world in ways other than propaganda, so too is clinical psychology. If the 'talking or group therapies' that clinical psychologists espouse were held to the same standards as drug or surgical therapies, I doubt any of them could prove that they were efficacious against a comparison group that got no such therapy.

My experience with about 1,000 clients has led me to conclude that almost all of them would have done and felt better, and people around them would have liked them more, if they: 1) lived according to the rules of Christianity (with particular emphasis upon serving others rather than focusing on self); 2) were determined to be cheery and optimistic — seeing the good of what they had instead of the good they missed, 3) said nothing about someone else that was derogatory, and 4) complained to no one.

Having seen years of clinical psychology (and psychiatry) being taught; having colleagues who both 'did it' for a living and worked as psychology professors; having been employed as one, and having had ample time to sit back and reflect upon its worth — I have arrived at this rather 'hard-headed' opinion. A brighter man than I, Pitirim Sorokin, once head of the sociology department at Harvard, arrived at the same general conclusion 50 years ago.

FAMILY RESEARCH REPORT

Family Research Report critically examines empirical data on families, sexual social policy, AIDS, drug addiction, and homosexuality, digging behind the 'headlines' and breaking new scientific ground.

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A Reply to My Critics

Some readers have written me, concerned about my critical comments regarding therapy and mental health practitioners. I feel their concerns deserve a reply.

I would not deny that many times ‘two heads are better than one,’ or that it can be useful to run your perspective or interpretation by someone else for advice on your problem. This may be especially true if that someone else has seen many situations like yours or counseled many people who have a habit like yours. You might even need a ‘cheer leader,’ to encourage you, or get you to see the ‘good side’ of your life or to encourage you to stop doing something that is personally or socially injurious.

If so, it may make sense to have a ‘paid friend’ who is bound by his license to never tattle on you. You get the ‘friend,’ but no one who travels in your social circle knows about your problem or how you feel about the problem. Ultimately, your ‘social face’ is left intact. So I am not trying to ‘throw the counseling-baby out with the bath.’ Nevertheless, I have difficulty disagreeing with Dr. Bernie Zilbergeld that counseling is “overpromoted, overused, and overvalued,” as he wrote in *The Shrinking of America: Myths of Psychological Change* back in 1983.

‘Counseling’ or ‘therapy’ is not magic — far from it. It is often dangerous because the client finds himself the center of the universe — and that is almost never good for anyone. Having anyone, particularly a trained professional, waiting on you hand and foot is artificial and damaging, because almost everyone needs to court other people and their interest and good will. All of us are but a small piece of a very large network — a network that sustains us and to which we must contribute for our good as well as its benefit. Also, this center of attention only comes for a fee — something that many clients ‘forget.’

Basically, I see two key problems with the mental health movement: Its intellectual foundations are suspect, and its methods of ‘cure’ are questionable.

As to intellectual foundations, consider the booklet *Careers in Clinical Psychology: Is There a Place for Me?* published, apparently in the late 1970s, by the American Psychological Association’s Division of Clinical Psychology (I got it in 1978-79 but it has no copyright date). You might expect that the contributors (editors Beutler, LE, Hedburg, AG, Walker, CE and contributing authors Fish, J, Jacobson LI, Levinson E, Mitchell M, & Shantz, D) would all be from respected schools, and they were, including the Baylor College of Medicine, U of Oklahoma Health Science Center, U of Kansas Medical Center, U of Miami, NJ Medical School, and so on.

The booklet noted that during

“the post-[WWII] years, and with the encouragement of agencies such as the Veteran’s Administration and The National Institute of Mental Health, clinical psychology has developed into an independent and highly respected profession providing academic and research expertise on one hand and human service skill on the other. Clinical psychology is an exciting profession which offers an extremely wide variety of experiences in research, clinical practice and social change” (p. 1).

“As a physician draws from research in biology, chemistry and physics to treat organic disease, clinical psychologists draw from research in general and social psychology, sociology, biology, education and anthropology, in helping people deal with their problems effectively” (p. 1).

With the exception of biology, each of these fields of study from which clinical psychology is drawn is known for its heavy emphasis upon ‘theory’ or ‘philosophy,’ and slight emphasis upon empirical knowledge. That is, the great bulk of these disciplines are concerned with largely unproven and unprovable notions about the wellsprings of human behavior (e.g., he feels or acts this way because his parents did or did not do X), what sort of society is the most ‘just,’ the ‘right way’ to raise kids, the ‘best way’ to have a marriage, the importance (or unimportance) of promoting ‘self esteem’ in the classroom, etc.

These are not questions of science — that is of ‘fact’ — but rather issues of philosophy or social engineering. The desirability of each of these social goals is open to question, since each is a matter of opinion. But then again, “social change” is one of the trinity of things, according to the quote above, which makes clinical psychology such an “exciting profession.”

The methods of cure (that is, the therapies) are also questionable. With rare exception, and irrespective of the formal name of the psychotherapy, treatment consists of a lot of talking. The basic formula is “talk = cure.” Talking about one’s past; finding someone else to blame for a personal problem (which usually targets the parents, particularly the father) and ‘working through’ that blame; talking with and within a group of other sufferers; talking in a hot tub while nude; talking together as a couple after a controlled fight with rubber bats; etc.

How this works is illustrated by the star of the ex-gay movement, John Paulk. Some years ago Paulk was ‘cured’ of homosexuality by attending group therapy meetings. Soon he was making his living by being and talking about his role as an ‘ex-gay.’ Over time Paulk was asked to head Focus on the Family’s unit devoted to ‘curing homosexuality.’ His main task was to give speeches about the ‘healing powers’ of talk therapy in a group setting.

Then Paulk was discovered attending gay bars. The leader of the Focus on the Family talking therapy unit was caught in a compromising situation — involving the very problem from which he had been ‘healed’ through talk therapy. What could be done? Psychotherapy is basically a ‘one trick pony,’ and that trick is talking. So what happened? As of August 31, 2001, Paulk indicated “It’s been very difficult, but it has been healing. I went back into counseling. I have been in counseling for the past year.” (NARTH Bulletin, December 2001). So more talk. This time ‘talk as punishment.’ Voila! Paulk is once again ‘healed,’ and now he can go back to giving speeches about the importance of talk therapy in dealing with homosexuality in our society.

Who’s kidding whom here?

In a different society, professionals whose knowledge base consisted of insights from disciplines like anthropology, sociology and the like and whose tool-bag was filled with talk (or meditation or dream analysis) might be called gurus or shamans. In ours they are often called ‘psychia-

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