

Mental Health Professionals Endorse Pro-Gay Propaganda

Promote Pro-Homosexual Public School Education

Summary: In a major coup for gay rights, most of the major American educational and psychological professional associations joined to send a 12-page *factsheet* to the nation's school superintendents indicting schools for isolating and not supporting homosexual adolescents. The *factsheet* contends that "this isolation and lack of support" "accounts in part for the higher rates of emotional distress, suicide attempts, and risky sexual behavior and substance abuse" among adolescents involved in homosexuality.

The studies cited in the *factsheet* suggest that adolescents involved in homosexuality more frequently test as mentally distressed, and more often

claim that they have attempted suicide, abused substances, and/or are promis-



cuous. However, these same studies, based upon cross-sectional samples, do not provide an explanation for why homosexual adolescents test out as disturbed or make such claims. The

second part of this special investigation in the next *FRR* will offer an answer. While not a response that the *factsheet* sponsors bothered to consider, it nevertheless jibes best with the available evidence and common sense.

A Call To "Turn Society Upside Down"

Recently, a 12-page pamphlet entitled "Just the Facts About Sexual Orientation & Youth: A Primer for Principals, Educators & School Personnel" was mailed to every school superintendent

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Why Do the Mental Health Elite Support Homosexuality?

If those who engage in homosexuality are more apt than normal heterosexuals to generate personal and social problems, such as AIDS, criminal behavior, mental and emotional instability, etc., what should society do? At this point, there seem to be two basic options:

A) Blame homosexuality, suppress it, and try to rehabilitate homosexuals. Protect society from homosexuals by criminalizing and/or disparaging homosexual activity. Depict "what homosexuals do" as leading to other pathologies including disease. Teach that homosexual affections are counterfeit, inherently disgusting, and wrong. Warn students to avoid both homosexuality and homosexuals.

B) Blame society and reform it. Eliminate all stigma regard-

ing homosexuality. Protect homosexuals by criminalizing and/or disparaging those who do not accept the normalcy of homosexuality or who avoid associating with homosexuals.

Promote "compassion for gays" and depict "what homosexuals do" as another way to love. Teach that homosexuality is not responsible for the more frequent problems homosexuals experience. Tell students to respect homosexuality and to be comfortable around homosexuals.

Through the mid-1960s, the mental health professions agreed with traditional morality in choosing "A." People were responsible for their sexual

choices, and if a sexual choice was bad for them and/or bad for society that kind of choice had to be suppressed. Individuals

Through the mid-1960s, the mental health professions agreed with traditional morality...

plying such choices had to be restrained through ostracism, either through referral to psychiatric counseling, or through legal means.

If possible, they were to be "saved," "re-educated," or "cured," so that they would not any further act upon their homosexual desires and might even come to adopt normative sexual behavior. But just about everyone agreed that society had to be protected against ho-

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INSIDE THIS ISSUE...

- Nature of the Beast
- Sodomy and Murder in Arkansas
- Does Pot "Fry" The Brain?



A tantalizing mix of recent headlines

• **Laramie, WY:** At the recent trial of Matthew Shepard, Michael St. Clair told jurors that "he was the object of a sexual advance by" Shepard in the tavern, hours before Shepard went for a ride with his eventual killers. "It was really offensive to me. It set off something inside. It made me angry." (*Omaha World-Herald* 10/19/99)

• **London:** Elton John sang and cavorted with other homosexual performers who were dressed as cub scouts at an Albert Hall benefit honoring the 10th anniversary of *Stonewall*, a British gay rights organization. The "scouts," wearing uniforms designed for boys aged 8 to 12 or so, eventually shed most of their clothes as they made lewd gestures and grabbed their sex organs. Prime Minister Tony Blair's wife was "left stunned." Song writer George Michael told the audience that he wanted to "be remembered for writing songs and introducing 'cottaging' — haunting public toilets for casual sex — to the industry." The *Scout Association* said "we are disappointed that *Stonewall* [would] support this considering they were one of the groups that commended us for introducing our equal opportunities policy." (*The Sun* 11/30/99)

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in the U.S. According to www.GLSEN (the gay, lesbian, and straight education network), the mailing was paid for by the *National Education Association*, the *American Federation of Teachers*, the *National Association of Social Workers*, the *American Psychological Association*, the *National Association of School Psychologists*, and gay philanthropist and former Michigan legislator Michael Dively. Additional endorsements were provided by the *American Academy of Pediatrics*, the *American Counseling Association*, the *American Association of School Administrators*, and the *American School Health Association*.

The "big day" for gay rights was November 23, 1999. The *New York Times* touted the mailing of *Just the Facts* ("Group sends book on gay tolerance to schools") and almost all newspapers and major TV programs gave it considerable exposure, all the while emphasizing how many professional organizations had sponsored the pamphlet.

As Kevin Jennings, executive director of the *Gay, Lesbian and Straight Education Network*, put it, "this is a history-changing moment. The entire mainstream education and mental health establishment has said that it isn't lesbian, gay and bisexual students who need to change, it is the conditions in our schools that need to change."

Even with the absence of the *American Psychiatric Association* and the *American Public Health Association*, the assemblage of professional associations is impressive. As a consequence, many columnists praised the "scientific" nature of the 12-page *factsheet*, and slammed the "religious right" for their "narrowness" and "lack of compassion" for failing to accept homosexuality as just another way to love.

But exactly how scientific is the *factsheet* under close examination? Is it truly "educational" and based on empirical truth, or just another pro-gay "propaganda" piece? If allowed to go unchallenged, the *factsheet* will certainly be used to modify curricula in hundreds if not thousands of school districts across the land. In the long run it could have just the history-

changing effects Kevin Jennings of GLSEN predicted. Endorsed as it was by a laundry list of professional groups, the *factsheet* has been "stamped" as authoritative and something not to be taken lightly.

The Factual Heart of the Factsheet

The heart of the *factsheet* pamphlet consists of the following "facts," which are mostly presented without substantiation or reference:

"Gay, lesbian, and bisexual adolescents follow a developmental path that is both similar to and quite different from that followed by heterosexual adolescents. All teenagers face certain developmental challenges, such as developing social skills, thinking about career choices, and fitting into a peer group.

"Gay, lesbian, and bisexual youth must also cope with prejudiced, discriminatory, and violent behavior



and messages in their families, schools, and communities. Such behavior and messages negatively affect the health, mental health and education of lesbian, gay, and bisexual young people. These students are more likely than heterosexual students to report missing school due to fear, being threatened by other students, and having their property damaged at school.(1)

"The promotion of 'reparative therapy' and 'transformational ministry' is likely to exacerbate the risk of harassment, harm, and fear.

"For these reasons, the experience of gay, lesbian, and bisexual teenagers is often one of isolation, fear of stigmatization, and lack of peer or familial support. Gay, lesbian, and bisexual youth have few opportunities

for observing positive modeling by adults due to the general cultural bias that makes gay, lesbian, and bisexual people largely invisible. It is this isolation and lack of support that accounts in part for the higher rates of emotional distress,(2) suicide attempts,(3) and risky sexual behavior and substance use (4) that gay, lesbian, and bisexual students report compared to heterosexual students. . . .

"Many people may wonder why gay, lesbian, and bisexual teenagers and adults feel the need to 'come out,' i.e., disclose their sexual orientation to others. This is actually the expression of a normal tendency to want to share personal information about oneself with important others, and should be treated as such by those around the gay, lesbian, or bisexual adolescent. It is healthy for teenagers to share with friends and families their latest crush or how they spent their weekend. This process, however, is often quite difficult for the gay, lesbian, or bisexual adolescent, because there is a strong (and well-founded) fear of being rejected by others." (pp. 3-4)

"All other major health professional organizations have supported the *American Psychiatric Association* in its declassification of homosexuality as a mental disorder in 1973. Thus, the idea that homosexuality is a mental disorder or that the emergence of same-gender sexual desires among some adolescents is in any way abnormal or mentally unhealthy has no support among health and mental health professional organizations. Despite the unanimity of the health and mental health professions on the normality of homosexuality...." (p. 5)

"Finally, it is important to note that public schools may determine, as part of their instructional activity, not to disseminate information to students when that information is not well-founded, or is inadequately researched, scientifically unsound or biased in some way.... school officials should be deeply concerned about the validity and bias of materials or presentations that promote a change to a person's sexual orientation as a 'cure' or suggest that being gay, lesbian, or bisexual is unhealthy." (p. 9)

References from the *factsheet* in-

clude:

(1) Garofalo R, Wolf RC, Kessek S, Palfrey J, & Du Rant, RH. The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, 1998;101: 895-902.

(2) Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KS, Jones J, Tabor J, Beuhring T, Sieving RE, Shew M, Ireland M, Bearning LH & Udry JR. Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health. *Journal American Medical Association*, 1997;278: 823-832.

(3) Garofalo, et al. 1998. Remafedi G, Frenth S, Story M, Resnick MD & Blum R. The relationship between suicide risk and sexual orientation: results of a population-based study. *American Journal Public Health*, 1998;88: 57-60.

(4) Garofalo, et al. 1998. Resnick, et al. 1997.

Studies Cited in Factsheet

Do the "facts" in this *factsheet* square with its admonition "not to disseminate information to students when that information is not well-founded, or is inadequately researched, scientifically unsound or biased in some way?" Does the *factsheet* "just tell the facts," without implying or pretending that opinions or interpretations are facts, is it unbiased, and does it reflect the best and latest findings? Unfortunately, the answer is NO on all counts!!

The *factsheet* says that adolescents who engage in homosexuality more frequently reported "missing school due to fear, being threatened by other students, and having their property damaged at school.(1)" and also reported higher "rates of emotional distress,(2) suicide attempts,(3) and risky sexual behavior and substance use (4)."

Each of these statements is to some degree supported by the studies cited. But what the studies *do not demonstrate* is the key assertion, that "it is this isolation and lack of support that accounts in part for the higher rates" of all these horrors. Likewise, the studies *do not support* the assertion that homosexual "youth must also cope with prejudiced, discriminatory, and violent behavior and messages in their families, schools, and communities. Such behavior and messages negatively affect the health, mental health and education of lesbian, gay,

and bisexual young people.”

Indeed, demonstrating that “prejudiced messages,” “isolation,” and “lack of support” cause, even in part, the lower “health, mental health and education” of homosexual adolescents, as well as suicide attempts, risky sexual behavior and substance abuse, is precisely what the three cited studies *cannot* accomplish.

The scientific reason is that each survey was a cross-sectional study — that is, it asked students anonymously, during a particular class period, what they had done or thought. None of the studies followed students through time or even asked the students “why” the students thought they were more emotionally disturbed, threatened, etc.

Not one of these studies could possibly provide an answer to “why” — even if we took the adolescents’ reports as “gospel.” The best cross-sectional studies can do is provide an answer to “what is associated with what,” which in this case was “what is associated with homosexuality in adolescents?” Thus, instead of clearly labeling speculative interpretations as opinions, the *factsheet* pamphlet asserts these opinions as “fact.”

Study #1

Consider the first cited study in the *factsheet*, that by Garofalo et al. Of 4,159 9th-to-12th graders in Massachusetts, 104 said they “were” homosexual or bisexual. Because of the small number of homosexuals, the results for boys and girls were combined:

- 68% of those students who claimed to “be” homosexual or bisexual v. 38% of heterosexual students said that they had had a fight in the past year (38% v. 14% reported a fight *at school*);
 - 25% of the homosexuals reported carrying a weapon at school in the last 30 days v. 9% of heterosexuals;
 - 25% v. 5% reported carrying a gun in the last 30 days;
 - 25% v. 5% said that they “missed school because of fear in the last 30 days.”
- Furthermore, the homosexuals were more likely to report:
- Having engaged in sexual intercourse before age 13 (27% v. 7%);
 - marijuana use at school in the

last 30 days (32% v. 11%);

- alcohol use at school in the last 30 days (25% v. 6%);
- at least one suicide attempt in the last year (35% v. 10%);
- three or more sexual partners in the past 3 months (38% v. 8%);
- being forced to engage in sexual contact against their will (33% v. 9%);
- injection of drugs (22% v. 2%); and
- having been offered drugs at school in the previous year (59% v. 38%).

Quite an impressive list of “horribles.”

If they reported the truth, the homosexual students in this study started sex and drugs early, fought more, carried weapons more frequently, had sex with more people, took drugs and alcohol more often, and so on. If you have a lot of sex, drink, take drugs, fight, and carry weapons, as well as smoke, take drugs, and drink at school, you might have any number of reasons to be “afraid” of going to school regardless of your sexual orientation. Perhaps they were afraid of “getting into trouble” with the principal or those

they owed money for drugs, etc. The students in this survey were not asked “why” they were afraid, took drugs, fought, etc. Evidently, the kids involved in homosexuality were disproportionately among the “bad company” at their school. So many things were “wrong” with these kids that there is no reason to believe it was their homosexuality, per se, that was “the cause” or even “a cause” of these problems. Homosexuality might have contributed, of course. But the Garofalo, et al. study does not demonstrate that *in any way*.

Perhaps the homosexual kids were “discriminated against.” Many teachers and school administrators might consider these kids “troublemakers” and be glad to see them skip school. Likewise, not a few of their class-

...the homosexual students... started sex and drugs early, fought more, carried weapons more frequently, had sex with more people, took drugs and alcohol more often, and so on

mates would consider them “bad company” and avoid them. However, it is more likely to be their “partners in crime” — kids they “hung out” with in order to break so many school and social rules — that would be the kind of kids who might threaten and hurt them, and mess up their property. There is no evidence that the “good kids” were threatening them, nor does it stand to reason.

No matter what your sexual preference, if you hang out with a bad crowd you are almost certainly going to get into trouble — and a lot of that trouble will naturally come from those with whom you associate. The “homosexual youth” in this study were clearly troubled. Not only did they break the law — Massachusetts has very stringent laws concerning underage persons carrying guns or bringing weapons to school — they also *caused* trouble.

Study #2

The 1997 Resnick et al. study was based upon a nationwide sample of 12,118 7th to 12th graders. Kids who reported “same sex romantic attraction or same-sex intercourse” did *not* report more suicide attempts, did *not* report more violence (e.g., “weapon carrying at school”, having “witnessed or been a victim of a shooting or stabbing”), and did *not* report more cigarette use. On the other hand, they *did* report more alcohol and marijuana use and an earlier age for sexual debut, and they scored higher in emotional distress.

Like the Garofalo, et al. effort, the kids in this study were not asked “why” they did what they did or scored the way they did on emotional distress. All we know is that adolescents who admitted to homosexual attractions or activity tested as more emotionally distressed, admitted to more alcohol and marijuana use, and reported an earlier sexual debut.

Study #3

The 1998 Remafedi et al. study began with 36,000+ students in Minnesota. It yielded 212 male and 182 female adolescents who called themselves bisexual or homosexual. These homosexual students were then compared with a similar number of heterosexual students, who were

matched to the study group by having been in the same classroom at school when the test was given.

Remafedi, et al. reported that “gay” adolescents — but *not* “lesbian” adolescents — were more apt to score as “suicidal.” When asked if they had tried to kill themselves in the previous year, 28% of the “gays” v. 4% of their comparison straights and 21% of the “lesbians” v. 15% of their comparison straights anonymously reported that they had. Only the difference between the “gays” and the straight males was statistically significant.

What Do Anonymous Reports of Attempted Suicide Mean?

Remafedi’s finding of a difference among males in scoring as suicidal means less than you might think. For although suicide is a very serious matter, clearly none of the students answering the survey had ever been “successful” at it. And the world of suicide research features some strange and unexpected results.

As Remafedi et al. noted, “In general, teenage and young adult (13 through 24 years of age) females attempt suicide two to nine times more frequently than males, but young males are approximately six times more likely than females to complete suicide” (p. 59). Are girls less competent than boys when it

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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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comes to suicide? What emotional distress would cause boys to have *lower* rates of attempted suicide but *higher* rates of actual suicide?

All we really know is that females make suicidal gestures more frequently than males, and females are more apt to end up at the hospital or a doctor's office because of such an "attempt." It is uncertain what suicidal gestures mean, even those few gestures that end up with the adolescent in a hospital, because such gestures do not usually result in permanent physical harm or death. And the overwhelming number of kids, irrespective of sex, who report anonymously having "made a suicide attempt last year" do not end up in either the hospital or any other treatment facility for attempted suicide.

Indeed, as near as we can determine, the bulk of reported "suicide attempts" are only known to the individual who made the anonymous claim! As Remafedi himself noted in 1999¹ "the extent to which suicide attempts in homosexual persons result in actual deaths remains to be determined." (p. 886)

Another puzzle is the relation between suicide and "rejection" or "discrimination." When blacks were discriminated against to a greater degree than today, they had *lower* rates of suicide than whites. Although blacks have achieved greater social acceptance, their suicide rate has remained in about the same relative position to whites.

For instance, in 1950, when Jim Crow laws existed even in Washington, D.C., the white suicide rate for those aged 15-24 was about 4.7/100,000/year while the black adolescent/young adult rate was about 3.4 — i.e., a rate 28% *lower* than for whites.

In 1995-98, the white rate for those age 15-24 was about 12.6/100,000/year while the black rate was about 9.6. Thus, although both rates rose, they rose approximately to the same degree, and younger blacks remained *less apt* to kill themselves than younger whites.²

Males and whites are often considered "privileged" when compared to females and blacks, yet males take their own lives around six times as

frequently as females, and blacks still exhibit a lower suicide rate than whites. Hmm. Do non-discrimination and "privilege" raise the suicide rate? **Are Anonymously Reported Suicide "Attempts" Real?**

Anonymous claims of thinking about suicide and having attempted suicide probably should not be taken at face value. Such anonymous claims may have some connection to actual suicide, but the connection is tenuous. After all, only about 1 of every 12,000 adolescents actually commits suicide in a given year. However, anonymous claims of having attempted suicide are made by approximately 10% of adolescents each year — that would equate to 1200 of every 12,000 adolescents. *So actual suicide rates are about a thousand times less than suicide claims!*

Until proven otherwise, it appears more reasonable to regard anonymous claims of "suicidality" as evidence of mental distress, rather than evidence of a likely future suicide. Scoring as suicidal on an anonymous survey should be taken as an index of "mental health" rather than a warning to the local coroner.

Summing the Evidence

So what can we learn from the three empirical studies cited in the *factsheet*? The Resnick et al. survey suggests that kids who have homosexual attractions report more emotional distress, more drug and alcohol use, and earlier age of sexual debut, but no more "violence" or "suicidality." Garofalo et al. found that kids who claim to "be" homosexual or bisexual report all kinds of devilmint, including more drug use, alcohol use, cigarette use, fighting, weapon carrying, more fear of going to school, and more "suicidality." The Remafedi et al. effort suggests that gay, but not lesbian, adolescents are more apt to score as "suicidal."

What is the "cause" of the apparent "fact" that homosexually-inclined adolescents are more emotionally disturbed? Is it their homosexuality or

the people with whom they associate? According to the *factsheet*, their "isolation and lack of support... accounts in part for this!"

While a limited amount of evidence suggests that homosexually-inclined adolescents are indeed more frequently emotionally disturbed, *there is no evidence* that their disturbance is due to "isolation and lack of support."

In a similar vein, what is the "cause" of the apparent "fact" that homosexually-inclined adolescents more frequently claim to have attempted suicide? Is it because of their homosexuality or perhaps because



they are more frequently emotionally disturbed or into drugs and alcohol? The *factsheet* claims that their "isolation and lack of support... accounts in part for this!"

Some evidence indicates that homosexual adolescents may more frequently report suicide "attempts," but there is *no evidence* that their claims are due to "isolation and lack of support." Worse, the three studies cited by the *factsheet* offer conflicting results: one reported greater suicidality for all homosexual adolescents, one for gays but not for lesbians, and the other no correlation at all.

How about homosexuals' more frequent claims of "risky sexual behavior" (e.g., early sexual debut, more sex partners) and more frequent "substance use?" And what about the apparent "fact" that homosexually-inclined students more frequently report getting into fights, carrying weapons, having their property damaged, and being afraid at school? Could it be because they "hang around" other "bad kids," or might their "fears" stem from their emo-

tional distress? The implication from the *factsheet* is that the school (i.e., society), not these poor kids, is at fault! But not one of the three cited studies provides evidence to support this interpretation.

Why Was The Factsheet Published Now?

The "reason for publishing this *factsheet* now is the recent upsurge in aggressive promotion of 'reparative therapy' and 'transformational ministry.' 'Reparative therapy' refers to psychotherapy to eliminate individuals' sexual desire for members of their own gender. 'Transformational ministry' refers to the use of religion to eliminate those desires." (p. 2)

Apparently, the mental health establishment was annoyed by these challengers to "their" domain. The 'reparative therapy' group is "stuck in the past," traveling over the same road that psychiatrists of the 1930s through 1960s took [see *Mental Health Elite* elsewhere in this issue]. Its very name suggests that something is "wrong" with homosexuality — that homosexual practitioners have to be "repaired."

And the ministry types have always annoyed the professionals. After all, although staffed by laymen, they offer essentially the same service as most out-patient mental health clinics. Perhaps even worse, lay-led organizations (such as *Alcoholics Anonymous*) continually embarrass the establishment by achieving "cure rates" similar to those offered by professionals — albeit "for free" instead of "for fee."

Reparative Therapy and Transformational Ministry

According to the *factsheet*, the "promotion of 'reparative therapy' and 'transformational ministry' is likely to exacerbate the risk of harassment, harm, and fear." To support this claim, resolutions by some of the professional associations sponsoring the *factsheet* are cited. For example, the *National Association of Social Workers* [NASW] is quoted to the effect that "no data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful."

While there have been no careful, systematic studies assessing the effi-

cacy of reparative or conversion therapies, the same could be said of many, perhaps even most, "treatments" offered by social workers or other mental health professionals. Further, there are substantial numbers of people who report that they were changed by either reparative therapy or through a transformational ministry. The testimonies of these individuals contradict the "no data" claim of the NASW. And this is particularly so since clinical "data" such as these testimonies constitute the bulk of "data" about any number of therapies.

The NASW claim that "in fact [such therapies] may be harmful" is, of course, true – but essentially irrelevant. Just about any therapy "may be harmful," and many "successful" therapies have been proven harmful to at least some people. Rates of lasting cure or change are generally low for any kind of strongly addictive behavior [see *Family Research Report*, Aug-Sep 1998] and there are always those who come out of treatment claiming they are worse off than before.

The other resolutions cited by the *factsheet* are considerably more political than scientific. The *American Counseling Association* says that it "opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based on ignorance or unfounded beliefs about same-gender sexual orientation." The *American Psychological Association* has made the same statement almost word for word.

Notice that these statements preclude dissent – an important value in science. Further, they strongly imply that 'the evidence is in, homosexuals are not more likely to be mentally ill,' while at the same time suggesting that those who believe otherwise are 'ignorant' or have 'unfounded beliefs.' These statements are little more than a new professional orthodoxy railing against any who would disagree with it.

In addition, the cited resolutions

contradict almost every public statement concerning homosexuality by these same organizations just 40 odd years ago! Are we to believe that members of these organizations were "unwise" then, but "wise" today? The mindset is reminiscent of that which existed within the scientific community in the Soviet Union or Nazi Germany: seekers of truth either come to a conclusion in line with professional orthodoxy, or they are ignorant, biased, etc. and deserving of punishment.

Homosexuality "Normal"?

Reinforcing this line, the factsheet claims that "All other major health professional organizations have supported the *American Psychiatric Association* in its declassification of homosexuality as a mental disorder in 1973. Thus, the idea that homosexuality is a mental disorder... has no support among health and mental health professional organizations. Despite the unanimity of the health and mental health professions on the normality of homosexuality..." (p. 5)

Only in America is there any kind of unanimity about homosexuality. In much of the rest of the world, mental health professional associations regard homosexuality as a pathology. It is classified as such in the 9th edition of the *International Classification of Diseases* (1999).

A poll of psychiatric associations in 34 countries by the *American Psychiatric Association* in 1993 found that homosexuality was regarded as "a sexual deviation, but not a mental illness" by 11 countries; a mental illness in 8 countries; is a variation on the continuum of sexual experience by 5 countries, and should be protected between consenting adults in 2 countries. These results suggest that at least a substantial minority of psychiatrists world-wide regard homosexuality as a pathology. [see *Family Research Report* May-Jun, 1994].

The *American Psychiatric Association* said the following about the results of its poll³: "American psychiatrists are among only a handful of psychiatrists worldwide who have been willing to insist that homosexuals are entitled to the same civil rights

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homosexuality.

Despite this traditional view of homosexuality, as represented for instance by psychiatrist Irving Bieber, a significant change took place this century, particularly following WWII. We have witnessed the growth of a "mental health movement." Populated by psychiatrists, school psychologists, psychologists, social workers, etc., trained in the burgeoning academic departments of psychology and social work, the members of this movement opted for choice "B" in the 1970s. By the mid-1980s, they had become vigorous social reformers on behalf of homosexuals.

At the turn of the century, perhaps 1 of every 20,000 paid workers were "mental health professionals" approximating the contemporary sense. Today, about one of every 250 paid workers is part of the mental health field, and the status of that one worker is rather high. As their numbers and influence have grown, these professionals have increasingly shifted their attentions from "reforming the individual" in order to conform to society to "reforming society" so that almost every individual's choices, particularly sexual ones, are "accepted."

Why?

Part of the answer may lie in the philosophy undergirding the mental health movement. Even as each individual is accepted as a client by a mental health professional "as he is," it is not too far a jump to the position that everyone should be "accepted" by society "as he is." Most people, even those mentally disturbed, are "nice" or socially functional at least some of the time. When talking to them, they may appear "reasonable" or "just as human as the next guy." Even their faults can often be excused to temporary lapses in judgment or the result of poor upbringing.

On a purely mercenary level, the ability to support such a large cadre of mental health workers depends on a continuing flow of new cases and the need for longer and/or more complex treatment or counseling. Witness the praise of mental health professionals for President Clinton's decision to encourage health insurer's to treat physical and mental problems on equal footing in insuring claims. However, there seems to be more to the push to reform society than mere economic livelihood.

Perhaps because homosexuals constituted so important a fraction of the "case load" of psychiatrists and psychologists in the past, homosexuals find themselves the beneficiaries of the current sea change underway in the mental health movement. Then too, even as "bad company corrupts good morals," being around the sexually aberrant so much may have led mental health professionals to expand their range of "OK." And the mentality that developed when homosexual AIDS sufferers were treated as 'victims' instead of getting their 'just deserts' undoubtedly also played a part.

Whatever the reasons, homosexuals are among the most noteworthy claimants to the newly-minted "social victim" status. They are the new downtrodden class. In the Marxian scheme of things, the capitalists had to be overthrown to "liberate the proletariat." Likewise, to satisfy the mental health revolutionaries of our day, "traditional morality" must be overthrown to "liberate sexuality." As happens so frequently when revolutionary movements begin to smell victory and fervor trumps rationality, no sacrifice is too great for "the cause."

Cameron's Corner

The Nature of the Beast

Consider the news items in this issue's Stir-FRI, along with the mostly unreported case of sodomy described at right.

A barely-teenage boy was brutally raped and murdered. His mother was surprised. She had had a "lot of gay friends," including her son's murderer. She had known the killer for seven years, and although he changed his hair color every week and moved constantly, it didn't cause her any alarm. She didn't think "he would hurt one of our own."

The British *Scout Association* gave the homosexuals what they wanted, equal access to small boys in scouting. The Scout Association was "disappointed" that *Stonewall*, the very gay rights organization that had congratulated the scouts on providing access to its youngest members, would mock and advertise the sexy nature of little boys dressed as scouts.

The British Prime Minister's wife, the very woman so fiercely in favor of gay rights and lowering the age of consent for homosexuals to age 16, was "stunned."

Each of these supporters of gay rights paid. The mother with the life of her son, the Scouts and Mrs. Blair with mockery and a taste of what is to come.

I am reminded of the fable about the dog that took pity on a serpent who promised "not to bite, if only you'll carry me across the river." Alas, upon reaching the other side, the serpent bit the dog. As the dog died he asked "why, after your promise, did you bite me?" "Ah," said the serpent, "you knew my nature. Why are you surprised?"

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and rights to consensual, private sexual relations as heterosexuals. In addition, psychiatrists from other points on the globe continue to view sex between people of the same gender as a mental illness, according to findings from a survey conducted by APA's Office of International Affairs."

In sum, the factsheet presents few genuine facts and many, many opinions. That so many of the mental health professional associations would endorse this document, when its main points are speculative rather than factual, demonstrates the commitment of these associations to politics over and above objective "truth." School districts would be ill advised to treat this factsheet as other than political propaganda disguised as science.

References:

1. Remafedi, G. Suicide and sexual orientation: nearing the end of controversy? *Archives of General Psychiatry* 1999;56:885-886.
2. National Center for Health Statistics. *Health, United States, 1999*. Washington, DC: U.S. Government Printing Office, pp. 192-194.
3. *Psychiatric News*: newspaper of the APA, September 3, 1993, p. 2.

Does Pot "Fry" The Brain?

The government regularly warns kids that "using marijuana will fry your brain." But how much truth is there to the claim? Does regular use of marijuana harm the ability to think?

A new study out of Baltimore attempted to follow almost 3,500 individuals aged 18-64 over a 13 year period. The key variable was how well one scored on a shortened IQ test, at both the start and end of the study period.

Five groups were classified by marijuana usage, after also adjusting for use of alcohol and tobacco: "never" users (61%), "lite" users (18%), lite users who sometimes used heavier drugs (10%), heavy users (10%), and heavy users who also regularly abused other drugs (1%).

The bad news for all of us: on average, every age group "lost" cognitive functioning between the two mini-IQ tests. Generally, the older the individual, the more IQ he lost. Some people – about 15% in every age group – improved their scores, but about a fifth stayed the same, and two-

thirds declined.

The BIG NEWS?

On average, those who used marijuana or used it with other drugs or alcohol did NOT score lower on IQ. Indeed, there was a slight tendency for drug users to score BETTER than nonusers! And no clear evidence of an effect due to "heavy drug use" was found either.

Because this was a fairly sound study, FRI must admit some surprise that at least for this test – the first of its kind in the scientific literature – marijuana and heavy drug use appeared to have "no effect" on IQ scores.

While follow-up studies are certainly in order, given these initial results, it appears inappropriate to say that pot use will "fry your brain." Government propaganda about drug use may not be quite "up to snuff."

Reference:

Lyketsos, C.G. et al. Cannabis use and cognitive decline in persons under 65 years of age. *American Journal of Epidemiology*, 1999, 149, 794-800.

Sodomy and Murder in Arkansas!

Jesse Dirkhising, a 13-year-old middle school student in Rogers, Arkansas, was tied up and repeatedly sodomized by two homosexuals until he died. Davis Carpenter, a 38-year-old openly gay hair stylist and his roommate, Joshua Brown, have been arrested for the crime. Brown "confessed that he sneaked behind Jesse, bound and gagged the boy, and then sodomized him repeatedly as Carpenter watched and gave instructions.

After taking a break to eat a sandwich at about 5 a.m., Brown discovered Jesse had stopped breathing. "'Even the police officers who have investigated homicide, shooting, and rape in the past were taken aback by what they saw,' said police chief Tim Keck, calling the case one of 'the most brutal' he has seen."

Carpenter had moved "26 times throughout the country" and "changed his hair color every week." Jesse was given a weekend job helping Carpenter and thought he would learn how to cut hair.

Jesse lived in a trailer with his mother, her third husband, and two siblings. Jesse's mother had known Carpenter "for seven years and had no qualms about letting Jesse stay with the homosexual couple" on the weekends. She said "I have a lot of gay friends, I never thought Carpenter would hurt one of our own children."

Another 14 year-old boy said that Carpenter had approached him, "telling me that I needed a haircut and that he wouldn't charge. He seemed a little too friendly. I just had a weird feeling." (World, 11/20/99)

In stark contrast to the Matthew Shepard case, the mainstream media has virtually ignored the hideous murder of Jesse Dirkhising at the hands of homosexuals. Apparently, reporting violence by homosexuals is not politically correct!