

# Symposium

## Let's Be Straight: A Cure Is Possible

By Joseph Nicolosi



**Joseph Nicolosi**

is a clinical psychologist, a founder of the National Association for the Research and Therapy of Homosexuality and the author of *Healing Homosexuality: Case Studies of Reparative Therapy*.

**On Homosexuality:  
Is it a disorder after all?  
Yes, and it can be cured,  
argues psychologist  
Joseph Nicolosi. Such  
cures are misguided and  
most are doomed to fail,  
counters psychotherapist  
Carlton Cornett, who  
argues that  
homosexuality should be  
accepted and tolerated.**



**Carlton Cornett**

is a psychotherapist specializing in the concerns of homosexual men and the author of *Affirmative Dynamic Psychotherapy with Gay Men*.

In the spring of 1992, ABC's *20/20* aired a show on my work as a psychologist helping clients overcome their unwanted homosexual attractions.

Afterward, *20/20*'s producer received an anxious letter from the president of my alma mater. Fearful that the school would suffer some embarrassment, the president asked the show to air a disclaimer. He was worried that viewers might think the school sanctioned therapy to change homosexuality. Adding insult to injury, he then mailed the letter to the entire student body.

*20/20* never did air such a disclaimer, but this incident is typical of the forces now silencing discussion of the issue of treatment of homosexuality. Gay activists would have us believe that homosexuality is healthy and no attempt should be made to change it, even if the client requests it.

Many psychotherapists privately view homosexuality as a treatable developmental disorder. They are not homophobes. They are not taking their position on religious grounds. But nearly all of them are afraid to speak out in academic or professional circles.

Nowhere in academia is it "correct" to believe that we ought to fashion ourselves according to any shared standards. Lesbianism is often seen as the ultimate form of feminism. Heterosexuality is regarded as an arbitrary social construct.

In American universities, one is considered homophobic if he sees any possible reason for social disapproval of homosexuality. On this topic, says historian Jerry Z. Muller, "we are still waiting for an outbreak of civil courage among academics." Psychologists have been so intimidated by the influence of gay activists that there is no organized, articulate resistance in academia.

Why was homosexuality removed

from the American Psychiatric Association's list of disorders by the association's board of trustees in 1973? To understand, we have to go back to the political climate of the 1960s. We were caught up in the fervor of the civil rights movement; there was a strong antiestablishment mood.

In this atmosphere, gay activists made a strong emotional appeal to the American Psychiatric Association's Nomenclature Committee to remove the diagnostic label, which gave legitimacy to society's discriminatory practices against gay men and women. According to Ronald Bayer, author of *Homosexuality and American Psychiatry: The Politics of Diagnosis*, the activists also presented an impressive array of evidence against the classification of homosexuality as a pathology, including citations of psychologist Evelyn Hooker, sexuality researcher Alfred Kinsey and others. The members of the committee, none of whom was an expert on homosexuality, were swayed by the careful arguments, based on studies that favored the activists' case.

But science alone did not decide the issue for them, for the board of trustees or for the majority of more than 10,000 association members who upheld the removal of the label in a 1974 referendum. Those who supported the change also responded to passionate pleas such as that of activist Charles Silverstein, who condemned the cruel effects of the label this way: "We are told that we are emotional cripples forever condemned to an emotional status below that of the 'whole' people who run the world. The result of this in many cases is to contribute to a self-image that often lowers the sights we set for ourselves in life, and many of us asked ourselves, 'How could anybody love me?' or 'How can I love somebody who must be just as sick as I am?'"

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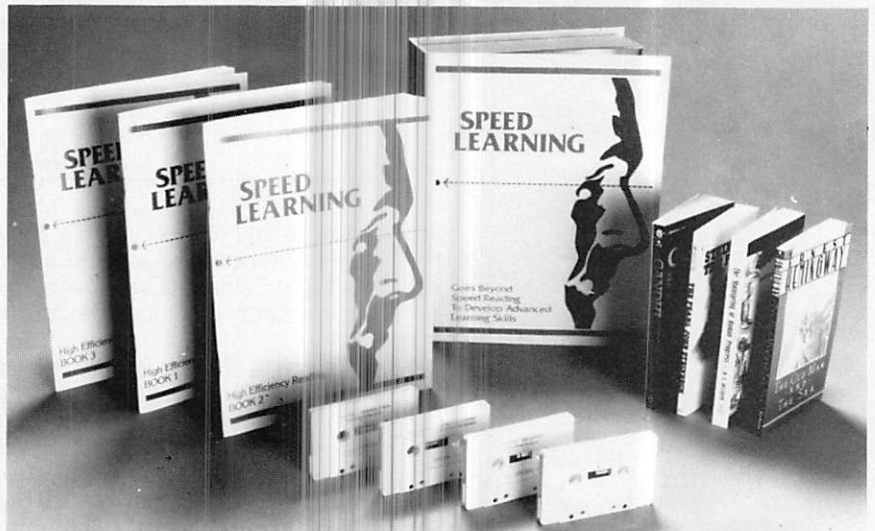
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Gay activists, left, scoff at the notion of a cure, but former homosexuals John and Anne Paulk, right, are now married.

Who could question such personal testimony? Changing the diagnostic code was a very emotionally appealing answer. It would indeed reduce social prejudice against homosexuals. Furthermore, our society was then in the throes of questioning all the concepts of normality it had so long taken for granted.

Ironically, while this was a victory for gays who wanted to come out of the closet, there was reverse discrimination resulting from this 1973 decision to depathologize homosexuality. We now see, 20 years later, that it's doing a disservice to nongay homosexuals, the large, silent group of men and women who don't identify with gay ideology. These people believe they were intended by the natural order to be straight, and they are willing to make the sacrifice necessary to try to overcome their homosexuality.

Right now, the nongay homosexual has two battles: an internal battle against his same-sex feelings and an external battle against a popular culture that neither understands nor appreciates his struggle. We have been so caught up in the concept of minority rights that we forget that some homosexual men don't want to come out of the closet. While coming out of the closet may be the solution for some, it is certainly not the solution for everyone.

Quite a few scholars have investigated the 1973 decision, and they have testified to the political and emotional basis of the American Psychiatric Association's decision-making process. The most important evidence presented at the time was Hooker's oft-cited study, which claimed to show that homosexuality is not associated with

any pathology. However, as her critics have charged, Hooker used subjects that were offered by a pro-homosexual organization. The fact that these subjects were hand-selected as healthy examples of homosexuality throws into question all of Hooker's conclusions.

Kinsey's claim that as much as 10 percent of the American population is homosexual has been widely discredited. This has been a significant issue, because the greater the percentage of homosexuals in the general population, the stronger the case for homosexuality as a natural human variation.

There was another reason the psychiatric association was willing to depathologize homosexuality. Traditionally, the cure rate had been low. The association saw no way to cure homosexuality quickly and completely, so it decided it would be more humane to declare it a "noncondition."

**T**he result is that research and therapy of homosexuality have suffered; it has not been fashionable to even talk about them. With a heavy concentration of pro-gay activists in the upper ranks of psychological organizations and social science graduate programs — and even undergraduate programs — almost no one is willing to address these questions.

And when gays define themselves as "a people" — just another addition to the diversity of our culture — who dares discuss their condition? It would be like questioning whether African-Americans tend to be more athletic, more musical or less mathematically inclined. Graduate schools are not neutral about homosexuality — they are decidedly gay-affirmative. Any student who thinks differently faces intimidat-

tion and pressure from the faculty.

Today, many psychotherapists privately tell me they support my work and view homosexuality as a problematic condition, but they add that they cannot say this publicly because it is not politically correct to do so.

I share the sentiment of the 1973 decision — namely, the desire to eliminate stigma and human suffering caused by a psychiatric label. But therapists such as myself do insist on being able to provide treatment for those who want to change. We defend our right to refine and present an argument for the developmental causes of homosexuality. We are not "against" gays, but we are "for" nongay homosexuals, and we support and value their struggle.

The late psychoanalyst Irving Bieber, who treated homosexual patients for more than 30 years, claimed that approximately one-third of them made a successful transition to heterosexuality. More recently, psychiatrist Houston McIntosh surveyed 285 psychoanalysts and found that among their homosexual clients, 28 percent overcame their homosexuality. True, many cured patients experience occasional homosexual fantasies, but these diminish significantly over time. My own clinical experience confirms what Bieber has written: "Every homosexual is a latent heterosexual."

I did not always think this way. After my doctoral training in the mid-1970s, I entered practice unprepared to meet the needs of my homosexual clients. How a person became homosexual was just one of those unspoken issues in a psychologist's training. Today it remains unspoken — perhaps with a passing reference to the few studies that have suggested some biological

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predisposition to it. But no one talks about developmental causes — the contributions of mother, father, siblings and environment.

Back then, my response to these clients was the typical liberal line, "It's part of *you* — just learn to live with it." But this response never satisfied me or the client.

And with virtually all male homosexual clients, I immediately made two observations: First, they all held on to deep hurts and grievances regarding their fathers, and second, in our relationship, they all overvalued me and developed a high emotional investment in me, even to the point of infatuation. This would be quickly followed by hurt and disappointment. These men were almost all the same — easily hurt, supersensitive and quick to anticipate hurt and disappointment.

I began to try to match the clinical patterns I saw with the older psychological literature. What amazed me was that in all the literature from Sigmund Freud's time until the late 1960s, I saw consistent, astute insights about homosexuality — none of which had been spoken about in graduate school. Although this literature accurately reflected the patterns I was seeing, gay influence in the psychological profession had simply swept this research under the carpet, as though it had been discredited — which it hadn't. It had simply been silenced by the new wave of pro-gay influences.

As I studied these men, I saw — with only a few exceptions — a pattern of inability to identify with maleness. Many of these men had been sensitive, artistic, somewhat passive children who disliked rough-and-tumble play. Many had the overprotective or overintimate mothers that Freud talks about, and even more common were the distant, punitive or absent fathers with whom they could not or would not identify. They had been sensitive boys who would have been less inclined to push away an overprotective mother in order to reach out to a father with whom the relationship would have been less satisfying.

These boys grew up "on the outside looking in" in terms of masculine activities. They admired their male peers from a distance, but didn't feel like one of them. They were "kitchen window boys," looking out at the other boys admiringly. Mom and the girls they knew were too familiar to be attractive; what

they dreamed about were those mysterious males. This deep sense of masculine inferiority laid the foundation for their later homosexuality.

In spite of their attraction to men, there would always be envy. On some deep level, a homosexual man knows that he is attracted to what he himself would be had he claimed his own masculine identity. Although there is attraction, there is also suspicion and anger. As is usually the case, having missed a close relationship with his father, the homosexual doesn't understand men. He carries with him a hurt and anger from his childhood relationship with his father. Each relationship with a man is scarred by a defensive detachment. He never has that comfortable, man-to-man fraternalism that straight men have with each other.

There is another factor common to my clients: When they were little boys and especially needful of the attention and admiration of older men, about one-third of them were seduced into early sexual activity with men.

**F**or more than 10 years I have been doing a form of what I call "reparative therapy." Many of my clients have been to therapists who told them that they had best learn to accept their homosexuality, that they were probably born that way. This was disappointing advice to them.

The men who come to me are typically somewhat conservative, and homosexuality goes against their social, religious or aesthetic values. They cannot see themselves fitting into the gay community. On the contrary, they share the deep conviction that they were really meant to be heterosexual and to be married with children. Not all homosexual men fit this picture. But among my clients, it has been the most common pattern.

Quite a few of these men have been active in the gay lifestyle, but they came away dissatisfied and empty. They don't want to spend the rest of their lives in a series of revolving relationships.

The fact is, a committed, monogamous gay relationship is very rare. Sometimes very good friends make a commitment to share a home and care for and support each other, but as gay literature itself tells us, these relationships characteristically include an understanding that there will be outside sexual relationships.

In *The Male Couple*, by David McWhirter and Andrew Mattison, the authors — a gay couple themselves — could find no gay relationship in which fidelity was maintained more than five years. In fact, the authors tell us, "the single most important factor that keeps couples together past the ten-year mark is the lack of possessiveness they feel. Many couples learn very early in their relationship that ownership of each other sexually can become the greatest internal threat to their staying together."

Gay spokesmen would say their promiscuity is part of a "new world order" not shackled by gender roles, monogamy or marriage. Yet when in the history of man has infidelity been associated with maturity? The agreement to have outside affairs surely precludes any possibility of trust and intimacy. The gay tendency for romantic excitement followed by disillusionment reflects the gay man's defensive detachment from males. It also evinces the fundamental incompatibility inherent in any same-sex coupling.

In my experience, the best way to work toward the long-term goal of overcoming homosexuality is to help the client develop deep, intimate, nonerotic male friendships. In homosexual men, there is a powerful resistance to developing such friendships.

One client describes how the way to his own growth was opened:

"I used to feel overwhelmed and preoccupied by my homosexuality. Homosexuality took my power away. It depressed me. I used to be alarmed, upset; I felt trapped by it. Now, it feels familiar; I get hungry, I get crabby, I get the homosexual feelings. I no longer deny them or act out, but understand them. . . . Homosexual feelings loom larger when I feel the need for deep friendship. . . . Instead of getting all worked up, I ask myself where I am lacking in personal contact. Then I see that the sexual energy will disappear or significantly diminish."

We have recently made great progress in acknowledging the gay man in society. Now the same understanding must be extended to the nongay homosexual. He has made a valid philosophical and existential choice. He is not a guilt-ridden, intimidated, fearful person, but someone who from the fullness of his own identity seeks not to embrace, but to transcend, the homosexual predicament. ●

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# Gay Ain't Broke; No Need to Fix It

By Carlton Cornett

**H**atred and fear are an inherent part of the human condition. As feelings they are benign, indeed healthy. However, when these feelings become actions directed at a specific group, they become harmful. When expressed through the political process they become oppressive. When expressed through the economic process they become discriminatory. And when hatred and fear are expressed toward a homosexual through the actions of a psychotherapist, they become "reparative" therapy.

Because hatred and fear are ubiquitous to the human condition, it is important that they be seen in all their manifestations, and that enactment of these feelings not be legitimized.

The so-called reparative therapy movement focuses on a central premise: that homosexuals are psychologically sick and should be cured for the sake of both themselves and society. It is fascinating that psychotherapy, a process founded upon compassion and a desire to relieve human suffering, can be the vehicle by which much suffering is promulgated upon gay men and lesbians in America through attempts to change their sexual orientation.

The vehement belief that homosexuality is a form of emotional illness is predominantly an American phenomenon. Ronald Bayer, in *Homosexuality and American Psychiatry: The Politics of Diagnosis*, cites a letter written by Sigmund Freud in 1935 to an American mother who wanted her son "cured" of his homo-

sexuality: "Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness." Freud believed that psychological functioning could be understood in all its rich complexities but did not believe that all development outside the cultural norms of Europe constituted psychopathology. Freud strongly supported the decriminalization of homosexuality and encouraged psychoanalytic institutes to accept homosexual students.

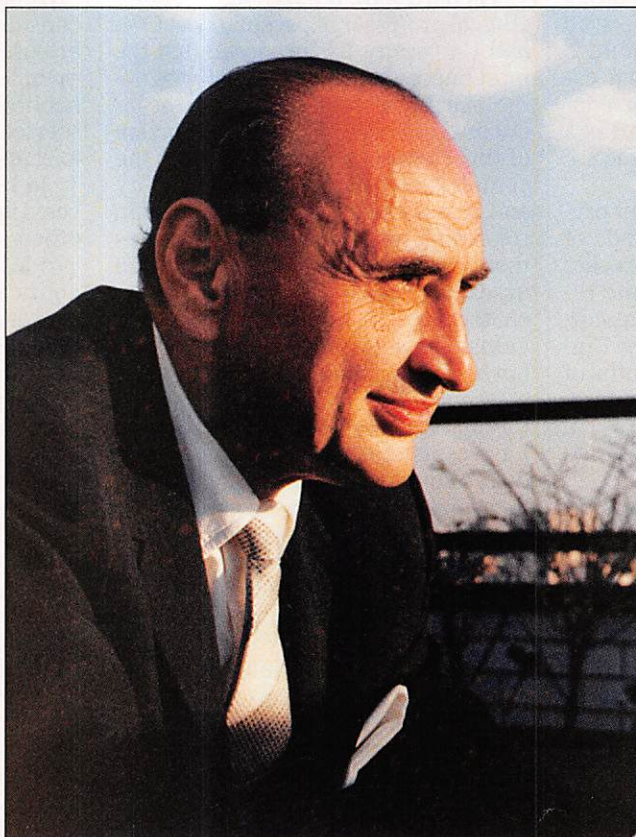
In the United States, psychoanalysis developed differently than in Eu-

rope. Here it was almost exclusively a medical specialty. Only recently have psychoanalytic institutes been fully opened to mental health practitioners who are not medically trained. With the emphasis on psychoanalysts being medically trained came an emphasis on diagnosis. Psychoanalysts wanted the standing that other physicians were afforded. To gain that standing they needed to be seen as treating tangible diseases. Freud lamented, "America is a mistake, a giant mistake!"

This American emphasis on diagnosis led to the labeling of all development outside the white, middle-class, heterosexual norm as pathological. However, it also gave birth to at least one major problem of practicality: how to reach uniform agreement in understanding these psychological "diseases." A system was developed whereby psychiatric diagnoses gain legitimacy through a vote of the American Psychiatric Association, or APA. Reparative therapists complain that homosexuality was dropped from the official list of APA mental disorders in 1973 for political and not scientific reasons, but all psychiatric diagnoses essentially originate or end through the "scientific" process of the APA vote.

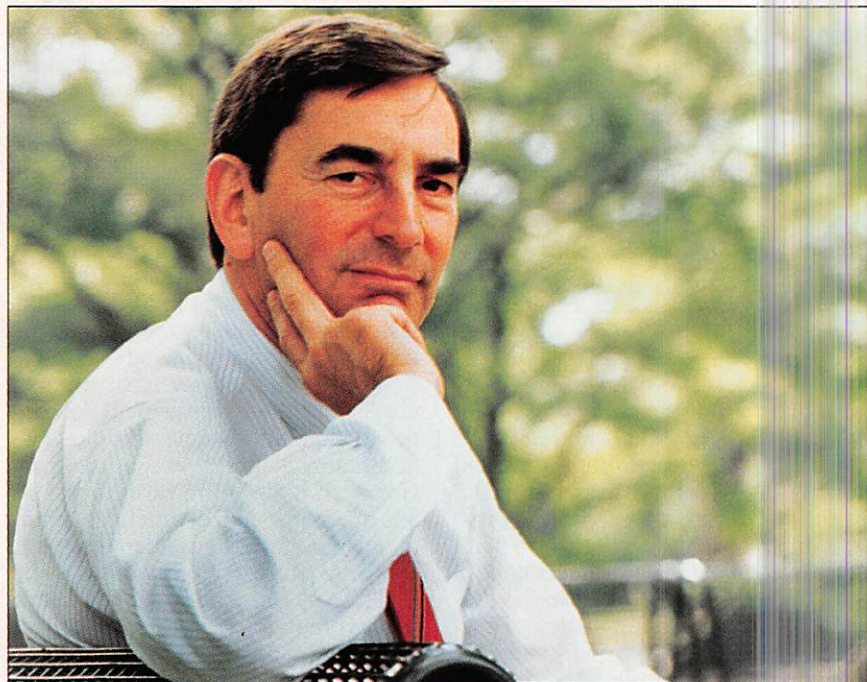
Homosexuality was an easy target for diagnosis and became a concern of several American analysts. Their attempts to change sexual orientation, however, have been noteworthy mostly for their lack of success. In *The Psychoanalytic Theory of Male Homosexuality*, Kenneth Lewes reviews the literature regarding psychoanalytic attempts to change male homosexuals into heterosexuals. He notes that in 10 influential papers written on the topic, only five cases demonstrated a change in sexual orientation.

In 1962, Irving Bieber published *Homosexuality*, the results of a study conducted by the New York Society of Medical Psychoanalysts during the 1950s. The data showed that of 72 patients who were exclusively homosexual at the beginning of treatment, 57 percent remained unchanged, while 19



Bieber believed that homosexuals who want to change can.

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For Isay, an individual's fantasy life is the key factor in defining homosexuality.

percent became bisexual and 19 percent exclusively heterosexual. When the results for those who began treatment as homosexuals were combined with the results among those who began as bisexuals, it was possible to state that 27 percent had shifted to exclusive heterosexuality. Bieber concluded that "a heterosexual shift is a possibility for all homosexuals who are strongly motivated to change."

By contrast, the success rate for psychotherapy involving other kinds of problems is much higher. In a recent study of psychotherapy outcome reported in *U.S. News & World Report*, Kenneth Howard of Northwestern University found that after six months of therapy, 75 percent of more than 2,000 patients undergoing treatment for a variety of psychological complaints showed improvement.

The dismal success rate in modifying sexual orientation may be related to the fact that one fundamental element traditionally has been absent from discussions of sexual orientation change: a lack of uniformity in defining what constitutes homosexuality. There are, of course, a variety of ways to define homosexuality. Two of the most popular focus on overt behavior or self-identification.

The difficulty of either measure is that many men whose behavior is clearly homosexual refuse to label

themselves as such, while a number of self-described homosexuals occasionally have heterosexual relationships.

Richard Isay, a psychoanalyst and clinical professor of psychiatry at Cornell University, has proposed that the most important element in defining homosexuality is the orientation of the individual's fantasy life. The introduction of this element affords respect to the complex nature of human sexuality and also poses an important question regarding reparative therapy: Has there ever been even one true change in sexual orientation as a result of psychotherapy? We know that some individuals have changed their behavior, but has their fundamental yearning for members of their own sex, expressed through their fantasies, been changed? I have never seen this happen and doubt that sexual-orientation-change therapies would demonstrate any success if fantasy orientation change defined sexual orientation change.

Heated controversy about even the most basic issues involved in understanding homosexuality intensified in 1970, when the APA held its annual convention in San Francisco. The APA was met by gay rights activists who disrupted meetings and denounced participants such as Bieber and Charles Socarides, another strong voice for the view that homosexuality represents a profound psychopathology.

By 1972, however, at the APA convention in Dallas, the issues surrounding homosexuality were discussed more in convention meetings and less through demonstrations. Conference participants discussed the work of researchers such as Evelyn Hooker, a psychologist who had done rigorous research on homosexuality and concluded that it is not inherently pathological.

Many participants had the same experience that Judd Marmor, later president of the APA, had in 1956 when he first heard Hooker's results. Marmor relates in Eric Marcus's book *Making History* that initially he was unwilling to accept Hooker's contention that homosexuals are no more pathological than heterosexuals. However, as he continued to review her work, his perspective changed.

For the Dallas APA participants, there was, in addition to Hooker's research, a 1972 report on homosexuality by a National Institute of Mental Health task force declaring that the primary difficulty inherent in homosexuality is the injustice and rejection homosexuals suffer because "they live in a culture in which homosexuality is considered maladaptive and opprobrious." Like Marmor, many of the APA members concluded that the mental health professions were doing a disservice to homosexuals by attempting to change them.

In 1973, the APA's board of trustees voted to delete homosexuality from the official list of mental disorders. Socarides and Bieber maintained that gay political pressure had swayed the board, and they asked for an APA referendum on the issue. This was held in 1974, and 58 percent of the more than 10,000 psychiatrists responding voted to uphold the board's decision. Bieber and Socarides clearly were not in the majority in believing homosexuality to be inherently pathological.

While many, including Socarides, continue to claim that the board's decision and the membership's vote were influenced only by political considerations and the gay rights lobby, there is little evidence to support this.

Although gay lobbying may have affected the deliberations and ultimate vote of the board, it was probably not decisive in the national referendum. The gay rights movement, still in its infancy, had neither the financial resources nor the personnel to influence

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the outcome of this vote.

Bayer cites three possible reasons why some psychiatrists and psychoanalysts may have voted against the removal of homosexuality from the list of mental disorders. First, some members may have been unfamiliar with research literature on homosexuality, which is overwhelmingly supportive of the position that homosexuality is a healthy variant of human sexuality. Second, many who voiced opposition to depathologizing homosexuality may have been motivated by self-interest. Insurance reimbursement is dependent on a diagnosis. The more diagnoses available, the more reimbursement potential. Similarly, the higher the percentage of the population that can be considered to have a psychiatric disorder, the larger the potential pool of patients. Finally, the APA at that time was a largely conservative body, and the removal of homosexuality as a diagnosis was seen as a threatening liberal social action. Lewes proposes that for some, such as Socarides, the issue took on a very personal aspect that did not easily allow moving away from a conviction, even in the face of evidence contradicting it.

Twenty years later, each of these reasons still has validity as one looks at opposition to viewing homosexuality as healthy and functional. (In *Making History*, Marmor estimates that perhaps one-third of American psychiatrists and one-half of American psychoanalysts still view homosexuality negatively.) However, there are a number of organizations that focus on changing sexual orientation, and many of them are staffed by individuals who have struggled with suppressing their own homosexuality. For some, the impetus for "repairing" other homosexual people may lie in an externalization of their own shame and self-hatred.

Evidence of hatred and fear are abundant when mental health practitioners who see homosexuality as a form of illness begin to describe the social roles that should be afforded homosexual people. Harold Voth, a psychiatrist, writing in *Families: The Future of America*, proposes that "obviously, homosexuals have a right to live in the society that created them. However, I do not believe they should be permitted to occupy any social position of their choice." This statement carries the same scientific grounding

as the assertion by Republican Sen. Jesse Helms of North Carolina that he would not support Roberta Achtenberg's nomination to be an assistant secretary of the Department of Housing and Urban Development "because she's a damn lesbian. I'm not going to put a lesbian in a position like that."

Socarides, writing in the *Journal of Psychohistory* in 1992, continued to oppose viewing homosexuals as healthy: "Some . . . say that homosexuals are healthy, society is sick and that science should cure society. Others raise false or outdated scientific issues in their war with traditional values." He employs the cloak of "science" and the language of psychoanalysis to argue for maintenance of the status quo. It is a position that seems founded on a fear of what might happen if traditional values (as he defines them) are replaced

Most of us who are homosexual have been unhappy being "different" at some point. The facts are, however, that psychotherapy cannot change one's sexual orientation, and attempts to change sexual orientation increase the shame a homosexual feels and undermine his self-esteem. Such attempts alienate a person from the feelings that form the true self.

by values he does not understand.

Joseph Nicolosi and the National Association for the Research and Therapy of Homosexuality (the membership of which numbers about 150 in a field of more than 100,000 practitioners) propose that some homosexuals want to be heterosexual and should be allowed to change. When I hear this I am reminded of Freud's understated observation that homosexuality is assuredly no advantage" in our culture. A gay person can be denied employment, housing, promotion, child custody, health insurance and a long list of other rights and privileges taken for

granted by most other U.S. citizens.

Homosexuals are the only minority group in the country that cannot be assured even of family support. Most of us who are homosexual have been unhappy being "different" at some point or another. The facts are, however, that psychotherapy cannot change one's sexual orientation, and attempts to change sexual orientation increase the shame a homosexual feels and undermine his self-esteem. Such attempts alienate a person from the genuine feelings, wishes and desires that form the true self.

The Committee on Lesbian and Gay Issues of the National Association of Social Workers, or NASW, which represents the largest mental health profession in the country, protested in a 1992 position statement "efforts to 'convert' people through irresponsible therapies which can more accurately be called brainwashing, shaming, or coercion."

The committee further took the position that "the assumptions and directions of reparative therapies are theoretically and morally wrong" and that use of reparative therapies is a violation of the NASW Code of Ethics.

Perhaps a better answer to the dilemmas society poses to homosexuals is to work toward ensuring that they are treated with the dignity and respect afforded all other citizens. Enactment of the Gay and Lesbian Civil Rights Act of 1993, to be introduced by Democratic Sen. Edward M. Kennedy of Massachusetts, would move us a great distance toward this goal. However, we must also work toward validating homosexual relationships; we must educate our children to be tolerant and to value all people.

Psychotherapists can empower their gay patients to discard their self-hatred and fear. By supporting them as they cast off their shame, the psychotherapists would then see them positively influence the world around them, making it safer and more accepting for the next homosexual.

If we as a culture truly embraced the idea that all people are equal and deserving of equal treatment and that psychotherapists should affirm their homosexual patients rather than try to prove an innate pathology, there would be no vulnerability to unrealistic promises of sexual orientation change. Indeed, there would be no interest in changing sexual orientation. ●

# Fair Comment

## Domestic Cuts Could Save Billions

By Hank Brown

After pushing through the biggest tax increase in history, President Clinton has managed to come up with only \$11 billion over five years of additional deficit reduction. Controlling spending seems to hold little interest for him.

There are thousands of unnecessary and wasteful federal domestic programs that can and should be terminated. The question is: Should we continue to raise everyone's taxes to pay for unnecessary expenditures, or should we make a good-faith effort to cut the fat out of the budget?

In March, I offered a plan to reduce federal spending by \$679 billion over five years without raising taxes. Here are a few proposals from the plan:

- Cut the fat in Congress. The congressional staff now totals more than 38,000 — nine times the staff of any other legislative body in the world. A 25 percent budget cut would save \$3.6 billion over five years and still leave Congress with by far the biggest staff in the world.

- Limit agricultural subsidies. Some U.S. farm programs hurt producers rather than help them. Ironically, farmers who grow crops not covered by subsidies enjoy a better return on their investments than do those in the programs. By eliminating the peanut, cotton, rice and honey subsidy programs, taxpayers would save almost \$7 billion over five years and American consumers would pay lower prices. (We eliminated the honey program for this year, but the underlying authorization remains.)

- Eliminate federal subsidies to the wealthy. Getting rid of subsidies to individuals with adjusted gross incomes of more than \$120,000 and to corporations with gross receipts of more than \$5 million would save nearly \$57.5 billion over five years. Exempted would be programs in which benefits are earned, such as Social Security, veterans' benefits and military and civilian retirement payments.

- Freeze federal overhead expenses for two years and limit increases to adjustments for inflation for the next

three years. Federal overhead includes items such as travel, utilities, supplies, phones, rent and consulting fees. This would save \$26 billion.

- Cancel the C-17 transport plane, which failed to meet payload and range specifications and is plagued by cost overruns. This would save \$8.6 billion.

- Limit the cargo preference provision, which sets the amount that U.S. merchant marine vessels may charge for carrying government cargo, to shippers with competitive rates. This would save \$3 billion over five years. Cargo preference was supposed to save the U.S. merchant marine fleet, but the fleet has dwindled.

- Eliminate Community Development Block Grants. These grants are politically attractive to members of Congress who take credit for handing money back to the communities where they got the revenue in the first place, through taxes. Eliminating the grants would save \$14.2 billion over five years.

- End Amtrak subsidies. The federal government subsidizes Amtrak at the rate of \$25 per passenger per trip. We should drop subsidies for runs with few passengers, saving \$2.5 billion over five years.

- Lift the Davis-Bacon Act, which requires contractors on federally subsidized construction projects to pay an established "prevailing wage." This would save \$6.2 billion.

Improving American competitiveness in world markets will come from eliminating wasteful programs — not from increasing the tax burden on working Americans. None of these cuts would be draconian. While special interest groups will oppose them, the public will wonder why Congress spent money on the programs to begin with.

Despite the rhetoric, federal spending has increased every year since 1948. It is a fantasy to pretend America will be better off economically by endlessly increasing federal spending and overhead. In the end, the cost of federal spending must be paid by every working American before the products or services they produce are sold.

A strong economy means greater efficiency — not more pork. •

Hank Brown is a Republican senator from Colorado.

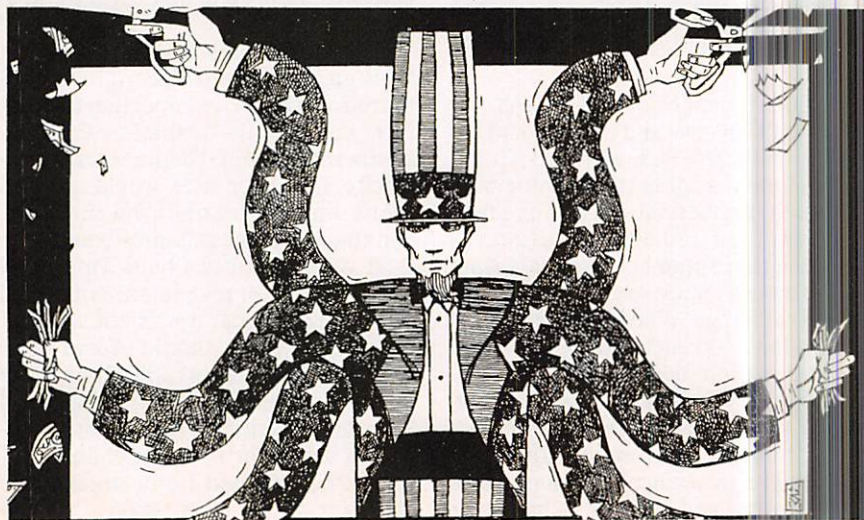


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