

Letter to the Editor

Repairing Homophobics

I have just returned from abroad and must confess that for the first time I actually read an issue of the *Archives* word for word, cover to cover. The many professional responses from our esteemed colleagues have already clarified the numerous scientific shortcomings of Spitzer's (2003) research, including the use of misleading language in the title. It is apparent that Spitzer's single study has no applicational value at this time.

It is the response from Nicolosi (2003) which concerns me the most. In his position statement, he wrote:

I believe that the deficit-driven nature of homosexual attraction limits two men to constant cycles of intense infatuation which never have the chance to ripen beyond good friendship into mature, sexually faithful love. (p. 446)

As evidenced above, the Christian "change ministries" and "reparative therapy" treatment protocols are mean-spirited, and based on questionable assumptions. I have met many male-male couples, personally and clinically, who have a "mature, sexually faithful love."

I have also met, personally and clinically, failures of "reparative therapy" and recovering victims of the Christian ex-gay ministries. It is inappropriate in this journal and unspeakable in a moral society to repeat the homophobic distortions these pregay people were told in a "therapy" about what gay men are really like.

Several of the peer commentaries mentioned that it is our duty to assist patients in making the changes they want to make. I disagree. Does that mean that I should join with my 32 year-old client who wants to commit suicide because his business failed? Should I collaborate with my 26 year-old client with Body Dysmorphic Disorder to have her seventh facial surgery? I think that there are times when we clinicians, in the best interest of our clients, are ethically bound to be dissonant with their neurotic plans, and it is incumbent upon us to promote sexual health and responsible sexual behavior. The difference between a "gay affirmative" therapy and a "reparative" therapy is the difference between making a client comfortable with who he is, as opposed to making a client comfortable with who he is not.

We are living in a time when the president of the United States agrees with the Pope that homosexuality is an intrinsic evil, and in a time when the civilized world is questioning these archaic assumptions, such as that of heterosexual unions being more valuable than homosexual unions. We cannot avoid the lightning rod of history. In the end, will you tell your grandchildren that during a time of plague and devastation to gay people, when they were still second class citizens, that you helped these gay men with esteem-building affirmative therapy or will you tell them that you treated these men, because they asked for it, with behavioral modification techniques to suppress their natural eroticism, while brainwashing them with fabrications of how unhappy and how messed up gay men are? I believe we need specific criteria for a "sexual orientation dystonia" and guidelines for a "reorientation" treatment protocol which must be vigilant in eschewing homophobia (irrational fear of same-sex love).

Besides the many broken lives I have witnessed as a result of a "reparative therapy" (their ex-wives and children included), what saddens me the most is the perpetuation of the myths that gay men are sexually out of control, and that they are incapable of sustaining meaningful, sexually robust, intimate, and mature relationships. Speaking from first hand experience, I can tell you that Nicolosi is wrong, as I have shared a mature same-sex, sexually robust, faithful intimacy "til death did us part." Men can love like that.

REFERENCES

- Nicolosi, J. (2003). Finally, recognition of a long-neglected population. *Archives of Sexual Behavior*, 32, 445–447.
- Spitzer, R. L. (2003). Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior*, 32, 403–417.

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