Homosexual Inclinations: Health Risks and Treatment

Comprehensive Counseling Services
100 Four Falls Corporate Center, Suite 312
West Conshohocken, PA 19428
www.maritalhealing.com
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Bibliography

- Diggs, J. The Health Risks Associated with Gay Sex, [www.narth.com](http://www.narth.com)
Bibliography


Motivation for therapy

- Did not find the lifestyle emotionally satisfying (85% males; 70% females)
- Conflicts between SSA and tenets of their faith (79%)
- Desire to get married or stay married (males 67%; females 35%).

Treatment and depression

Depression has been reported to be a common side effect of unsuccessful attempts to change orientation. This is was not the case for our participants, who often reported that they were “markedly” or “extremely” depressed prior to treatment (males 43%, females 47%), but rarely that depressed after treatment (males 1%, females 4%). To the contrary, after treatment the vast majority reported that they were “not at all” or only “slightly” depressed (males 91%, females 88%). *Ibid, p. 412*
Benefits of therapy

Participants were presented with a list of several ways that therapy might have been “very helpful” (apart from change in sexual orientation). Notable were feeling more masculine (males) or more feminine (females) (87%) and developing more intimate nonsexual relations with the same sex (93%). *Ibid*, p. 412
Unjust Hurts & Emotional Pain

- Anger
- Sadness
- Anxiety
- Insecurity

Flowchart showing connections between emotions:
Selfishness & Emotional Pain

- Narcissism
  - Anger
  - Sadness
  - Anger
  - Anger

- Mistrust/anxiety
  - Anger
  - Anger
  - Anger

- Insecurity
  - Anger
  - Anger
  - Anger

Anger

Insecurity
Anger limits healing: Remain a prisoner of one’s past
Dr. Spitzer on Youtube

🌟 www.youtube.com/watch?v=qBhW2q11qu8&feature=related
Why people seek treatment

In a study of 200 SSA men the reasons were
- 77% - for the healing of emotional pain
- 22% - outside “pressure”

www.peoplecanchange.com
Other major motivators

Response to 18 different factors

- 68% - personal spirituality
- 63% - desire for wife & children
- 63% - religious teaching
- 63% - desire for nonsexual male friends
- 63% - conscience
- 63% - unhappiness in SSA life
What is treated?

- The emotional conflicts which lead to SSA
- SSA is a symptom
- Males - primarily male confidence
- Females - primarily mistrust
Causes of SSA 2004 Survey

- Father-son relationship problems
- Relationship conflicts with male peers
- Unhealthy mother-son relationship
- History of sexual abuse
- Personality traits

[www.peoplecanchange.com](http://www.peoplecanchange.com)
Emotional factors leading to treatment

- Sadness related to promiscuity in lifestyle and the inability to find a stable commitment
- Weaknesses in confidence leading to depressive and anxiety disorders
- Fears related to promiscuity and substance abuse
- Guilt over sexual acting-out
- Anger and sadness over abusive treatment
Factors leading to treatment

- Recommendation by a family member or friend based on a desire for the good and happiness of the other
- Recommendation by a priest/confessor/spiritual director.
- Had the latter occurred, as it should have over the past 35 years, much sexual abuse could have been prevented
“As a physician, it is my duty to assess behaviors for their impact on health and well being. When something is beneficial, such as exercise, good nutrition, or adequate sleep, it is my duty to recommend it. Likewise, when something is harmful, such as smoking, overeating, alcohol or drug abuse or homosexual sex, it is my duty to discourage it.”

Serious health problems denied by major health organizations such as AMA, APAs, Amer. Academy of Pediatrics, APAs, NASW,

Two statements of USCCB on homosexual inclinations fail to document the health risks of the lifestyle.

NARTH and the Catholic Medical Association attempt to provide knowledge of the health risks in the lifestyle.
Psychiatric Illnesses and SSA

- Numerous psychiatric studies reveal far greater prevalence of psychiatric disorders in the lifestyle in countries where SSA is widely accepted.
- Major studies are overlooked by professional organizations.
SSA Agenda Claims

- Psychological morbidity is due to persecution and the homophobia of heterosexism.
- This rejection produces numerous symptoms and makes people feel sad and bad.
- Heterosexual attitudes toward SSA are the primary cause of illness, not the SSA lifestyle.
- SSA lifestyle does not predispose people to illnesses.
Psychological conflicts: Lack of Commitment

- Length of relationships - 6 months
- Laumann discovered that most of those with same sex attractions spend their lives in “transactional” relationships (short term commitments that last than six months on average).
- Professor Laumann’s research provides additional evidence that males with SSA, in particular, experience pervasive loneliness and many short-lived relationships.

Lack of commitment in those with homosexual inclinations

- In 2,583 older men with HI the modal range for numbers of sexual partners ever was 101-500.
Lack of commitment

- Few homosexual relationships last longer than two years, with many men reporting hundreds of lifetime partners
Lack of commitment

- The average live in male homosexual relationship lasts between two and three years.
Lack of commitment

- The rate at which SSA men with a steady partner acquire casual partners averaged 8 casual partners per year.
- Men in casual relationships acquire an average of 22 casual partners per year.

Lack of commitment

- Consensual infidelity was the norm.
- Mean duration of steady relationships: 0.75 - 2.25 year
- Mean rate of acquiring partners per year:
  - Casual - range 16 to 28
  - Steady - range 6 to 10

A study conducted in Amsterdam reported that 84% of all newly reported cases of HIV came from men who were in steady relationships.

Xiridou, M. 2003. AIDS.17, 7:1029-1038
Promiscuity

- Study of 957 men - averaged 20 sexual partners over the previous 6 months.
Risky, promiscuous behaviors

- About one half (49%) engaged in unprotected anal sex. Most men (62%) reported having group sex.

Anonymous Sex

*The Centers for Disease Control warns that men who have sex with men "have large numbers of anonymous partners, which can result in rapid, extensive transmission of sexually transmitted diseases."

Centers for Disease Control and Prevention, Resurgent Bacterial Sexually Transmitted Disease Among Men Who Have Sex With Men -- King County, Washington, 1997-1999, September 10, 1999 / 48(35);773-777

www.cdc.gov/mmwr/preview/mmwrhtml/mm4835a1.htm
Lifetime abuse victimization

- Heterosexual males - 7%
- Homosexual males - 39% of men

Physical abuse and SSA

- 499 ethnically diverse homosexual, bisexual, and transgendered teenagers and adults
- 44% in male relationships
- 55% in female relationships

Abuse and SSA

- 29.7% of gays & 47.5% of lesbians reported being or having been the victim of relationship violence.
- 22% of gays and 38% of lesbians admitted using violence against their partners
- 283 adults
SSA and abuse

- 32.4% (n = 265) of participants in the Chicago area reported any form of relationship abuse in a past or current relationship.
- Depression and substance abuse were among the strongest correlates of intimate partner abuse.

SSA Relational Abuse

- 54% reported a history of past violence in SSA relationships
Confidence and unhappiness

- Study of 7,076 adults
- Lesser quality of life in men was predominantly explained by low self-esteem.
- Suggests the importance of finding out how lower sense of self-esteem comes about in homosexual men.
Adolescents with SSA and Mental Health

- Study of 866 Dutch high school students, 13 to 15
- 74 (8.5%) reported having feelings of SSA
- higher levels of depression and lower levels of self-esteem and lower school performance

SSA & Mental Health

Study of adults aged 21-26 homosexual vs. heterosexual

- Major depression - 71.4% to 14.5%
- Suicidal ideation - 70% to 10.9%
- Suicidal acts - 28.6% to 1.6%
- Illicit drug dependence - 42.9% to 11.1%

Psychiatric Disorders in Young Adults

- New Zealand 21 year study of 1007 children.
  - 4 fold greater risk of major depression
  - 5.4 fold greater risk of suicidal ideation
  - 6.2 fold greater risk of suicidal attempts

Psychiatric Disorders

- Lifetime Prevalence of Psychiatric Disorders in Homosexuals vs. Heterosexuals in 5,998 adults
  - 3x more Mood Disorders
  - 3x more Depressive Disorders
  - 2.5x more Anxiety Disorders
  - 2.5x more Multiple Disorders
  - Significantly lower self-esteem in men.
    - 2.1% identified as homosexual.
Suicidal Ideations and Self-Harm

- A survey of 946 homosexual adults, aged 26, in New Zealand found:
  - Men: 3.1x more likely to have suicidal ideations
  - Women: 2.0x more likely to have suicidal ideations
  - Men: 5.5x more likely to self-harm
  - Women: 1.9x more likely to self-harm

SSA and Psychiatric Illness

Survey of 2,917 adults

- Males with SSA experienced a higher prevalence of depression, panic attacks, and psychological distress than heterosexual men.

- Lesbian-bisexual women showed greater prevalence of generalized anxiety disorder than heterosexual women

Health risks

- Gay men and bisexual and homosexually experienced heterosexual individuals had higher levels of psychological distress compared with exclusively heterosexual individuals.

Health risks

- Gay men and lesbians were more likely than heterosexuals to have consulted a mental health professional in the past, deliberately harmed themselves and used recreational drugs.

- Lesbians were more likely to have experienced verbal and physical intimidation and to consume more alcohol than heterosexual women.

Mental Illness and SSA

- Nearly two-thirds of this community sample of gay men was affected by psychiatric morbidity with new evidence for co-morbidity, sub-threshold disorders, and low levels of awareness of psychiatric disorders and their treatment. This population needs to be a priority in psychiatric epidemiology and mental public health.

Homosexual orientation, defined as having same-sex sexual partners, is associated with a general elevation of risk for anxiety, mood, and substance use disorders and for suicidal thoughts and plans. Further research is needed to replicate and explore the causal mechanisms underlying this association.

SSA and Self-Harm

- Study of 1,019 young adults
- Odds for suicidal ideation 3.1 for men and 2.9 for women
- Odds for having deliberately self-harmed for men 5.5 and 1.9 for women.
Suicide study in twins

- 103 middle age male-male twin pairs in which one had SSA
- Twin with SSA had a 4.4 fold greater risk for suicidal ideation
- Twin with SSA had a 6.5 fold greater risk for attempted suicide
- Twin with SSA had a 5.1 fold greater risk for any suicidal symptoms.
Suicide and SSA

- These data provide further evidence of an increased risk for suicide symptoms among homosexually experienced men. Results also hint at a small, increased risk of recurrent depression among gay men, with symptom onset occurring, on average, during early adolescence.

Female SSA - 1925 women

- 50% had thoughts about suicide
- 18% had attempted suicide.
- 37% had been physically abused as a child or adult
- 32% had been raped or sexually attacked
- 19% had been involved in incestuous relationships while growing up.

This study suggests that even in a country with a comparatively tolerant climate regarding homosexuality, homosexual men were at much higher risk for suicidality than heterosexual men.

Suicide Risk

“The ‘gay life’ provides no more than an alienated and isolated existence for many homosexuals. Continuity of relationships between two homosexuals is rare, although many homosexuals spend a lifetime seeking it. Rejection or disappointment signifies not merely abandonment, but despair over the inability to escape emotional isolation.”

High Risk Behaviors

※ The types of sexual activities found in the gay lifestyle that promote STDs:
   ※ High Prevalence of Unprotected Sex
   ※ High Prevalence of Anonymous Sex
   ※ Multiple Sex Partners
High Risk Behaviors

- Among 4295 men, 48% and 54.9% respectively, reported unprotected receptive and insertive anal sex in the previous 6 months. Drug and alcohol use were significantly associated with these behaviors.

Health Risks

- U.S. Centers for Disease Control and Prevention reported that more than 56,000 people in the United States become newly infected with the human immunodeficiency virus each year, far more than previous estimates of about 40,000. September 2008.
Nearly one-third of men surveyed in the US who had sex with other men said they used drugs at least once a week, and lifetime use of cocaine was nearly twice as high as that of the general age group. Two out of three of the men said that they had used drugs in the previous six month.


"The people that we spoke to were in an environment that was surrounded by drugs," said Linda Valleroy, an epidemiologist and one of the report's authors. "There were synchronized epidemics of HIV, drug use and depressive behaviors."
Physical Illness & Homosexual Inclinations (HI)

- Men and women with HI report more acute mental health symptoms than heterosexual people.
- Men and women with HI has poorer general mental health.
- They report more acute physical symptoms and chronic conditions also.

“Same-sex couples experience several kinds of state-sanctioned discrimination that can adversely affect the stability of their relationships and their mental health.”

American Psychiatric Association (2005) Support of legal recognition of same sex civil marriage. [Reference URL]

Anger - rebelliousness
Phases of treatment

- Uncovery - emotional conflicts
- Decision -
  - informed consent of morbidity associated with SSA
  - possibility of resolving conflicts
  - treatment goals
- Work phase -
Goals of Treatment

- Identify and work to resolve the emotional pain which causes SSA
- Uncover sadness, anger, weak confidence, mistrust, poor body image, narcissism
- Engage in the hard work to resolve these emotional conflicts
- Build male confidence
- Role of spirituality as in addiction treatment
- Strengthen same sex friendships
A study of 200 men and women reported a sustained change from a homosexual to heterosexual orientation for at least five years. 61% of the males and 44% of the females satisfied the criteria for good heterosexual functioning.

Motivation for therapy

- Did not find the lifestyle emotionally satisfying (85% males; 70% females)
- Conflicts between SSA and tenets of their faith (79%)
- Desire to get married or stay married (males 67%; females 35%).

Barriers to treatment - APAs

- “Mental health professionals should stop moving in the direction of banning therapy that has, as a goal, a change in sexual orientation. Many patients, provided with informed consent about the possibility that they will be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions.”

Barrier: The claim that treatment is harmful

- “To the contrary, they reported that it was helpful in a variety of ways beyond changing sexual orientation itself.”
- SSA affirming therapy has “no rigorous scientific evidence of effectiveness.”
- “The ability to make a choice should be considered fundamental to client autonomy and self-determination.”
- Ibid, p.413
Studies on Recovery

- Schwartz et al: 65% (54 pts.)
- Mayerson et al: 47% (19 pts.)
- Bieber: 27% (106 pts.)
- Ellis: 64% (28 pts.)
- Ross et al: 73% (15 pts.)
- Monroe et al: 57% (7 pts.)
Studies on Recovery

- Van den Aardweg 65% (101pts.)
- Cantom-Dutari 61% (49 pts.)
- Masters & Johnson 65%

Can SSA be Treated and Prevented

- People have the right to pursue their heterosexual potential. Current clinical therapy shows hope for treatment.

- Early identification, appropriate psychotherapy and parental support are key factors to successful prevention.
NARTH Study

- 860 patients treated by 200 mental health professionals
- One third to one half reported resolution of SSA.
Recovery

“Giving percentages to clients says nothing and is pseudo-scientific in my view. It is better to say: you can change, provided you will do battle for a long period of time. How long depends, among other things, on your resolute will. But the issue is less important than the fact that you will have to fight and grow. Then you will be happy with any improvement.”

Recovery

Many clients stopped treatment after several months. A reason, I believe, was related by St. Augustine when he remarked that in matters sexual, “the combat is common, the victory rare.”

Evaluation of relationships in males

- Secure attachment to father
- Secure attachment to peers/friendships
- Secure attachment to male siblings
- Male confidence development
  - Sports
Uncovering Phase - Males

- Body image
- Secure attachment to mother
- Rejection by females
- Evaluation of emotional pain of sadness/loneliness, anger, confidence, trust, character development
Evaluation of relationships in females

- Secure attachment to father
- Secure attachment to mother
- Secure attachment to peers/female friendships
- Secure attachment to female siblings
Uncovering Phase - Females

- Body image
- Sexual trauma
- Rejection by males
- Character weakness
- Evaluation of emotional pain of sadness/loneliness, anger, confidence, trust, character development
- Rebelliousness
Barriers to Treatment

- Ignorance that treatment is available and effective
- Acceptance of sexual utilitarian/contraceptive philosophy
- Anger in adolescent or parents
  - Towards parents, peers, the Church
- Mistrust
- Narcissism - goal in life is pleasure, pleasure, pleasure
Barriers to treatment: False scientific statements

- Fairytales remind us of those simple truths that, as adults, we no longer wish to accept. “The Emperor’s New Robes” shows us that in every generation, on certain matters, a whole society - its experts, its most admired, respected, and trusted leaders and counselors - will adopt as authoritative a complete illusion. Some of my psychiatric and psychological colleagues have woven for themselves their own set of illusory robes of authority, and for the past thirty-five years have been proclaiming doctrines in the public square that depend upon the authority that derives from the public’s belief that these robes exist.
Barriers to treatment: False scientific statements

- In particular, they have claimed to the Supreme Court that the scientific data show that homosexuals form a “class” whose boundaries are defined by a stable “trait”. This presumption is false, yet the recent Supreme Court decisions pertaining to same-sex marriage have taken it for granted.

Jeffrey Satinover, The Trojan Couch, www.narth.com
“We are not the sum of our weaknesses and failures. We are the sum of the Father’s love for us and of our real capacity to become the image of Jesus.”

John Paul II, World Youth Day, Toronto 2002
New initiatives

🌟 Provide the truth about the psychological and medical dangers/risks associated with homosexuality to adolescents, college students, educators, parents, clergy and mental health professionals