GAY-LIB REACTIONS TO THE MAYER AND MCHUGH REPORT, PART 2: MENTAL AND BEHAVIORAL PROBLEMS

In his criticism of the recent report by Mayer and McHugh on the lack of a genetic explanation for homosexual and transgender conduct, Dean Hamer looks into the problem of mental issues, arguing that society is to blame for all personal problems which homosexuals may face.

1. The high rate of mental disorders and behavioral problems in homosexuals

Hamer writes:

> *"The section of the report on mental health correlates rings especially false. It begins by acknowledging several studies demonstrating that the prejudice, discrimination, and stigma experienced by LGBT people are significant contributors to their increased rates of depression, substance abuse, and suicidality. But instead of focusing on how such social stressors might be reduced, the authors jump to the conclusion, with no supporting evidence or calculations whatsoever, that these factors are insufficient to fully explain the observed mental health discrepancies. The not-too-subtle implication is that LGBT people are intrinsically defective, and that no amount of legal or societal acceptance will ever fix them."*

His conclusion is correct: no amount of legal or societal acceptance will "fix" them. Why? Because that is what we see in the Netherlands and Denmark, where tolerance is the general norm but mental health problems are nevertheless abundant. But first, let me say that the words "*defective*" and "*fix*" are offensive and are not the terminology of psychiatry or psychotherapy.

Professionals don't say to a client: *"you are defective"*. They speak of *"dealing with underlying issues"* and *"exploring your full range of sexual capabilities and sexual fluidity".*

2. Star war droids

On the other hand, lay people, like Hamer, appear all too often to see therapy as an incomprehensible surrealistic movie where a group of Star War droids roll into the workplace to get their necessary repairs. They line up on their little wheels, give cute little beeps while patiently waiting in turn, roll over to the fixer and then get themselves fixed.

It is annoying when people with a PhD degree in one field are making it look as if they are also experts in other fields. The publicity and attention they then get are gratifying. Hamer elicits admiration and now with his filmmaker career, he is doing all he can to remain centre stage for his activism. In doing so, he refuses to acknowledge his personal professional limitations. He is a molecular biologist with no degree in psychology or psychiatry.

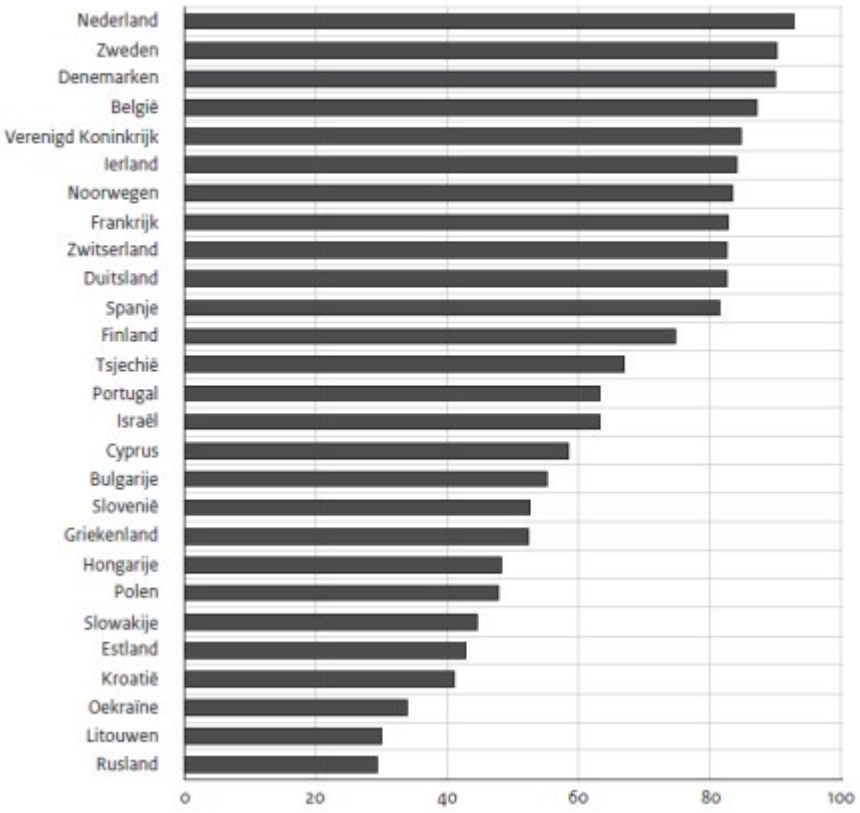
3. Mental problems of homosexuals in Northern European countries
To what degree is “society” the cause of full blown psychiatric disorders? In a Dutch government survey in 2012, the Netherlands was at the number 1 position of countries as far as acceptance of LGBT behavior is concerned. 95% of all Dutch people report no problem with the gay lifestyle or transgenderism; as many as five government ministers at a time are openly gay members of the 12 ministers strong coalition cabinet, including three openly gay ministers from the Christian Democratic Alliance.

In this graph, the opinions of European citizens are shown for answering the question: do you approve of homosexual behavior? In it, we see the Netherlands being considered most positive when it comes to acceptance:

In another question, the European citizens were asked: would you feel uncomfortable with a gay, lesbian or bisexual government leader? Again the people of the Netherlands turned out to demonstrate the least negative attitude (2012):

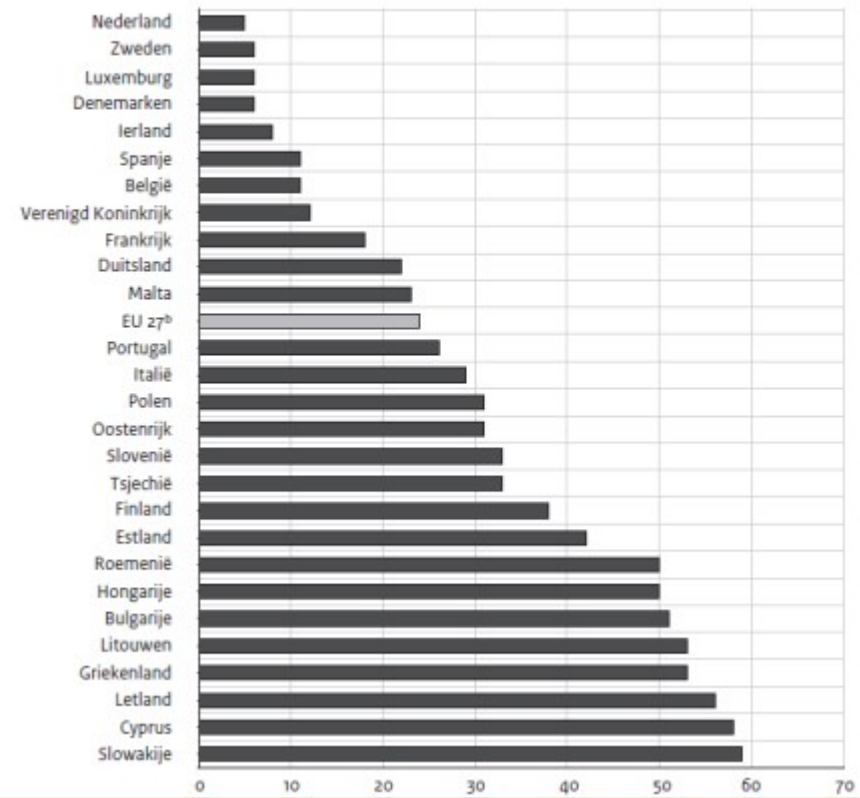
Figuur 2.1

(Sterk) eens met de stelling 'Homoseksuele mannen en lesbische vrouwen moeten vrij zijn om hun leven te leiden zoals zij dat willen', bevolking van 15 jaar en ouder, 2010 (in procenten)



Figuur 2.2

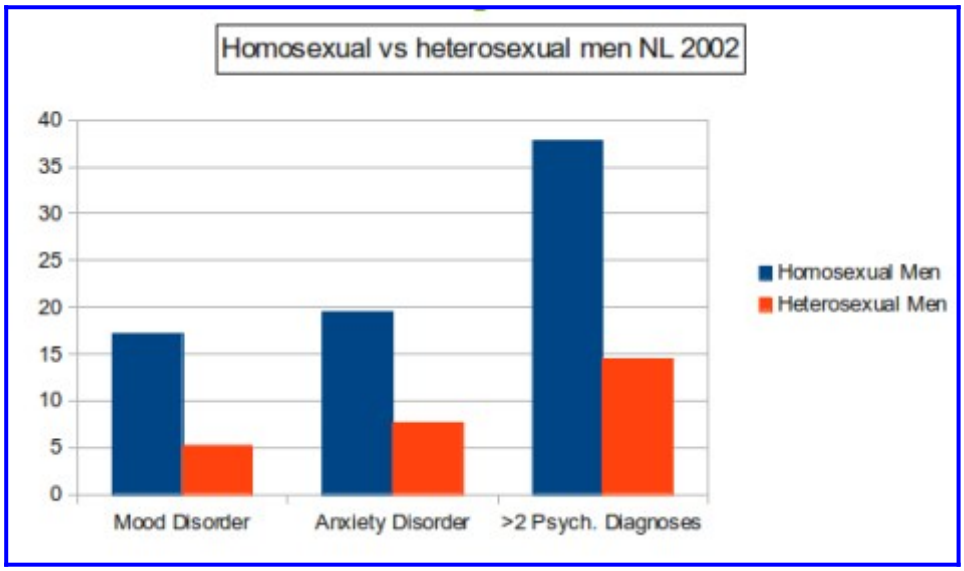
Zou zich oncomfortabel voelen bij een homoseksuele, lesbische of biseksuele regeringsleider,[a] bevolking van 15 jaar en ouder, 2012 (in procenten)

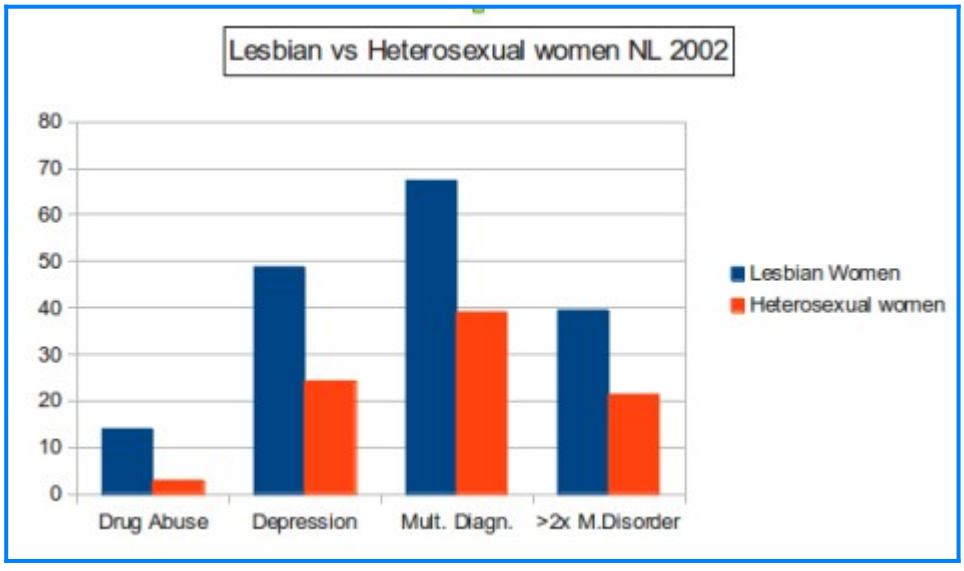


But in the meantime, Dutch gay researcher Theo Sandfort demonstrates:

> *"In a study in the year 1999 when homosexual males and females were compared to heterosexuals, we found that 41% of gay men compared to 15% of straight men sought psychological help, and that 66% of lesbians sought psychological counseling compared to 41% of straight women. The most predominant reason for homosexuals and lesbians to seek help, was for their sexuality and for depressive states. This was not the case for heterosexuals, who sought help for a great variety of reasons."*

When we compare the numbers of depression, anxiety states, having multiple diagnoses at the same time and having more mental illnesses over time, we see the following graphs for Dutch men and women in 2002.





These striking differences are not to be related to social causes in a hostile society, because the Netherlands, where gay marriage was instituted in 2000, cannot be regarded as a homo-

phobic or hostile society, as this government research clearly shows. The same applies to Denmark.

4. No social causes present
In the absence of negative social forces (the interpersonal level), the unusually high rate of mental problems seen in homosexuals in the Netherlands and in Denmark can only be caused by intrinsic factors of the homosexual condition itself (the intrapersonal level). At the very least, the argument that societyis to blame for these illnesses is very open to question.

So, legal or societal acceptance will not "fix" them. European surveys have demonstrated this. And it cannot be explained by sociologists who have monopolized the LGBT issue in the past forty years at the expense of psychiatrists. But American gay-lib refuses to let this survey information from Europe sink in. They remain in denial, and are desperately seeking other explanations. And if they can't find any, then we see in the USA that their best bet appears to be to criminalize those psychiatrists and psychotherapists, to defame them, to make them look obsolete. As Obama has put it: "they are on the wrong side of history". We see a deliberate defamation campaign by radical elements in gay-lib to promote prejudice and ignorance. And this prejudice is then projected onto the other person, as if he would be the one spreading prejudice.

5. The blind spots, present in the eyes of gay-lib
When one takes the trouble to meticulously study people who experience SSA's, one will see a myriad of phenomena, problems, issues and unmet needs.

Gay-lib does not see them because gay-lib does not want to see them. The current slogan is "we are born perfect". In the 1970's we at gay-lib threw psychiatry out, and called left-wing sociology in. We deleted the psychiatric view of SSA's, embraced anti-psychiatry, and claimed that all personal woe stems from a repressive society. We imagined we saw a network of social institutions aimed at repressing the worker, and keeping him adjusted to the demands of an exploitative society.

Among this gang of oppressors was psychiatry, cunningly yielding its services to keep authentic people from being free, from being "themselves". So we cried "down with the oppressors, down with the shrinks". We found our Savior in anti-psychiatry, and by combining forces with 'allies' for an all-out social struggle, we would set mankind free.

Anti-psychiatry became a heavenly sent mantra for us at gay-lib, and we set out to remove all psychiatric terms, jargon and notions from the face of the earth. Mental illness does not exist, so we claimed; the world needs to be freed from the oppressors and we rallied everyone to the cause.

These “liberating” notions, this freeing of slaves from the shackles of repression suited our heterophobic feelings marvelously. We could hate heterosexuality and heterosexuals to go with it and make that hatred a freeing ideology. The fight was so romantic. Anti-psychiatry and gay-lib fitted like a hand and a glove.

This rhetoric can be traced back in each and every sentence of current radical gay-lib, although many have forgotten the roots of our movement from the seventies and actually believe the ideology to be the one and only way to view the world. Personal problems are labeled social problems. Hostile elements in society need to be smoked out, and their devious and sleazy word games must be silenced. Social reform is the cure for all mental problems, it is our duty to recruit allies and infiltrate all organizations, to remove evil forces from their prestigious role and to lead new generations on the road to salvation. Welcome to radical gay-lib.

But at gay-lib we are making mistakes.

6. The psychological problems of homosexuals
For in homosexuals seeking help, you will see more often than not insufficient learned social skills, weak social coping mechanisms, the deprivation stemming from self-inflicted loneliness and haunting personal issues like the dis-empowering feelings of gender inferiority, an endless array of double-binds, excruciating negative self-image, self-isolation, seething jealousies/envy and devastating rejectionism.

Due to insufficient male identification in early life, male pride does not ensue, but the contrary emerges: shame. These feelings are then projected at an adult age onto others as a defense mechanism to save face and to preserve self-esteem. The issues bog you down and create the foundations of late onset depression and its neurotransmitter twin brother: anxiety states. Slowly but surely, we see in the psychosexual development the buildup of sadness. The sadness is the result of bewilderment and unmet needs; a deep and unsatisfied craving for identification with the own gender. Once these perpetual thoughts are sexualized, SSA’s emerge. The issues are yours, they are not imposed on you by evil dark forces somewhere out there, however convenient that explanation may seem. It is you.

7. The invention of the “Minority Stress” gimmick
The newly fabricated notion of ‘minority stress’ is a cheap attempt by sociologists to explain psychiatric problems. But psychiatry is not their field of expertise. And if gay-lib leaves all the explaining work that needs to be done, to sociologists, they will never come up with anything else than social problems. Sociology studies society, hence sociology blames society. These people are not trained to do anything else. But that doesn’t mean they are right.

Psychiatrists are not wrong in their analysis of problems: as a group and as a profession, they

were deleted. Which is not the same thing as being found wrong. Wrongness has never been established. It was a politically motivated move, violent and intimidating even.

Gay psychiatrists are not the solution, because they are part of the gay-lib movement, and will never denounce fellow gay-libbers till their dying day. Gay-lib will never find out what lies at the intrapersonal root of SSA's, if the extremists who incessantly push the 'delete'-button have their way. And one of those extremists is Dean Hamer.

What then is minority stress, in the context of LGBT issues? It is now heavily marketed as a new mantra. We cannot blindly accept the notion that external driving forces lead otherwise healthy people to suicide in a free country. If any form of stress leads someone to take his/her own life, then we, as psychiatrists, are compelled to take into account the medical option that such a person may perhaps be disturbed/impaired/invalidated/issue-burdened beforehand. In order to deal with this event in an ethically appropriate way, we need to investigate that option at all times.

Psychiatrists are not allowed to ignore or discard the vast amount of personal issues which may very well lay behind auto-aggressive and depressive states of mind. After all, there is a big gap between one's being suicidal and somebody else's reaction of just being surprised or shocked by that person's new self-label. The display of surprise does not lead to suicidality in a healthy person.

There are thousands of reasons for kids in puberty and adolescence to feel different and to feel the alleged "minority stress": pimples, big nose, too small penis, too big breasts, too small breasts, failing high school or being the school most brilliant and misunderstood nerd, parental divorce, being dumped by the one you had a crush on. But none of this is considered in psychiatry a prerequisite to suicidality. All these events can be considered minority stress, but none leads kids to dramatically end it all. It is just normal life for every normal and healthy kid.

8. Methodological flaws

We call this phenomenon in science a methodological flaw. When you see two sentences, both can be right. But it is a flaw to assume that the one necessarily leads to the other.

- Are people experiencing SSA's a social minority? Yes. Are people who experience SSA's more depressed, anxious or suicidal than others? Yes. Does the first true statement therefore lead to the other true statement? No.
- In the Netherlands in the Summer, many people go on vacation to France. In the Netherlands in the Summer we have frequent wasp plagues. Are wasp plagues therefore the consequence of people going on vacation? No.

There is no causal relationship, but now that psychiatry which investigates internal forces and dynamics, has been thrown out of the understanding of SSA's, we are left with no other explanation model than sociology which by definition can only look into external forces.

Therefore these scientists proclaim that external forces determine psychiatric problems. And then, as to be expected, they head on to procure fancy graphs and statistics which stun and amaze many people, including Mayer and McHugh. But the fundamental problem is that they are claiming the role of psychiatrists. From a professional point of view when it comes to defining and defending domains of scientific understanding, they have no business monopolizing and explaining psychiatric problems as though they were shrinks.

'Minority stress' seems more like a gay-lib feat of creative imagination and self-pity. After all, people with red hair are also a minority, but do not charge on to hang themselves at home or throw themselves before cars. It is disturbing how gay activists portray themselves as "vulnerable", as victims, as the weak David fighting the immense Goliath.

Thomas Szass, anti-psychiatrist

This rhetoric comes straight from the books of anti-psychiatry written in the sixties and is a fabrication, totally in line with the anti-psychiatry guru Thomas Szass. He was the one who proposed that homosexuality might be caused by genes, although he had nothing to go on. And he was immediately embraced by gay-lib, even to this day. At last, the shrink was on his way out, because it might be a genetic disorder. Radical left-wing anti-psychiatrist Szass challenged psychiatry to the extent that many followers of his view saw it their duty to exterminate psychiatry. It has done much harm to very many patients. And a social factor, minority stress explains all woe, leaving colleague shrinks nowhere to go.

So, you go out one night and head for the park. You are going to do some serious cruising tonight. You need it, you deserve it. And what do you know? Nobody there! Damn. So you head for home and all of a sudden you realize: 'There are not many of us'. And then you leap before a car and try to kill yourself. Yep. Minority stress.

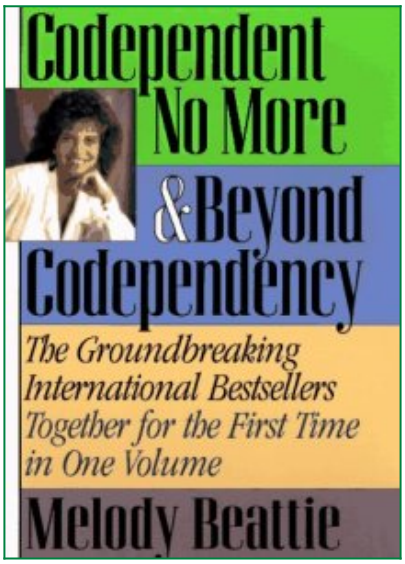
9. Are homosexuals so different in vulnerability?

The idea that homosexuals who are seeking psychological help would be “extremely vulnerable” does no justice to heterosexuals also seeking help. In their jealousy of a tough looking heterosexual male, homosexuals tend to forget that when the perceived tough guy is in therapy facing the anguish of, for example, the deterioration of his invalid son’s medical condition, he is no less vulnerable than the gay drama queen who begs for attention, even in the waiting room. Many people just don’t wear their vulnerabilities on their sleeve for all to see or to appeal for pity.

The notion that others are less vulnerable in their hour of need is evidence of a shortsighted and self-absorbed retreat from real life. The notion is heavily marketed, and many politicians of the Democratic Party buy into it. It is the use of the victim card.

10. Homosexuals and codependency

Most important, the notion of “minority stress” appeals to the condition of codependency that we see so often in homosexuals. In her groundbreaking book ‘Codependent no more’, Melody Beattie describes this condition in great detail. Here is a small sample of the things codependents feel and do (click here for more):



> *“– believe deep inside other people are somehow responsible for them.*
> *– blame others for the spot the codependents are in.*
> *– say other people make the codependents feel the way they do.*
> *– believe other people are making them crazy.*
> *– feel angry, victimized, unappreciated, and used.*
> *– find other people become impatient or angry with them for all the preceding characteristics.”*

Because homosexuals are so often codependent, they rely heavily on other people’s opinions in order to feel good about themselves. Therefore it is no surprise that the invention of so-called “minority stress” rings such a bell within gay circles.

It is the ultimate accusation of others about the way you feel. With this term “minority stress”, you can allow yourself to feel victim of a big, anonymous crowd out there. And then you can make yourself yet again dependent on others for your feelings of self-worth and self-

-dignity.

The word ‘society’ as in “social stressors” is ultimately one big silver screen onto which you can project whatever you please. Activists may very well use this sophisticated and intellectual term to refer to any person who upholds another political opinion.

It is true that in the States conversion therapy is available, and it is true that many homosexuals suffer from personality disorders, depression and anxiety states, or that they soothe themselves with drug and alcohol abuse.

But it is again a methodological flaw to say that one follows from the other. This is substantiated by the research which reveals the current Dutch and Danish situation where mental problems thrive abundantly among homosexuals in comparison to heterosexual peers, but with no hostility, and most importantly, no conversion therapist in sight.

In this way, the introduction of the notion of a *“minority stress syndrome”* may very well help youngsters to blame others for their predicament, to call social action in to the rescue and to evade personal responsibility for your own life and feelings, leading to the thought that:

> *You do not have to look into yourself, you can therefore avoid feelings of past pain, regrets and grief about the way things went long ago, things that still haunt you and which to a large extent determine and influence your current way of living, feeling and choosing. No build up of sadness. No, it is my damned heterosexual roommate here at college. Make that: all heterosexuals’.*

It is a cheap and easy way out. Hassle-free, and no obligations for yourself.

In this sense, anti-psychiatry is harmful to youngsters, because it prevents them from reaching the core of many personal issues which makes them sad or blue. Gay-lib and Hamer insist that there are no personal issues, and that having any personal issue renders a person ‘defective’.

In doing so, he is shaming those youngsters who are brave enough to express their personal doubts about the gay identity and who seek help at a personal level. The man is clearly not trained in any form of psychotherapy. I dare say that anti-psychiatry is anti-therapeutical and that it has a very limited scope of use.

11. Homosexuals and the H.I.V. epidemic

The psychological problems of homosexuality are also reflected in the epidemic of Sexually Transmitted Diseases, notably H.I.V. and Hepatitis C. In the Netherlands, a homosexual has statistically a 600 times greater chance to acquire H.I.V. compared to a heterosexual man.

But let us be honest: S.T.D.'s are a two-way street. He also enjoys himself 600 times more spreading the virus than a heterosexual guy does. Due to minority stress?

There is a lot of material for psychiatrists in analyzing the epidemic of H.I.V. The US Center for Disease Control has recently issued a warning that 50% of all youngsters entering the male gay scene will acquire the virus before age 50. For Afro-Americans, the prediction is 80%. No personal hangups? All due to a big bad heterosexual world making you feel so bad and insignificant? Nothing to "fix" at a personal level?

Conclusion

In his reaction to the Mayer and McHugh report, Dean Hamer reiterates old gay-lib mantras, in spite of clear evidence to the contrary. He comes up with no new facts to substantiate his claims. Apparently he feels that denying any psychological problems acquired in early youth or at a later age, is far better for the welfare of people with SSA's in society, than facing those problems head on, eye to eye, so to speak, with a professionally trained helper. His current aim to remove the voice and websites of opposing views, will not settle the scientific debate. It ends the debate dead in its tracks.

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Home