GAY IDENTITY AS FASHIONABLE





In his recent update on his book on “Attachment Loss”, the late Dr. Joseph Nicolosi wrote about the recent scientific discoveries and research into the subject of homosexuality. Only weeks prior to his untimely death this month, he published a new edition of his wonderful guide for therapists: “Attachment Loss”. Let us take a look at some of his writings:

Gay Identity as Fashionable

In today’s culture teens are often actively encouraged to question and even test out their sexuality. A school psychologist told me that his caseload of teens reporting a sexual-identity crisis had doubled during one year. Many other school counselors report seeing an increasing number of students who believe they are bisexual or homosexual.



Our own clinical practice also reflects a greater proportion of younger teens questioning their sexual orientation. Thirteen-, fourteen- and fifteen-year-olds are increasingly announcing to their parents that they are gay. A transition that used to occur in the mid to late twenties or sometimes older now takes place in the early and mid-teens. More and more adolescents are “coming out” to their friends and parents. This is no doubt due to the increased presence of the gay identity as a fashionable and counterculturally in-your-face.

Although the Internet is a great education tool, it offers easy access to pornography and gay-activist misinformation. From the very start of treatment we recommend that parents consider adding protective blocks to their Internet server, and that they inform their teen in advance that as responsible parents they will make regular inspections of “usage history,” their computer’s record of websites visited.

Teens have always enjoyed provoking the older generation, particularly when they can link their rebellion to a struggle for freedom, self-determination and justice for a disadvantaged minority.
A number of studies show that youth who are dealing with homosexuality suffer from a higher level of behavioral and psychiatric problems than heterosexual youth, including suicide attempts and drug and alcohol abuse.

One recent study found “compelling evidence” that gay and bisexual youth present higher rates of generalized anxiety disorder, major depression, suicidal thoughts and even nicotine dependence (Fergusson et al., 1999). Effeminate boys in particular were shown to suffer from higher levels of psychiatric problems, including a deep sense of inferiority.

When the studies are taken as a whole, it is also clear that a teenager who self-identifies as gay is at high risk for infection with HIV or another STD, for psychiatric problems including suicidal ideation, and for self-destructive behaviors such as drug and alcohol abuse and prostitution.



Although teasing and harassment by peers (which obviously does occur and can indeed be cruel) would be a contributing factor, no research has ever proven the alarming psychiatric problems of gay-identified teens to be due solely, or even primarily, to this peer marginalization.

We believe the higher rate of mental health problems in homosexually oriented youth reflects not only social disadvantage but problems that are intrinsic to the homosexual condition.

Activists bringing “safe-schools programs” to the public schools often win support by citing high rates of suicide attempts among sexually confused teens. The problem of suicide attempts will only be remedied, these programs claim, when society puts its stamp of approval on homosexuality. However, the fact that the elevated rate of psychiatric problems of gay-identified people does not decrease in gay-friendly cities such as San Francisco, or in gay-tolerant countries such as the Netherlands and Denmark, supports our view that there are problematic factors at work that are intrinsic to the homosexual condition itself.

Opening the Door for a Confused Teenager

The adolescent presenting for treatment has been exposed to a cultural message that says that homosexuality is perfectly OK and that it is just a complement to heterosexuality. But when we open the door to impressionable teenagers and urge them to go through it to try homosexual behavior, we expose them to terrible medical risks, as well as encourage them to habituate themselves to a behavior they may later, with greater maturity, come to regret.

The therapist needs to keep in mind that homosexual eroticism can be the result of many things: normal but temporary feelings of peer infatuation, need for belonging, the search for pleasure, or simple curiosity.



It may be an expression of anxiety about growing into adulthood or a means of avoiding the challenges of heterosexual social relationships. A youngster who feels socially inadequate, overwhelmed by the pressures of dating or in conflict about his confusing sexual impulses may also resort to homosexual behavior by default.

In any event, a teenager's preoccupation with gay themes should cause parents serious concern, and properly addressing that concern requires appropriate professional intervention. Sometimes the youngster's preoccupations are also accompanied by overwhelming guilt, self--condemnation and even suicidal thoughts, particularly if his parents are critical, distant or abusive. Teenage depression and suicidal thoughts must be taken with utter seriousness. The therapeutic task is to affirm the teen's deep need for same-sex emotional attachment (the three A's: attention, affection and approval) as distinct from homosexual enactment.

When we consider how homosexual behavior serves to reinforce and deepen a gay identity, we see the absolute importance of early intervention. If childhood has passed, the teenage years yet remain a favorable time to address the emotional needs that lie at the root of homosexual behavior. Untreated, adolescent sexual confusion becomes increasingly unreceptive to treatment and is likely to result in the belief that "gay" is inevitably and ultimately the person's only possible self-identity.

How the Adolescent's Sexual Identity Forms

In helping the sexually conflicted teen, two issues need to be separated out: dealing with homosexual behavior, and whether or not the teen will choose to claim a gay identity. Let's first look at homosexual behavior.



The critical developmental phase leading to a homosexual identity is called the "erotic transitional phase" (Nicolosi, 1991). During the early teen years, if gender identification and emotional needs remain unmet in the prehomosexual child, once hormones stimulate adult erotic interests, sexual feelings will be directed toward satisfying those unmet love needs.

It is precisely those emotional and identification needs that create the intense craving that characterizes homosexual desire. While never satisfying these childhood needs, homosexual behavior is easily confirmed into a habit pattern. The easy availability of gay pornography, now so readily accessible on the Internet, reinforces this addictive dimension.

Gay identity.

Popular culture portrays the gay life very favorably, even glamorously. Many schools have gay and lesbian clubs and organizations, and pro-gay counseling programs encourage "sexually questioning" adolescents to try on a gay or bisexual identity.



The euphoric experience of "coming out"—of identifying oneself with an oppressed minority that is demanding social justice—appeals to the adolescent's romantic sensibility. Especially for youth, who typically feel misunderstood and unappreciated by parents and authority figures, the notion of a subculture with similarly oppressed youth, "where I can be accepted

for who I really am," is indescribably appealing. Further, the gay subculture bestows great value on youthfulness. A young person who yearns to belong and who enters that world will quickly receive flattering attention, especially from older gay men.

Traditionally, mental-health professionals understood much of adolescent homosexual behavior as experimentation rather than as a means of discovering some sort of innate self-identity. They understood that for many adolescents, homosexual experiences represent nothing more than a "period of developmental curiosity" that will eventually be discarded as heterosexual interests predominate. And they recognized that with proper guidance, the young person would sort out the real meaning of his sexualized longings.



But today, the teenager's natural desire to "belong" to an embracing community, along with the extraordinarily easy availability of gay sex, can quickly lead any confused young person into a deepening gay self-identity. In fact, quite a few of my adult homosexual clients have told me they always assumed they were "straight" until their first homosexual experience; afterward, they believed that experience proved them to be gay.

A national survey, Sex in America, indicates that while only 2 to 3 percent of adult males are homosexual, 10 to 16 percent of all men go through a homosexual phase earlier in their lives (Laumann, Gagnon, Michael & Michaels, 1994).

What if these young men had been confirmed as "gay" by a school counselor or gay program during that vulnerable phase? Another major study found that more than one-quarter of twelve-year-olds are unsure whether they are heterosexual or homosexual (Remafedi, Resnick, Blum & Harris, 1992). This 1992 study polled 34,707 Minnesota teenagers and was published in the prestigious journal Pediatrics.

This means that a gay school-counseling program, eager to identify and support every same--sex attracted teen, will find that about one-quarter of all early teens do in fact suffer from a temporary period of sexual-identity confusion.

But most alarming of all, such teens might erroneously be identified as homosexual if they are affirmed as gay by a counselor at age twelve.

One reason for this high incidence of confusion, as mentioned earlier, is the media exposure our kids have to glamorized gay images. Internet websites, television, films, rock music, teen magazines and even public libraries offer very appealing pro-gay messages. For questioning youngsters, these messages are quite seductive.

A teenage boy called in to a radio talk show's host, a psychologist. The young man explained that he had attractions to men, but this created a conflict because he was a Southern Baptist. The psychologist advised him to accept himself as a "gay youth," and said that if he could not reconcile his "natural" gay identity with his religion, then he should think about jettisoning his religious beliefs and switching to the Metropolitan Community Church, which is gay friendly.

Conclusion

This sort of advice—the uncritical assumption that a young person's experience means that he is "naturally" homosexual (and that sexual feelings take precedence over deeply held religious beliefs)—represents the pervasive misinformation that permeates our culture.

Home