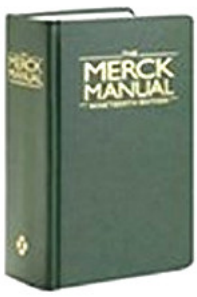
THE GAY RELATED COMPLEX, PART 1

In 2012 the Dutch minister of Health, Edith Schippers, ended the financing of psychotherapeutic counseling for persons seeking help for unwanted same-sex attractions. She had been been approached by a Dutch gay-lib organization. *"Homosexuality is not a mental disorder, therefore it does not warrant treatment. It is totally normal",* Schippers declared in parliament. This stance, however, raises some serious questions. Does homosexuality really give just as few problems as heterosexuality does? Is it merely a coincidentally occurring phenomenon? Are there no inherent worries and profound concerns about the emotional, psychological, social and perhaps for some, even spiritual health of the individual? And is the term *"mental disorder"* the be-all-and-end-all of psychotherapeutic help? In this article, we investigate psychotherapy, and address the political implications of our findings.

Are there more psychological and psychiatric issues related to homosexual behavior than to heterosexual behavior? There is abundant evidence that the answer to this question is *YES.* On close inspection, there is a whole gay-related complex in the field of problems, dissatisfactions and disorders. Let us review the medical literature on this subject.

1. Pedophilia

We need only glance at an impartial source of medical information like the *Merck Manual of Diagnosis and Therapy*. Ever since its first publication in 1899, this manual has become the most popular concise source of reference for medical students and doctors alike. It is regarded as an important scientific standard for medical knowledge, known to everyone in this field, and is continually being updated. Most students and interns have it on their tablet or smartphone. (There is also a home version for non-professionals).



When we look at the 19th edition (published in 2011) in the chapter about Psychiatry for example, we read on p. 1746 on the subject of Pedophilia:

> *"Most pedophiles are male. Attraction may be to young boys, girls, or both. But pedophiles prefer opposite-sex to same-sex children 2:1. In most cases, the adult is known to the child and may be a family member, step-parent, or a person with authority (eg, a teacher). Looking or touching seems more prevalent than genital contact. Homosexual males typically have a less close acquaintanceship with the child. Pedophiles may be attracted only to children (exclusive) or also to adults (nonexclusive).*
>
> *Predatory pedophiles, many of whom have an antisocial personality disorder, may use force and threaten to physically harm the child or the child's pets if the abuse is disclosed. The course of pedophilia is chronic, and perpetrators often have or develop substance abuse or dependence and depression. Pervasive family dysfunction, including marital conflict, is common."*

Because homosexuals males have a less close acquaintanceship with the child (according to the Manual, see above), they are therefore more often predatory.

Now note the remark

> "*pedophiles prefer opposite-sex to same-sex children 2:1."*

Gay activists will argue that heterosexual pedophiles are therefore more common. Homosexuals only constitute 33% of the pedophiles.

But let us look at some statistics here. When one realizes that according to the same activists, homosexuals constitute a mere 3.3% of all males in society, then we see that these 3.3% constitute 33% of the pedophiles. The odds for the link between homosexuality and pedophilia are therefore 33%/3.3% = 10 to 1. The odds for the link between heterosexuality and pedophilia are thus 66%/97% = 0.68 to 1. So what we call the odds-ratio of the link to pedophilia between homosexuality and heterosexuality is 10/0.68 = 14.7 to 1.

To make that long story short, the Merck Manual shows that homosexual behavior in an individual is linked almost 15 times more often with pedophilia than is heterosexual behavior. And this pedophile behavior, especially with predators who have no children of their own like most homosexuals, is often linked to depression, substance abuse, and pervasive family dysfunction.

So, yes, psychiatric conditions can be explicitly linked to homosexual behavior, as just has been demonstrated above. The term "Gay-Related Complex" makes sense in this context, and is substantiated by recent editions of the Merck Manual.

2. Gender Identity Disorder (GID)

There is more evidence in this standard textbook. On page 1740 we see:

> *"Gender identity disorder is characterized by a strong, persistent cross-gender identification; people believe they are victims of a biologic accident and are cruelly imprisoned in a body incompatible with their subjective gender identity. Those with the most extreme form of gender identity disorder are called transsexuals. These disorders are considered mental disorders because the body does not match the person's psychological (felt) gender.*
>
> *Many boys role-play as girls or mothers, including trying on their sister's or mother's clothes. Only in extreme cases does this behavior and an associated expressed wish to be the other sex persist. Most boys with gender identity disorder of childhood do not have the disorder as adults, but many are homosexual or bisexual as adults."*

The Merck Manual considers transsexualism a mental disorder. (Gay-lib is trying to change this by infiltrating the psychiatric organizations and getting hold of key positions in an effort to rewrite the psychiatric literature to make it fit the ideology). And the manual links this disorder with the development of a homosexual identity at an adult age. The manual states: "*many are homosexual or bisexual as adults*". It does not say that most are heterosexual as adults. So, we now have yet another psychiatric condition (GID), a full-blown mental disorder usually beginning in childhood, that is gay-related.

Is it possible to say, therefore, that there is a "Gay-Related Complex" of psychiatric pathology? Yes, it is, as the Merck Manual clearly shows.

3. Gay-Related Complex vs. Mental Disorder

When we review the professional literature, we see that keen researchers and sharp-eyed professionals have identified many issues which are strongly and convincingly related to homo-

sexual behavior, issues which cannot be dismissed by allegations of negative social attitudes being the cause.

Not everyone who strongly experiences same-sex attractions will demonstrate each and every issue to the same extent or in the same way. The concept of a “mental disorder” is too straightforward to understand the full scope of all the diverse issues that clients bring into the consulting room to talk about. After all, this concept implies that all behaviors and feelings are consistently and uniformly present in one distinct form, stemming from one distinct cause, a clear-cut case. The term stems from a mono-dimensional frame of reference. It implies that feelings and behaviors are observable in the same way in each and every case, varying only in speed of onset, and severity and length of duration. In that sense of the definition, homosexuality is not a true mental disorder.

Professionals who help clients explore their full sexual potential do not view homosexuality in this way either. Working with a client’s same-sex attractions and behaviors is more like revealing a mesmerizing painter’s palette displaying layers of blended shades of color, rather than squeezing on a single straightforward tube of pink paint.

It is radical gay-lib, who in their ignorance and often hostility, want to make it appear that the “mental disorder” claim is the essence of licensed psychotherapy, but the view does not stem from the therapists themselves. It is gay-lib that says it stems from psychotherapists, it is not the therapists saying this.

What do these therapists do then? Therapists help clients who are demonstrating a complex of behaviors and feelings towards their own sex, to first and foremost, feel good about themselves. Once that is reached, they can then slowly help these clients to identify a host of issues which have been proven over and over again to contribute towards these underlying insecurities and attractions, along with other feelings and behavior.

The client is helped to explore his full sexual potential and investigate all the hang-ups and obstacles which have bothered him up till now. One is capable of accomplishing far more solutions to distress, than one is aware of at the beginning of any therapy.

The therapeutic model of the Gay Related Complex can therefore be described as multi-dimensional in causes and multi-dimensional in effects. Having homosexual feelings and behaviors is a complex, or a syndrome, and is not a straight forward mono-dimensional mental disorder.

4. The four targets of psychiatry

In psychiatry, a therapist is entitled to work on four different things:

1. an isolated symptom that the client is distressed about,

2. a complex or syndrome which can be demonstrated,

3. an acknowledged mental disorder,

4. a substantiated disease.

When dealing with same-sex attractions and investigating your full sexual potential, therapists are working on No. 2, a complex or syndrome. They are not working on a mental disorder (No. 3) or a disease (No. 4), as gay-lib and others wrongly suppose. Focusing on a complex is perfectly legitimate by all psychiatric professional standards.

Furthermore, when a client alleviates distress which turns out to be part of the syndrome, and when this distress turned out during therapy to cause or aggregate obvious heterophobic feelings, then it is not up to third (exterior) parties to have all sorts of value judgments about this therapy. It cannot be regarded as a professional standard to deliberately leave distress intact, so that heterophobic feelings remain intact. This is not ethical by any standard.

Heterophobia (=fear, numbness, disgust and/or aversion towards intimacy with the opposite sex) and homosexuality are one and the same. Heterophobia is not an end in itself, nor may it be turned into a desired goal by legislation for certain members of society.

It is perfectly okay to treat a complex or an isolated symptom. Look at these other, widely accepted examples:

– An inferiority complex for example, is not a disease or a mental disorder, but it is a complex as the name already says. And you are fully entitled to work on it with a client, if the complex (or syndrome) is perceived as very distressing.

– Or take a fear of dogs. It is an isolated symptom, not a full blown mental disorder, and yet, you are fully entitled to work on it with a client (it usually stems from earlier traumatic experiences with dogs). A therapist is allowed to address any childhood trauma, if that helps the client to overcome the distress that he experiences with the present symptom or syndrome.

– Or take marital problems. It is not a mental disorder to be married or to want to be di-

vorced, but these problems are still treated by many psychotherapists, and rightfully so.

In a syndrome or complex, each client has a unique mixture of issues and subsequent feelings and behaviors. In doing so, he experiences a unique chemistry of attitudes and bondings with people around him. The core driving force of therapy is the client's dissatisfaction with his predicament, be it feelings, behavior, label, social predicament and marital status.

One glance at a good-looking guy should not indiscriminately destine you for the gay label forevermore, and certainly not when you disapprove of such a prospect. It is not up to pressure groups to coerce people in their private lives. This is in essence the political battle that radical gay-lib is fighting, at the expense of a silenced small minority of clients who do not comply to their totalitarian social targets and who are frowned upon by gay-lib with suspicion and condescendence.

5. The role of bisexual feelings

In the authoritative, 3-volume textbook for students, *"A Companion To Medical Studies"* (Blackwell Scientific Publications, Oxford, GB, 1986), a section is dedicated to psychiatry. We read on the pages about Homosexuality (volume 3, p. 35.35):

> "*The cause of this type of sexual orientation is far from understood, though there is evidence that everyone is capable of bisexual feelings. Homosexual feelings often occur during sexual development, although in only a minority do they become the established sexual responses.*"

It is noteworthy that the authors teach students that *"everyone is capable of bisexual feelings"*. They also refer to *"sexual development"* as part of the process of growing up. These elements, which have been well established, constitute the core ofmodern therapy, or as it is named Sexual Attraction Fluidity Exploration in Therapy. Heterosexual feelings are always a possibility in each and every person, and the quest of unraveling the many facets of this personal development is exciting and invigorating. Most clients find it very empowering to understand how a certain sexual response was established. Insights can unleash new possibilities, which up till then seemed elusive and unattainable.

6. Conclusion

The main point of this article is to stress that gayness is a *complex* and *not* a mental disorder. We have explained the difference. Not only is it perfectly legitimate to tackle problems in this way, in fact, it is a professional duty of therapists to analyze the manifestations of behavior which, in all sorts of ways, empirically prove to be related to feelings about the same sex. The multiple causes, their interrelatedness and their consequences make up the stuff of pro-

fessional therapy.

Therapists are not imposing some '*coercive view*' or *'idealized heterosexual values'* on their clients. It is very much a tentative, probing and developmental process that leaves a lot of initiative on the client to take things in the directions that helps him feel comfortable with himself and his life. And it is up to the client to make that decision and to do the hard work of therapy; it is not up to politicians to do the self-determination on his behalf.

– – – – – – –

In the next article, we will analyze the social context of the debate.

To be continued.

Job Berendsen, MD

Gary Morgan.

Next Part

Home

Download Free Booklets