



THE GAY RELATED COMPLEX, PART 5: THE MYTH OF “MINORITY STRESS”

In publications over the last ten years, we see mention of ‘*minority stress*’. We are led to believe that all mental health problems of gays ultimately stem from society. The environment is consistently labeled as hostile, ferocious and horrific. Therefore, the outside world would be the ultimate source of psychiatric pathology. In these articles by LGBT-activists, a victim stance is propagated for anyone who calls himself gay. Before we can continue with our series on the Gay Related Complex, we need to address this claim and clean up the swamp. What perceptions and ideas are radical activists promoting? What is their relationship with the agenda, the recent fights in court, of radical gay-lib lawyers? How does all this influence general opinion and, at the end of the day, which harm does this do to the self-perception of the persons involved?



1. The problems with the gay life-style

With homosexuality, there are undeniable major problems. Gay activist Owen Jones writes in [The Guardian](#) (October 2016):

“The statistics are indeed alarming. According to Stonewall research in 2014, 52% of young LGBT people report they have, at some point, self-harmed; a staggering 44% have considered suicide; and 42% have sought medical help for mental distress. Alcohol and drug abuse are often damaging forms of self-medication to deal with this underlying distress. A recent study by the LGBT Foundation found that drug use among LGB people is seven times higher than the general population, binge drinking is twice as common among gay and bisexual men, and substance dependency is significantly higher.”



Without a blink of an eye, Mr. Jones immediately goes on to blame society for this level of pathology when he says:

“Mental distress triggered by deep-rooted homophobia in society drives many LGBT people to abuse drink and drugs, and to harm themselves.”

He seeks and claims external origins for gross psychiatric pathology, although his article contains no references to substantiate such a relationship.

There are more gay activists who draw attention to the social consequences of the gay lifestyle. Gay activist Michael P. Dentato, a social worker, [writes](#) in 2012:

“Gay and bisexual men have greater likelihood than the general population for risk-taking behaviors that include polysubstance use and anonymous sex with multiple partners, and they are at greater risk for sexually transmitted infections such as HIV/AIDS and Hepatitis A/B/C.”



Gay activist Hogg and associates write in the [International Journal of Epidemiology](#):

“In a major Canadian centre, life expectancy at age 20 years for gay and bisexual men is 8 to 20 years less than for all men. We estimate that nearly half of gay and bisexual men currently aged 20 years will not reach their 65th birthday. Under even the most liberal assumptions, gay and bisexual men in this urban centre are now experiencing a life expectancy similar to that experienced by all men in Canada in the year 1871”



2. Fear of public rage

Out of fear of a lash-back from society, activists do all they can to deny, downplay, or minimize these disturbing facts. In 1989 activists Kirk and Madsen published their “*Gay Agenda*” (see our [previous article](#)), hoping to make people shrug their shoulders about gay issues. The strategy that they suggested, consisted of diverting attention to other topics, preferably abstract issues on moral high ground like legal rights, creating feel-good conversations, and to direct the public eye outward to unsubstantiable external influences of some unspecified “society”. In doing so, this alleged “society” is not in a position to defend itself or to plead ‘*not guilty*’. “Society” becomes a great silver screen onto which everyone can project his deepest fears and disgust. And any outsider will have a lot to account for.

In psycho-analysis, this phenomenon is called externalization. In short, it means: *'Those guys out there made me do it'*.

3. The influence of word choice

When viewing heterosexual and non-heterosexual behavior, activists proceed to assert that we are looking at "heterosexual people" and "non-heterosexual people". In other words, a specific behavior that one demonstrates at a certain point in one's life is generalized onto the whole person, it becomes a totally encompassing identity. You are being branded. Then, by use of fantasy and speculation, it is labeled a biological entity and an expression of an immutable 'orientation'. Next, these people who have been stigmatized by the activists as "non-heterosexuals" are considered to be birds of a feather, flocking together. They are considered members of a flock, tribe or community, after which the activists step forward as self-appointed community-leaders and tribal chieftains to gain respect, authority and social/political power. They pledge to defend their creed against "that straight world", those guys out there who made me do it.

The notions of "identity", "orientation", "community", and "straight world" are no more than social constructs, which have grown into mutually shared delusions. Us-them thinking prevails.

In contrast to radical gay-lib, it is our stance that everyone possesses a full sexual potential, and that no scientific evidence exists for the assumption that individuals would inherently be deprived or handicapped in their full range of possible feelings and behaviors.

Activists assert that people are inherently born 'gay', or 'straight', and that all perceived problems of men with same-sex attractions are caused by the "straights" (this is externalization). To this end, they have constructed a separate brand of psychology, LGBT-psychology, which holds this political view for a scientific fact, and then starts fantasizing, speculating, and analyzing from there.

LGBT-psychologists have recognized correctly an inappropriate level of feelings of rejection with "gay" men, and have recently come up with an explanation, handed to them by sociologists. It is called Minority Stress.

4. Meyer

In 1989, the LGBT-psychologist Ilan Meyer postulated:

“Minority Stress is the relationship between minority and dominant values and resultant conflict with the social environment experienced by minority group members”.



In other words, he is trying to argue that the vast amounts of mental health problems of gays are the result of conflicting values and have nothing to do with the homosexual condition itself. A conflict of values leads to stress and hence to significant poorer health, so he claims.

In [Wikipedia](#), we read:

“In 2010, Meyer was an expert witness in the Perry v. Schwarzenegger trial, testifying on the mental health impact on gay couples denied the right to marry. His testimony relied on empirical studies showing that gays and lesbians encounter a disproportionate level of stress and mental health difficulties because of discrimination, and that these stresses amplify the social stigma that makes them more susceptible to depression, suicide and substance abuse. When asked if mental health outcomes for gays and lesbians in California would improve if Proposition 8 were not law, Meyer said, in the affirmative, that “when people are exposed to more stress...they are more likely to get sick, consistent with a law that says to gay people you are not welcome here, your relationships are not valued”; laws such as Proposition 8, he said, “[have] significant power.”

Meyer, like all LGBT-psychologists, is an activist, and we see here how his new invention “*Minority Stress*” proved to be very useful for LGBT-law firms to use in court. There, he testified that “*stresses amplify social stigma and make people more susceptible to depression, suicide and substance abuse*”.

The carefully chosen words “*amplify*” and “*susceptible*” do not specifically explain psychiatric symptoms, but the way he uses these words means *for lay people* that social values cause psychiatric symptoms, and the court ruled in his favor. They ruled that denying same-sex marriage leads to vast amounts of mental health issues, including death. Hence, apparently, same-sex marriage is necessary to keep people alive, so he made it look. He had “scientific proof” to demonstrate it, from publications in LGBT journals which we regard as biased (see [our previous](#) article on that subject).

He got away with it, and Meyer has become a gay-lib hero in doing so. If you look very carefully at what he writes, he is actually quite vague and speculative (“*can* be explained”, “*may* ultimately impact”), only suggesting a correlation, but he has achieved in creating the impres-

sion that scientific certainties are finally being brought forward. Little do the judges and juries realize that LGBT-psychology is a pseudo-science as we have explained in the previous article.

The activists accuse society *beforehand* of being the culprit when they carry out research, and then make it look as if that is the legitimate result of research that they have performed. They conceal their researchers' bias and pose as regular psychologists. It is an activist campaign in close collaboration with activist law firms to advance a political agenda of a small circle of homosexist extremists.

5. The link between LGBT-psychologists, LGBT-lawyers and USA lawmakers

The court case in California for which he testified, was initiated and financed by the wealthy National Center of Lesbian Rights, a group of California-based radical lesbian activists with whom gay-activist members of the American Psychological Association have close cooperative ties. The APA has even officially made it its business to deliver such information for gay activist causes and to promote all the stances which the gay-lib Division 44 comes up with. The national association has been bridled before the gay activists' chariots, and can in our opinion no longer rightly be seen as a source of objective research due to the conspicuous researcher bias.



Radical-gay activist, Judith Glassgold, writer of '[Activism and LGBT-psychology](#)', has even managed to become the chief spokesperson of the Association for government policy. All public statements on sexuality, be it gay or straight, are now under her control. On the [APA website](#), we read:



"Judith M. Glassgold, PsyD, has joined APA as the new associate executive director and director of Government Relations for Public Interest, providing nonpartisan authoritative policy analysis exclusively to Congress."

Notice how she has fooled the Association to believe she is nonpartisan, in spite of her activist book. On the website [Exgaytruth.com](#) we read,

"The book argues that psychologists should use psychotherapy to urge homosexual clients to become activists for gay causes. In the book Judith Glassgold summarized her professional philosophy: "psychotherapists must abandon the practice of seeing mental health issues as individual problems and more willing to see these issues as the conse-

quences of social injustice.” (Activism and LGBT Psychology, page 37).”

6. The effect of society on psychiatric illness

The effect of environmental factors on major psychiatric disorders (like depression, suicide, anxiety states) is grossly overrated. Environment does not cause psychiatric symptoms. The effects of a conflict of values, as proposed by Meyer, leads to what we psychiatrists call a Transient Situational Discomfort (TSD). That is to say, a discomfort can be aroused by situational factors, but this discomfort is always transient, and resolves. For example, if the cranky old lady living on the opposite side of the road, pokes her tongue at you, you do not march to the attic with a piece of rope to hang yourself. That is ridiculous.

Ilan Meyer is no psychiatrist, but an epidemiologist. This means he studies phenomena at the level of the entire population, not from close by. Epidemiology entails a helicopter view, but it cannot be used to explain individual psychiatric symptoms. You cannot read someone’s state of mind from a helicopter. But sadly, that is exactly what he is doing.

You need to get really close to the feelings of a client, and spend hours listening to what is being said, and ascertain which feelings, habits and mechanisms are hidden under the surface. Only individual-orientated psychiatry and psychotherapy can achieve such a thing, not an epidemiologist or a sociologist who looks at society as a whole. Meyer is way out of line with his “discovery”, trespassing over professional borders. He is working for a radical campaign of LGBT-activists, and is promoting pseudo-science.

He goes on to say:

“Minority stress theory proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization (Marshal et al., 2008; Meyer, 2003) and may ultimately impact access to care.”

Notice how he quotes himself as a source of reliable science. This is not allowed in regular psychology. Our comment is:

In no way can the staggering amount of full-blown psychiatric disorders, seen in the gay population, be explained by cultural “stressors”.

The UK can be considered more tolerant than the USA, but figures collected in 2016 by the government from twelve different [British studies](#) show:

“In the UK, LGB adults have higher prevalence of poor mental health and low wellbeing when compared to heterosexuals, particularly younger and older LGB adults.”



The same applies to the Netherlands. A [study in 2014](#) conducted by the University of Amsterdam revealed:

“Despite the Netherlands’ reputation as a world leader with respect to gay rights, homosexual Dutch men have much higher rates of mood disorders, anxiety disorders and suicide attempts than heterosexual Dutch men. Epidemiologists report similar disparities elsewhere in Western Europe and North America.”



We see equal results from [studies](#) in Sweden in 2016. The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), [recognizes](#) Sweden as Europe’s most gay-friendly country. Nevertheless, researchers found a great abundance of psychiatric pathology in the group:

“Histories of suicidal ideation, attempts and medical care for intentional self-harm, including higher levels of recurrence, are more prevalent among LGB individuals in contrast to heterosexuals. Lesbian/bisexual women evidence an earlier age of onset of treatment”



Psychiatric symptoms have nothing to do with the degree of homophobia. The problems do not stem from without, they come from within. If you believe that the outside world is your foe and you decide to move to another town or country, ultimately you will find that you will be carrying your sadness with you.

7. Changing psychiatric terminology

The idea of “*Minority Stress*” is a feeble attempt to distract public attention away from the homosexual condition itself, to blame and attack “society” and to avoid having to look into the personal aspects of feelings and behaviors. The approach stems from the outdated notions of [Anti-Psychiatry](#) of the previous century, in which society was systematically blamed for all mental symptoms (see [our article](#)).

The [decision](#) that a majority of the American Psychiatric Association took in 1973, under heavy political pressure from gay activists, to remove homosexuality from the list of mental disorders, was premature and reckless.

In his book on *'The Politics of Diagnosis'*, Dr. Ronald Bayer [wrote](#) in 1981:

"Two years earlier at the 1971 conference, radical gay activist Kameny grabbed the microphone and yelled,

"Psychiatry is the enemy incarnate. Psychiatry has waged a relentless war against us. You may take this as a declaration of war against you."

Meanwhile, homosexuals forged APA credentials and gained access to exhibit areas in the conference. There they threatened anyone who claimed that homosexuals needed to be cured. In 1973 after much political pressure, a committee of the APA met behind closed doors and voted to remove homosexuality as a mental disorder from the DSM-II. Opponents of this effort were given no more than 15 minutes to protest this change."

It has since been propagated so vehemently, that many now actually believe it is true, and that it is was the consequence of much research and thorough professional discussion. But the truth is, it was not founded on any sound research, it was pure coercive politics. This wrong decision is in large part to blame for the worldwide epidemic of mental problems and the therapeutic neglect that is seen when addressing the core problems of homosexual behavior. 42% of the members of the APA voted in 1973 against de-pathologizing homosexuality, and fifty years later, now that we see the results, time has proved them right.

8. Conclusion

Blaming society strengthens the feelings of despair and helplessness of clients. The world is portrayed as big and bad, and the LGBT-psychologists and social workers do all they can to amplify that depressing thought. LGBT-science is a Jihad of sorts, and the promise of a life-long social struggle can never give peace of mind if it is presented as the solution.

Men with same-sex attractions can feel rejected, and in the next article we will demonstrate how this observation is part of the complex itself.

To be continued.

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