

Homosexuality: Critical Issue Analysis

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There has been much debate amongst the psychological community and religious communities in the past on whether or not homosexuality is a normal sexual variant, or a pathological deviance. This debate continues to be an issue; although it appears to be mostly a religiously biased issue most recently, there is still some dispute in the psychological community. This essay attempts to analyze the opposing viewpoints of two essays:

*Homosexuality Is Normal Sexual Behavior* by C. Cornett, and *Homosexuality Is Not Normal Sexual Behavior*. S. Rogers, & A. Medinger.

Cornett refers to a publication entitled *Homosexuality* by Irving Bieber that gives the results of Bieber's study conducted by the New York Society of Medical Psychoanalysts during the 1950s. This study was conducted on homosexual men undergoing sexual orientation reassignment therapy. According to this study, 57 percent of the men retained homosexual orientation, 19 percent became bisexual in orientation, and 19 percent became heterosexual in orientation. Cornett also notes that the research also included men who started off as bisexual in sexual orientation, and if one adds together this group with the group that started out exclusively as homosexual, as Bieber did in his publication, number of men who shifted to exclusive heterosexuality increases to 27 percent. It is important to note that Bieber and others who are of the mind that homosexuality is a pathology feel that this is a good statistic (1995).

Cornett contrasts this information with the results of a study on the outcomes of psychotherapy conducted by Kenneth Howard of Northwestern University. In Howard's study, it was found that overall psychotherapy showed a 75 percent improvement. More than 2,000 patients undergoing treatment for a large variety of psychological complaints were observed and tested in this study (1995).

Unfortunately, it is very difficult to cite any facts in Rogers' and Medinger's opposing article. While they make reference to similar research, no hard facts are presented; only conjecture and presumptions are made with minor reference to studies and research. Most of their facts involve wild attempts to prove that homosexuals suffer more emotionally than heterosexuals, and then later claim that this has little to nothing to do with society's pressure on homosexual men that they are misguided and sick individuals. The best they could come up with in their essay was that various studies found that homosexuals are between 25 percent and 33 percent more likely to be alcoholics compared to the seven percent figure for the general population. (2005)

The next best set of facts that they could come up with was the sexual promiscuity that is prominent in the homosexual lifestyle. Rogers and Medinger make the claim that there is "evidence of widespread sexual compulsion among homosexual men ( Rogers & Medinger, 2005)." To support this claim, Rogers and Medinger cite the results of a study performed by Alfred C. Kinsey, wherein 43 percent of homosexual men surveyed say they had, at the time of the survey, had sex with more than 500 or more partners, and 28 percent had had sex with 1,000 or more partners (2005).

It is interesting to find that both essays are wrought with opinions. However, Rogers and Medinger essay is almost entirely opinion and dogma oriented. While Cornett's essay definitely has opinions, it is mostly supported by facts that have not been reinterpreted to support his claims.

Rogers and Medinger quote Dr. Reuben Fine, director for the New York Center for Psychoanalytic Training as saying, "if the patients were motivated, whatever procedure is adopted, a large percentage will give up their homosexuality (2005)." This is purely opinion

based, as even the Bieber study previously mentioned only found a scant 19 percent conversion rate. Unfortunately for the support of this opinion, 19 percent is a fairly low number to support a claim of success.

Rogers and Medinger make reference to the work of Dr. Elizabeth Moberly of Cambridge, England, when they state that homosexuals are programmed by an emotional deficit in early childhood development, especially with same-sex parents and relationships. They cite such deficits as separation and emotional unavailability that causes an unmet need for love and recognition by same-sex relationships, along with a “ half-hidden sense of hurt or grievance, toward members of the same sex (Rogers & Medinger, 2005).” This is an interesting opinion considering there are countless heterosexual men and women with this same deficit. Predictably, they make no reference to this data and use only a portion of the available data to try to justify their opinions as facts.

Cornett's opinions are not so blatantly disregardful of actual and provable research data. He states that the field of psychoanalysis developed very differently in the United States than in Europe, in that the United State's psychoanalysts developed almost exclusively as a medical specialty. Since great emphasis was placed on psychoanalysts being medically trained, there naturally came a heavy emphasis on diagnosis. All of this is factual and documented in the history of psychoanalysis; what is opinionated is when Cornett says “psychoanalysts wanted the standing that other physicians were afforded. To gain that standing they needed to be seen as treating tangible diseases (Cornett , 1995).” While there is much support for this opinion, it is still an opinion rather than a hard fact.

Cornett's biggest opinion is influenced by a psychoanalyst and clinical professor of psychiatry at Cornell University by the name of Richard Isay. Isay “proposed that the most

important element in defining homosexuality is the orientation of the individual's fantasy life (Cornett, 1995).” Cornett says that it is indisputable that some individuals have temporarily or permanently changed their behavior, but questions if their fantasies have changed along with sexual reorientation. He states his most opinionated statement thus: “I have never seen this happen and doubt that sexual-orientation-change therapies would demonstrate any success if fantasy orientation change defined sexual orientation change (Cornett, 1995).” The fact that he has never seen the change in fantasies is irrelevant, as are his doubts of the success of such changes. This needs to be researched and studied to prove, and until this happens, these are pure opinion, whether they are true or not.

There are several problems with Cornett's essay and his arguments. First, he opens his essay with a couple cites by Sigmund Freud, one of the major founders of psychotherapy. Unfortunately, many of Freud's theories on psychosexual drive as a motivator for human behavior have been disproved, which is the bulk of his work. Freud is not considered a figure of modern psychotherapy for this reason, and this makes Cornett's references to Freud's writings irrelevant at best.

Second, Cornett's attacks on reparative therapist's concerns that removing homosexuality as a pathology from the American Psychological Association's (APA) Diagnostic and Statistical Manual (DSM) was based on a political process is insubstantial. Some would argue that the decision to remove homosexuality as a pathology from the DSM by vote is inherently a political process. Even though it is democratic in nature, this does not make it a scientific process.

Third, much of Cornett's essay is written to demonstrate that attempts reorient homosexual behavior to heterosexual behavior is unsuccessful. Unfortunately, all this does is prove that homosexuality is hard to cure, not that it is normal. Cornett's statements are akin to

saying that drug addiction or cancer is normal. The medical community defines both drug addiction and cancer as abnormal; these conditions are just very hard to cure. Low success rates in treating a disease only meant that that particular disease is difficult to treat, not that it should not be treated or that it is not a disease.

Lastly, Cornett references research that supports homosexual as a normal variant many times in his essay, but fails to cite these studies much of the time. Rather, he attacks the opinions of the opposition and accuses individuals that voted against the removal of homosexuality from the DSM of being greedy, of only being interested in having more options by which to bill insurance. While it is possible that some may actually have this as a motive, it is doubtful that such a large amount of individuals do not care or do not wish to help homosexuals, even if their manner of help differs with Cornett's opinion.

There are also several problems with the delivery of Rogers' and Medinger's essay. The statement that the gay community has disseminated much questionable information is entirely subjective. Most information, by nature is questionable, which is one of the reasons that over 75 years of psychoanalytic thought regarding homosexuality as a disorder was disregarded in the 1970s by the APA when the body decided to remove homosexuality as a pathology from the DSM by majority vote.

Early in their essay, Rogers and Medinger make the statement that gay rights activists “have attempted to convince society that homosexuality is innate, unchangeable, and a normal variable in the spectrum of human sexuality. If this is true, then homosexuals would be deserving of minority status, entitled to the rights and protection of other legitimate minority groups (Rogers & Medinger, 2005).” Saying that homosexuals do not have or deserve minority status because homosexuality is not innate, is changeable, and is not a normal variable in the spectrum

of human sexuality is simply atrocious. Whether their nature is innate or not, is changeable or not, or is a normal variable or not has no bearing on their status as a minority group.

Like Cornett, and perhaps more so, Rogers and Medinger make many claims and references to research that supports homosexual as an abnormal sexual variant, but fails to cite these studies in almost every instance. Their essay is riddled with opinions and apparently misused data, without much supporting facts.

Rogers and Medinger cite Dr. Ruben Fine as stating that if a group of patients are properly motivated, they will give up their homosexuality. This is purely subjective and opinionated; the same can be said about any group of sexual orientation. With the proper motivation, there is likely to be a large percentage of heterosexuals that would give up their orientation as well.

Rogers and Medinger state that “late in 1977, 68% of the American Medical Association psychiatrists responding to a poll still viewed homosexuality as a pathological adaptation as opposed to a normal variation (Rogers & Medinger, 2005).” This is easy to say and is most likely true, even though they made no reference to the survey that claims these results. It is interesting to note, however, that psychiatrists make up a very small percentage of the psychological community. There are far more psychologists than psychiatrists; it is quite odd that they did not include psychologists in their statement.

Although moderately opinionated and somewhat biased, Cornett's essay appears to lack any real propaganda, and instead seems to attempt to rely on facts and data to support his beliefs, even though he neglected to cite several studies in his essay. If Cornett did in fact use propaganda in his essay, it is very difficult to detect.

Conversely, the essay by Rogers and Medinger is literally riddled with examples of literary propaganda. Facts are embellished often, and data is twisted to make it look like it supports their views. Several times they cite studies to support their claims but neglect to give any relevant data. This is an excellent example of misleading journalism to convince a reader of a particular viewpoint. They offer a theory and use it to attack the gay rights movement, but then blatantly refuse to explain what they mean and state instead, “rather than speculate on what that could mean, let's instead ask if the pro-homosexual message is based on truth (Rogers & Medinger, 2005).” They then proceed to use opinions of other individual, along with some references to research that is not backed up by examples of data to attempt to convince the reader to adopt their viewpoint.

Cornett is a practicing psychologist and has a practical knowledge, training and background in the study and treatment of psychological issues and concerns. This lends to his credibility as an individual who can speak with some authority on the subject of psychological issues and conditions. Rogers and Medinger, on the other hand, are Christian missionaries. Both specializing in homosexuality, but from a ministerial point of view. Their bios do not state any formal training in psychology, and thus calls into question their credibility on the subject.

Although Cornett was very opinionated, and lacked citations of several studies, he did provide more relevant and supportive data to his arguments than Rogers and Medinger did. He did not appear to attempt to skew the data to make it support his beliefs, but rather let the data support itself without stretching for supportive conclusions. His thesis appeared to be far more empirical than Rogers and Medinger managed to do.

Cornett admits bias by relation when he states that “most of us who are homosexual have been unhappy being 'different' at some point or another (Cornett, 1995). Conversely, Rogers and



Medinger appear to be biased by religious affiliation. “Medinger is the director of Regeneration, a Christian ministry to persons struggling with homosexuality. Rogers is a worldwide lecturer on homosexuality and a Christian missionary based in Singapore (Rogers & Medinger, 2005).” This may explain each of the essay's authors tactics and their stalwart stand on their opinions.

While I personally agree with Cornett's thesis that homosexuality is normal sexual behavior, Rogers and Medinger make a great point when they say “those who are unhappy with their homosexuality have the right to explore their clinically-valid option of impulse control and orientational change (Rogers & Medinger, 2005).” Thankfully, Cornett does not dispute this statement, but rather feels that homosexuality is not a pathology, and is a normal variant of human sexuality. I do believe that anyone who is making the decision to undergo sexual reorientation should be educated by the opposing side on their views, and made aware that there is an option, and the option is open even after they attempt reorientation.

### Issue Summary

Homosexuality Is Normal Sexual Behavior. Cornett, C. (1995)

Pro Summary: Cornett feels that homosexuality is a normal variation of human sexuality and should not be considered a sexual pathological disorder.

Homosexuality Is Not Normal Sexual Behavior. Rogers, S. & Medinger, A. (2005)

Con Summary: Rogers and Medinger feel that homosexuality is not a normal variation of human sexuality and should be considered a sexual pathological disorder, and reintroduce it as such into the APA's DSM.

References

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