

Letter CRC Received from a Clinical Psychologist

October 31, 2006

Montgomery County Health Lesson Plans Do Not Make Adolescents Safer But Place Them At Risk

With a special note indicating “It is particularly important to maintain an environment of respect and sensitivity toward all perspectives and individuals at all time,” the authors of these two lesson plans proceed to advocate one perspective anchored more in activism than in science and health.

No other perspective was offered or acknowledged. For example, the authors suggest that homosexuality is fixed in adolescence. The truth of the matter is that very few “traits” are fixed during adolescence, particularly sexual preference.

The definitions provided in the lesson plans are primarily labels that emerge from one author: Holt. Perhaps some of the work of Dr. Thomas Lickona, State University of New York or the research of renowned scientists such as Dr. George Rekers, Dr. Jeffrey Satinover or Dr. Richard Fitzgibbons might better inform the lesson plans and demonstrate a true appreciation for differing perspectives, the real essence of diversity.

The vocabulary included in the lesson plans is quite limited and limiting. Particularly disturbing are the stark omission of relevant terms like same-sex attraction, same-sex behavior, same-sex orientation, same-sex identity. These differentiating terms should be center stage to any discussion of human sexuality, particularly homosexuality because the terms are not synonymous. For example, same-sex attraction does not necessarily lead to a homosexual orientation nor does same-sex behavior necessarily translate into same-sex identity.

Nonscientific terms like homophobia are used (actually are masqueraded as science). A phobia is a serious mental illness which requires psychological care. Homophobia is a social constructed term with no grounding in science. As a construct, homophobia may be used to describe fear or disapproval but it is also a politically correct term used for name-calling, to intimidate, to discourage dialogue. A better term to teach students is cultural humility—acceptance of people who are different without necessarily embracing their belief systems or lifestyle choices.

Bisexuality is another term used in the lesson plans but which finds little support in the scientific literature. In fact the most current research (Bailey, 2005), questions the very existence of bisexuality as a sexual orientation.

Perhaps the greatest flaw in the lesson plans is the absence of any discussion about the fluidity of characteristics in adolescence. Sexual attractions in particular are very fluid and do not take on permanence until early adulthood. Even the premier gay-affirming magazine in the United States (*The Advocate*, June 20, 2006) notes this fluidity in adolescents who seem better characterized by terms like, “questioning, open and fluid.”

There are two great dangers posed by these two health lesson plans. First and perhaps foremost is that the lessons encourage self-labeling. Research is very conclusive in this area: the risk of suicide decreases by 20% for each year that a young person delays homosexual or bisexual self-labeling (Remafidi et al, 1991). It's prudent to encourage adolescents to avoid self-labeling and to postpone decisions about sexual identity during adolescence. The second major danger is the stark omission of health risks associated with homosexual practices, particularly during adolescence (*American Journal of Public Health*, June, 2003).

Schools should be safe places where respect for all people must be taught. Many students are victims of taunting and cruelty (this is not limited by any means to sexual orientation). Such acts should not be tolerated and problems should be compassionately addressed. However, premature foreclosure on sexual identity may encourage risky behaviors and place adolescents, many of whom already struggle with impulsiveness and self-restraint issues, at further risk for both physical and mental health problems such as sexually-transmitted diseases.

Rather than affirming teenagers as gay or bisexual through self-labeling, educators should affirm them as people worthy of respect and encourage them to wait until adulthood to make choices about their sexuality. Dr. George Rekers, Professor of Neuropsychiatry at the University of South Carolina, summarized this point nicely: “No service is done to our children by offering them lifestyle options before they are properly able to make informed choices about them.”

Indeed both educators and parents should be concerned about health lesson plans that encourage premature self-labeling. The associated consequences should concern schools because of legal liability and parents because of potential harm.

A. Dean Byrd, Ph.D., MBA,MPH
Clinical Psychologist
Maryland Licensed