JOURNAL OF THE ACADEMY OF MEDICAL PSYCHOLOGY

ARCHIVES
of
MEDICAL PSYCHOLOGY

Special Edition: Psychopathology And Cultural Trends

VOLUME 14, ISSUE 1
April 2024

April 2024 • Volume 14, Issue 1

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Eras Come and Go and Psychology Finds Its' Way

Jerry Morris, PsyD ABMP

Medical Psychology has had its champions dating to long ago. I have written about early articles in Medical Psychology by physicians in the remote past that recognized the limits of the bio reductionist approach in medicine and science. In my readings in the works of early Wundt and Titchener and others in experimental psychology and the wonderful interpretations of their loss of the importance of medical psychological approaches that their seduction into reductionism cast psychology in a narrow road as medicine has done, I was thrilled to see Jung, Freud, Adler, and others leave the bio reductionistic medical world and become psychologists. Jung uses the term psychologist over and over in his work in the early 1900s. The American Board of Medical Psychology (ABMP) has integrated this long-established awareness and carries this torch for psychology like many physicians did for medicine.

Since the early days of medical psychology, the literature is replete with the responsibility of biologically and psychologically trained doctors to not only care for patients, their families, the culture, education and historical accuracy, societies, and their governments. We are not just responsible and important for reality testing, humanistic philosophies and practices, the fostering of logical and analytical skills, and a progressive and ever human enhancing evolutionary march. The Medical Psychologist is uniquely equipped to inform, refine appreciation of reality and humanism, and government and culture. We are more, and more responsible than just influencing individual growth. We are blessed with training, insight, and humanistic and yes even spiritual type insights and skills.

Recently, my brother psychologist and close friend Dr. John Caccavale announced that he has developed a terminal cancer. While John is a fighter and is undergoing aggressive techniques he has never hid from reality! He has always shown the greatest courage in embracing it, even when it is unattractive and many offer denial, distortion, and avoidance. He has never avoided reality and has the keenest mind for cutting to the core of reality and the human, societal, and cultural struggle, and evolutions demand! He is doing so again in his waning years!

Dr. Caccavale was instrumental in the start of the psychology prescription medication movement long before APA became involved. He made the sacrifice of getting the post doctorate degree training as a psychopharmacologist, later helped found the American Board of Medical Psychology and shepherd its development as a board member, and he was the principal founder of the National Alliance of Professional Psychology Providers (NAPPP) and served on the board and as its chief executive officer for its duration. These organizations and a handful of seminal leaders joined John in changing psychology forever. I was blessed to serve in these and the highest levels of APA and to personally know many of the top psychologist leaders in America during my era. Though many were exemplary psychologists

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and men and women I called friends, none had the intelligence, insight, morality, courage, insight, and humanistic core values of Dr. Caccavale.

With his movement into full retirement and the necessity for greater repose and self-care there is none that could replace him. NAPPP will soon close its national operation with the passing of this great leader, but many of the victories and coalescence of a type of practitioner society of labor movement with end and other will have to take up this important banner. Still, in his final works, some of which will appear in this edition of our specialties journal will remind us that there is much psychological work to do in the evolution of our discipline, our country, our culture, our moral values, and philosophical acuity! In his final works John reminded us of our responsibility to speak out against psychological disease and disease acting out in our culture, society, government, and the world. He reminded us that we are important and excellently qualified to be a positive and courageous and engaged force in all areas of human existence and the positive thrust of human evolutions.

I challenge many of you to become the next champion for health and evolution in all these spheres and not to just limit yourselves to treating individual illness. I challenge many of you to replace those of us moving like the Elves into the East and to that distant country where there will be no return. I challenge you to think more of yourselves, your training, your meaning, and you to realize that "Eras Come and Go and Psychology and the Great Psychologists Finds Their Way"!

The Impact of Psychopathy, Sociopathy and Delusional Thinking On Mental Health: Political Ideology and Activism and The Many Challenges to Medical Psychologists

John Caccavale, Ph.D., ABMP

Abstract

The climate in present day American politics is challenging the very nature of normality. A bedrock principle of psychology practitioners is that everyone has the potential for change. This article addresses whether this fundamental principle is now presenting medical psychologists with many challenges questioning the ability of a large number of political activists who are attracted to authoritarianism, hate, fear, and violence to be successfully treated. Treating delusional disorders and other serious mental illnesses is always a challenge for practitioners. However, these disorders that are contained within a political ideology necessarily will require practitioners to deal with therapeutic content in a different way because treating these patients will require confronting the abnormality and dysfunction of their political beliefs. Only those practitioners who are comfortable understanding and working through that what appears to be political but is really psychological will see success.

Introduction

It's well known and accepted that psychopathy is a personality disorder characterized by a lack of empathy, remorse, and guilt. People with psychopathy are often charming and manipulative and they may be able to function well in society. However, they are also more likely to commit crimes or engage in risky behavior. Sociopathy is also a personality disorder characterized by a lack of empathy, remorse, and guilt. However, people with sociopathy are often more impulsive and erratic than people with psychopathy. They may also have a difficult time adhering to societal mores, norms and laws. When mass numbers of people with these types of personality disorders become enticed into political activism, it doesn't bode well for society. When coupled with a large number of people who share delusional content, the probability for violence and turmoil is great. Treating people who present with these disorders are challenging and many times with limited success. Clinicians agree that a delusion is a fixed false belief based on an inaccurate interpretation of an external reality despite evidence to the contrary. Clinically, it is a symptom of a mental illness, such as schizophrenia or delusional disorder. The politically divisive activism that has become routine in American politics encourages those with serious mental illness to act out and be seen as being normal within their political sphere.[1-3] Within the lifetime of most people, it may appear that this level of delusional disorders seems to be more prevalent in American politics than in previous periods and greater than the historical incident rate. With respect to the clearly delusional content coming from some political leaders and their supporters, it may very well be that sorting out that which is just "politics" and that which is mental illness presents a significant challenge to medical psychologists and other mental health professions.

The question becomes: When is what appears to be a delusion is not a delusional disorder? Answering this question will be very important going forward as there are so many people

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sharing the lies and delusions coming from a major political party [4,5] that sorting out those who are a victim of political disinformation from those experiencing a delusional disorder will not be easy since medical psychology treatment should be reserved for those experiencing a valid delusional disorder. Basically, obtaining agreement on when a delusion is not a delusion would be a good place to start. Moreover, for those who are experiencing a delusional disorder or other psychotic event, the concurrence of sociopathy and psychopathy can have a real impact on society and for those who treat these disorders. Of course, the treatment of personality disorders may be a more difficult challenge to all. Sociopathy on the other hand, is less likely to be treated in a clinical setting and is more suitable to be addressed in a legal setting. Irrespective of the many challenges to both properly diagnose and treat politically induced disorders, the main challenge will be for practitioners to understand that traditional treatment modalities are unlikely to be of much use and less likely to produce successful outcomes.

Politically induced disorders appear within a context where those who are experiencing a mental disorder are less likely to respond to contradictions in their behavior, therapeutic confrontation, or have insight into the ways their behavior affects them and those around them. Distortions of reality may not be seen as distortions but valid political observations. Since the issues of those so afflicted may appear to be clinical, they can be masked by political ideology and passed off as such. Practitioners will need to join in political content with these patients. For many practitioners this approach will be uncomfortable and strange. Yet, failure to address the "elephant in the room" will decide if there is any chance that therapy will be successful with those who are convinced of the many lies and distortions coming from sociopathic enablers. Exacerbating factors to any potentially successful treatment could also include the political ideology of the practitioner. Although every practitioner has their own private perspective on any numbers of issues, it may be difficult and challenging to treat someone whose issues may be shared by the practitioner. Most practitioners are able to handle and control their biases in treating patients, however, some practitioners may not be immune from the current political divisiveness and polarization. It will take a willingness to expand and not avoid the political as valid therapeutic content.

When What Appears To Be A Delusion Is Not A Delusion

Generally, psychological content is not a delusion when it is can be determined that it is culturally sanctioned. In some cultures, people may have beliefs that may seem delusional to people outside that culture. In some cultures, for example, it is believed that certain people have the power to cast spells. Most clinicians would not be likely to categorize this belief as a delusion within that culture. To outsiders, this type of belief might seem strange but few, if any, would classify such beliefs as delusions. In almost all religions people hold strong beliefs that may seem delusional to outsiders. In Christianity, for instance, the unbreakable belief in the Virgin Birth is one such example. Another is the idea that after death there is a heaven or paradise where the "good" can go if they have lived a righteous life. However, these beliefs are not considered delusions even as some religions try to push their beliefs on others.

Then there is the notion of the overvalued idea. An overvalued idea is a belief that is held with strong conviction. It differs from a delusion in that it is not as fixed as a delusion. Most people with overvalued ideas are able to acknowledge that their belief is not shared by others and they may be willing to consider evidence to the contrary. It is important to note that

the line between a delusion and a culturally sanctioned belief, a religious or philosophical belief, a political belief and an overvalued idea sometimes can be blurry. In some cases, it may be difficult to determine whether a belief is a delusion or not. The reason for the ambiguity is because of the possibility that political ideology can mask delusions. For example, someone who believes that the government is controlled by a secret cabal of Satanists may be more likely to accept this belief if they are also a strong supporter of a political party that opposes the government. Most likely, their political ideology is providing them with a framework for understanding and justifying their delusion. In the current political climate, this appears to be the case with many supporters of a particular political party who believe the "deep state" is out to get them. Moreover, the deep state delusion is only one of many delusions that supporters espouse. For example, many of those supporters believe that "John F. Kennedy, Jr, is alive and pulling the political "strings" to advance a particular candidate [6] Some believe that "Hillary Clinton is behind a gang of pedophiles who hold kidnapped children in the back of a pizza parlor." [7] To clinicians, people who hold such strongly held views and refuse to accept any evidence to the contrary will be difficult to treat.

However, it is important to note that political ideology is not the only factor that can mask delusions. Other factors, such as personality traits, cognitive biases, and exposure to misinformation, can also play a role. It is also important to note that not all people who hold strong political beliefs have delusions. In fact, most people who are politically active are able to distinguish between their political beliefs and reality. Nevertheless, for many people in today's divisive politics, their political ideology is the lens through which they see the world, and this lens may make it more difficult for them to recognize their own delusions. Although a mental illness can take the form of political ideology, political ideology, in its true meaning, is a set of beliefs about how society should be organized and it is not a mental illness. Nevertheless, mental illness can sometimes lead people to adopt extreme political beliefs. People with paranoid schizophrenia may believe that the government is out to get them and this belief may lead them to become involved in political activism that is aimed at overthrowing the government. The most recent example of this is the January 6, 2021 attack on the nation's capitol. [8]

Delusional content that includes hate and fear is not good for society or the individual. It can lead to a number of events that can have grave societal consequences.[9,10] Invariably, politically based delusions increases divisiveness and polarization and is a common result when people are constantly being bombarded with messages of hate, fear and the demonization of the "others."[11] This can make it difficult to develop a successful treatment plan when seeing these people in a therapeutic setting.

The politics of hate and fear can also lead to violence.[12] When people are made to feel afraid and threatened, they may be more likely to lash out in anger or violence towards others. This can lead to increased crime rates and a more dangerous society overall. Over the past few years there has been a significant increase in hate crimes against Jews, racial and ethnic minorities, non-gender conforming individuals, gays and lesbians, and politicians others who have been designated by candidates and political activists.[13,14] When people are continually being told to only trust one political leader, it can lead to a decrease in trust in everything else. Yet, the most dangerous aspect of the political delusions embodied within a current political movement is the decrease in empathy that they exhibit for a large portion of people they believe to be their enemies.[15] The politics of hate and fear can also lead to a decrease in empathy. When people are made to feel afraid and threatened, they may be less

likely to care about the needs of others. This can make it more difficult to address this as a legitimate therapeutic issue.

The Responsibility of Political Leaders Not To Enable Mentally Ill Supporters

Do political leaders have a responsibility to society if supporters of their party comprise a sizable number of people who suffer delusions? A very complex issue with no easy answers and one that has not been a significant issue since the Civil War. There are a number of factors to consider, including the nature of the delusions, the way in which the leaders are exploiting them, and the potential consequences of their actions. On the one hand, it could be argued that the leaders have a responsibility to protect their supporters and opponents from harm. If the delusions are causing the supporters to harm themselves or others, then the leaders should take steps to address the situation. This could involve not enabling and engaging in disinformation about the delusions, modeling positive behaviors to the supporters, and working to change the party's platform. On the other hand, some argue that the leaders have a right to free speech.[16] This argument articulates: If the supporters are adults who are capable of making their own decisions, then the leaders should not be prevented from lying and dissembling hate and fear.[17] However, it is important to note that free speech does not mean that the leaders should be free from responsibility for the consequences of their words. If the leaders are exploiting the delusions of their supporters for their own gain, then they could be held accountable for any harm that results. Although this at first may appear to be a free speech issue, it is not. It is well accepted that those who hold command positions of power have a fiduciary responsibility to others and to their agents.

The reason this is important is because to medical psychologists treating someone who has a delusional disorder will need insight into how the content of their delusions may be a response to outside events and reinforced by others who seek to manipulate and use them to gain or obtain political power. This is no different then treating a person who is abused by others and must gain the insight that, although they are part of the problem, their abuser plays a significant role in their drama. Those in power who use and abuse the mental illness of their supporters are a legitimate topic for therapy. To think otherwise, would be an important and significant departure from treating people who are experiencing a delusional disorder and other serious mental illness that is expressed through political ideology and activism. Ultimately, the responsibility of political leaders in this situation should not be a matter of debate. Although there are no easy answers, being a medical psychology practitioner also is never easy. However, it is important for practitioners in these types of cases to give patients the opportunity to be aware of the consequences of their leaders actions and how it affects their mental health.

Some Thought To Consider

As practitioners we are used to dealing with people who project, displace, and live in their own distortions. It’s what we do every day and, for many of us, on the hour. We see people who have great difficulty making decisions and evaluating options. A fundamental principal for practitioners is that everyone has the potential for change. But is that actually a valid assumption for everyone? Clearly, every practitioner has not been successful with any number of patients. In practice, it is not the potential for change but the probability of change that forms our impressions with patients. Although the vast majority of political activists and party supporters may not have a mental illness, medical psychology has a lot to offer in explaining why a sizable number of these people continue to act in ways that fit into a num-

ber of diagnostic categories. In fact, many are embracing authoritarianism, racial and gender hate, and violence against those that they believe are not like them.[18,19] The relationship between citizens and their elected representatives is a fundamental aspect of democratic governance. However, sociopathic and psychopathic political leaders are a danger to society and to the mental health of many people.[20] This perplexing phenomenon can be attributed to a multitude of psychological, sociological, and political factors but still reflects back to how easy a target many people are manipulated by the very people they support. They seem to lack the ability to evaluate better choices from really bad choices. Political leaders can enable and reinforce the worst behaviors and as long as their supporters believe their behavior is not abnormal. Success in treatment, if any, is problematic. Manipulating those with a delusional disorder or other mental illness is one way they can build a base of supporters. Treating options for these individuals, even if there are successes with a small minority of patients, would appear to be very limited.

People who continue to support corrupt, incompetent, immoral, and sociopathic politicians have issues that impairs their ability to make sound judgments. It's not politics and should not be viewed as such. The fact that many of these people are not in treatment doesn't mean that they shouldn't be. The fact that they might not have been evaluated by a mental health professional doesn't mean that they shouldn't be. Right now America is at a tipping point. Sociopathic political leaders are enabling many of their supporters who are mentally ill to use violence against their "enemies." Ultimately, mental health professionals will be left to deal with the aftermath of this dark period. Any political party ruled by an incompetent, immoral and dangerous leader, buoyed by a hoard of hateful supporters, is a danger to all. Hate, fear, and disinformation is replacing reason and goodness. Our job as medical psychologists is not to believe that what matters only occurs in our treatment rooms. We have always concerned ourselves with the environment that surrounds society. Events and people that have a destructive and unhealthy influence on people's lives, whether a patient or not, must be our concerns as well. It must also be remembered that authoritarians both attack and utilize mental health providers to their advantage. Only a strong base of mental health professionals are able to help patients gain the insights they need to regain their mental health.

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Regressive and Paranoid Trends in the Fractionated North American Culture: What the Treating Medical Psychologist Must Be Prepared to Treat

Jerry Morris, PsyD, MsPharm, MBA

Abstract

Any doctor seeking to treat mental disorders must have integrative capacity combining knowledge in multiple areas of science and techniques of brain and personality change. The Medical Psychologist has specialty training that is preparation for service to patients, but also to the regressive aspects of the USA culture which is emerging. A culture with increasing factions which are aggressive and hostile, behaviorally violent, and hateful, and paranoid and distortive of and in denial of reality call upon the special training and skills of the Medical Psychologist and in fact all mental health professionals. We can no longer ignore that some psychopathologies are selectively favored and even socially supported by some groups which resemble tribes or cults. Family, experiential, traumatic, and negative relational experience have long been implicated in the scientific literature relative to create brain immaturity or mutation and mental illness. Historically tribes, cults, and fringe social groups can develop groups with similar psychological and developmental disorders. Mental illness, shown to be more than one in four in the USA. It is not unreasonable that factions of society can focus their efforts on attracting and gathering the ill together. Symptoms of persecutory delusions, dichotomous thinking, in-group/outgroup rigid boundaries, anti-majority culture values and ideals, anarchical impulses, and ideas of narcissistic grandiosity can become shared and binding symptoms in the tribal clashes that threaten the very sanity and secure cohesion of a culture. Because less than half of the mentally ill get adequate diagnoses and treatment it is apparent that regressive leaders have a vulnerable target group to recruit.

Introduction

Any political party has members who are mentally ill, but recently one political party in the USA has announced and supported “alternate realities,” “untruths even after publicly disproven,” and has defended abject cynicism and anti-dominant culture values. One party fails to experience healthy and valid shame and guilt when their statements are disproven, and their actions are beyond acceptable societal values and limits. One party fails to have remorse and to curtail these members actions and acting out. The Medical Psychologist is uniquely qualified, morally bound, and is essential in addressing group, tribe, cult, and individual and family mental illness. This article calls the Medical Psychologist and the healthcare system to action. That action is not an action against the mentally ill in tribes, cults, or political parties but like our work with individual patients and families it is “caring and hopeful for human capacity to grow and change”!

Science and Psychological Training Informs Us: The Medical Psychologist is a discipline that has all the scientific training to integrate the body and mind of the psychiatrist with much greater training in psychotherapy techniques than the modern physician. The Medical Psychologist is uniquely trained and qualified to understand the complex task of integrat-

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ing genetic influences, animal brain signals and drives, the individual's past positive and negative experience and neuronal education under the press of the neuroplasticity and brain development experience, and the family and cultural and societal presses they must accommodate. The Medical Psychologist has training in this integrative and comprehensive understanding of any behavior, attitude, skill, and psychopharmacology and physiology and biochemistry. The specialty has deep and preeminent training and experience in the limits of psychopharmacology with emerging evidence that medication only approaches to mental illness can be helpful but not really ameliorative or curative and science shows that technique is not a standalone treatment for mental disorder.[1,2,3,4,5,6,7,8,9,10,11] It has also become clear that certain counseling techniques that don't modify long-term brain modifications and functioning can be helpful but are not the same as brain change and neuroplasticity and genetic switch-oriented growth psychotherapy approaches. Without being grandiose, these are verifiable and training complexities that set the Medical Psychologist apart and very different than master's counselors, psychiatrists, general physicians, master's nurse practitioners, and even some types of psychologists. That is not to denigrate or undervalue those others but is a timely realization that needs attention, and this is simply more verifiable in reality than a wish, trade competition, or grand delusion.[12]

In this unique circumstance the specialist in Medical Psychology is now called upon to make individual and family psychotherapy interventions in several emerging groups in the North American culture, fractionated society, emergence of increased aggressively hostile and verbally and behaviorally violent and hateful and dysfunctional individuals and families and subcultures. Thus, there is a burden on the specialty to evolve in understanding, training, and practice to address a changing populous, diagnostic group, and family and cultural needs. We must address issues that not only treat the individual and family results of the fractionation of society, emerging preferences in sub-groups for concerted development of preferred "personality types" and even "personality pathologies." Some psychopathologies are selectively favored by regressive families and groups. Some factions previously called sects and now often called euphemisms for cults, tribes, and anarchists thrive in certain areas and geographical and political enclaves. We know the literature shows that simple "medication only approaches don't work for the mental disorder remediation in the past and they certainly won't work for the emergency stressors and regressive press for a fractured and often strategically regressive society.

The Rise of Anger, Paranoia, and Insecurity and of Defenses of Denial, Projection, and Dichotomous Thinking:

All counselors and psychotherapists and psychopharmacologists have encountered these more primitive coping skills and affective signals in many patients and otherwise normal personalities that temporarily regress under stress. Still, few can argue that as our societies increasingly fractionated institutions are stressed, and cohesion decreases, and harmony is attacked acting out in aggressive and impulsive ways will increase. Those who increasingly find large group support for denigration of institutions and values will tend to resort to increased hedonism, desire, and lust (for money, power, dominance). This will predictably continue to increase stress, irritability, regressive defenses, and acting out. This can result in a mental illness that is now diagnosable and supported in the literature.[13]

The brain is an interesting evolutionary and neurodevelopmental phenomenon in human beings. The brain stem was the first to develop to regulate basic body biological functions

and capacity to regulate organs in consort with the body. Next, we grew lower instincts regarding coordination and body and organ regulation with the physical battery to generate mobilized energy and signals and survival instincts. We grew as a species to regulate and inform security operations and crude adaptive functions to flee signaled dangers, to fight adversaries and adversarial environments and environmental events, and to seek reproduction and crude rehabilitative adaptations. This part of the brain (the lower brain) could trigger rapid energy states known as emotions and impulses and desires and eventually triggered the development of rear or posterior brain coordination of complex adaptive physical and refined motor body adaptations. Later we added tissues related to working and associative memory to be able to integrate survival oriented and later social and interpersonal memories. We developed the capacity for categorical associations and memories with neuroanatomical ties to previous instinctual security operations and their success or failure in more complex situations requiring integrated solutions. This required extension of neurological development of tissues capable of increasingly complex visual and memory coordination of complex adaptive efforts. As we did this, we required both restraint and implementation of more complex motor and sensory input areas in the upper and outer cortex. Finally, all these lower and posterior and upper neurons had to require the neurological development of frontal neurons that can increase abstract and longer-term goal directed output requiring the regulation of most of the other components of the evolving brain.

This situation of multiple phylogenetically and neuroplasticity afforded brains required complex integration of different brain areas and inputs and coordination of their expression in service of the decision to express short-term and hedonistic and survival expressions and more abstract and long-term valued principles and goals. Still, psychotherapists realize that the situation of having a reality of multiple brains phylogenetically stacked on each other over evolutionary adaptation has caused a complex integrative task. There are times that the evolved frontal lobes must act as a chairman of the board of our brain or what has been called an ego and evaluate inputs from the many human brains with different survival, relational, social, and value and identity interests and inputs. The frontal and particularly complex and abstract area of the brain must integrate, evaluate, and choose outputs and value and goal directed choices with respect for the unique relevance and meaning of all the inputs from each of our different stacked and coordinated specialized tissues and brain regions. It is a daunting task, and especially when the individuality of everyone's tissue development and experiential tissue and connectivity volume differentials in each brain region is considered. Medical Psychologists are uniquely trained and qualified to utilize the brain based and neural remodeling types of depth psychotherapy.[14,15,16,17,18,19]

It has been historically documented and scientifically proven that different individuals experience environment press upon neural development and modeling and related throwing of gene switches. The medical psychologist knows that genes are no longer envisioned as "cookie cutter" type mechanisms but rather like environmentally triggered or inhibited "switches."[20] Infantile, childhood, adolescent, early adult, and for the human luck enough to have positive experience, education, and development of important upper neurons and particularly frontal neurons mature/adult/health executorship and coordination of the many brains stacked upon each other thought evolution can occur. Mature or adult and healthy individuals can integrate and wisely or maturely understand and apply these multiple brain regions input as signals/suggestions/and action potentials. Still, many have experience that emphasize neuronal growth (positive rather than negative) that allow sufficient neural net

developments in the frontal and posterior outer cortex to do wise, mature, and reality-oriented integration and action choices. Others have experiences, training, upbringing and family and other identifications that create an unbalanced ratio of neural connections in mid and lower brain areas.[21,22,23] In the developmentally immature/fixated brain the person cannot be reasonably aware of depth and long-term consequences. Impulses and instincts and affect cannot be contained in helpful ways and the individual is said to be immature/poorly regulated/mentally ill or fixated at a lower developmental stage.

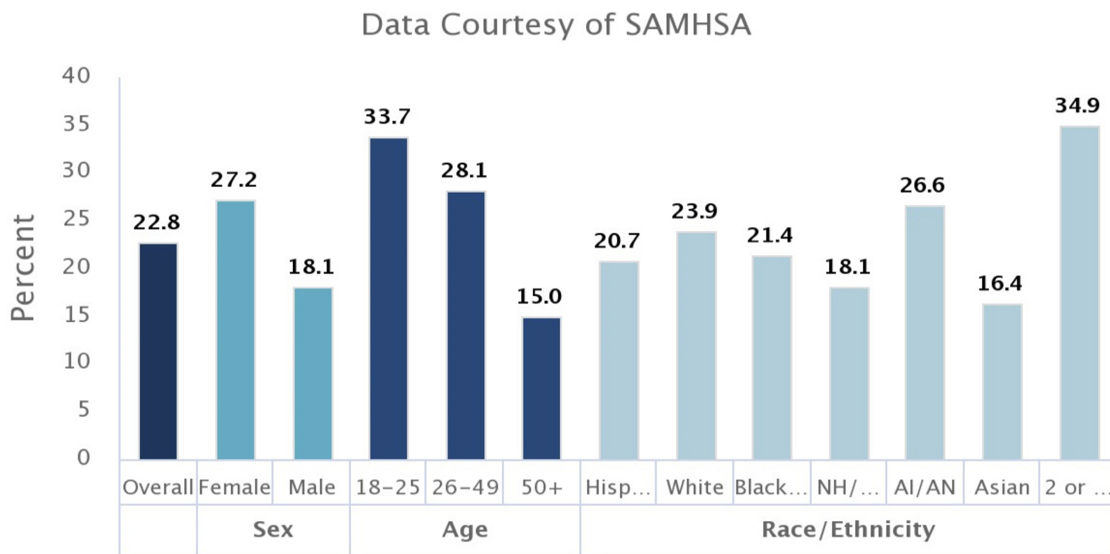
Diagnostically and developmentally, there are different categories of brain-based personality development! We have developed psychological diagnostic systems and scientifically verified them at different recognizable developmental stages. Whether we apply common parlance, insightful labels, or scientifically formed and developmentally descriptive diagnostic labels to the language systems. These terms are an attempt to give verbal and conceptual ability to think about and manage actions and expectations relative to the realization that humans have individual capacities to manage their phylogenetically stacked brains. Diagnostic groups for severe psychoses, mood disorders, character, or personality disorders, neurotic and youthful and naivete' and anxious individuals, and healthy or mature and fully functioning and brain coordinated individuals exist. Parallel or common parlance sees these same major diagnostic categories and indicating lay terms implicating individuals as infantile, childlike, adolescent, youthful and insecure, and mature. Science has long delineated how certain developmental and family and interpersonal experiences and trauma can stunt an individual's maturational growth and trajectory. The environment in development and life has a well-documented cytoarchitectural, psychological, and social and cultural influence.

For those of us who are experienced world travelers we've often encountered the European widespread belief that the US creates many adolescent developmental era fixated personalities. The Middle Eastern Belief that the US engenders great numbers of childlike personalities is encountered among friends from those areas. US psychologists have developed many scientifically formed and validated and reliable diagnostic tests that ably identify individuals who are dominated by poor reality testing so severe that they are psychotic or infantile, mood dominated or childlike, hedonistic, and impulse dominated like adolescents, neurotic and insecure like inexperienced and excessively idealistic youth, and who are realistic and well regulated and socially and interpersonally skilled and attached like adults. While every culture has a variety of citizens that achieve different developmental levels all cultures have a prevalence of immature or developmentally ill people and remember half of cultures are at or below average intelligence. In the USA 27 percent of the population have achieved a bachelor's degree or higher, and increased education has demonstrated a suppressive effect on mental illness.[24,25,26,27]

Healthy or mature and well regulated and interpersonally skilled and socialized individuals are not available in large and dominant numbers in many locations, subgroupings, families, and worksites known is hostile or toxic work environments, religious sects and institutions, political parties, and hobby and recreational groups. These things can erode a societies cohesion, ability for constructive group and political action, and even the management of an economy and government when they become so pervasive or valued and empowered that they become powerful and well-resourced subgroups. When a small enough group in a society is mentally ill and most members of a society are educated and respect information, facts, science, research evidence a culture can contain regressive pressure.

However, there is a tipping point at which there are enough developmentally infantile, child-like, or juvenile people that are minimally educated and committed to facts and avoidance of distortion of reality that a culture and society can be pushed into regressive trends and eras. A kind of grand folie a deux or dark age can descend upon the culture or society. The prevalence of mental illness or psychopathology in the US population has been scientifically shown to be quite significant. One in 5 to 1 in 3 individuals in some subgroupings you pass on the street or meet in a public meeting will have experienced a mental illness in any given year.[28]

Note:
Past Year Prevalence of Any Mental Illness Among U.S. Adults (2021)



Past Year Prevalence of Any Mental Illness Among U.S. Adults (2021)
Bar chart with 13 bars.
Data Courtesy of SAMHSA
View as data table, Past Year Prevalence of Any Mental Illness Among U.S. Adults (2021)
The chart has 1 X axis displaying categories.
The chart has 1 Y axis displaying Percent. Range: 0 to 40.
*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. PercentPast Year Prevalence of Any Mental Illness Among U.S. Adults (2021)Data Courtesy of SAMHSA22.822.827.227.218.118.133.733.728.128.115.0 15.020.720.723.923.921.421.418.118.126.626.616.416.434.934.9OverallFemaleSexMale18-25Age26-4950+Hispani…Race/EthnicityWhiteBlack or…NH/OPIAI/ANAsian2 or More0510152025303540

Is it any wonder that corporate marketing departments, some religious institutions, and political parties target a low of their recruiting, retention, revenue amassment efforts, and organizational philosophical and value releases on lower brain functions like “security instincts,” “affective experience,” “dichotomous thinking that divides the perception to

good-bad or in-group or out-group," "effective-ineffective," "wholly-evil" conceptualizations of reality that trigger lower brain fight, flight, or freeze paranoid, hate, or regressions to looking for a charismatic father or mother protector figure with which to align"! A society that realizes that there are huge cadres of people with psychopathology who are susceptible to lower brain appeals creates a subgroup that is easily beguiled, manipulated, and preyed upon.

This situation and the related regressive trend have been fomenting for several generations in the USA with an increasingly paranoid, skeptical, persecuted, and angry underbelly of our culture.[27] Others have delineated how one of the major political parties in the USA have gained political traction and power by association with angry, racist, and paranoid and subculture anti-Government groups such as the John Birch Society and the Klan and extremist groups that often had to be privately rather than publicly endorsed and included in funding and recruiting votes. They added Kleptocrats, and Societal Deconstructionists that seek to undermine the power of government and the majority to contain powerful and well-funded subculture groups.[29] Hofstadter noted that the paranoid person is prone to heated exaggeration, suspicion, feeling of being threatened, and conspiratorial fantasy. David Corn noted that the history of one political party was rife with association with groups publishing and espousing these traits and ideas. In his writings Wolff, a member of the president's party and active in the White House indicated that Trump was the most mentally disturbed person he had ever met.[31, p. XIII]

They fomented paranoid conspiracies about Communist Plots, Jewish Cabals, Masonic Cults, Demonic and Aesthetic Assaults on Religion, and Union Threats to Society. You name a fear or paranoia that could be elevated in the minds of the insecure or infirm and they road that bus to political office where they subtly and now overtly support paranoid, persecutory, and distortive and non-factual attitudes as "acceptable and preferred" (grand folie a deux). As over 30 years of well chronicled political chicanery, duplicity, dishonest that resulted in convictions of crimes, paranoid conspiracy theory-based herd stampeding, fanning persecutory rage, anti-intellectualism, and political graft and backroom contempt for the level of insight, intelligence, and education of constituents progressed [30,31] we followed the regressive road to a well-documented mentally disturbed leader.[32]

Sensational issues such as book bans, restricting women's rights and couples' healthcare options and choices, blurring of the separation of church and state, political distortions and revisions of Biblical teachings, paranoid delusions about Deep States that turn government as a weapon upon people. The organized delusions that the Government is coming for our guns, wants to determine the sexual identity of our children, that people want to become a socialist country, and the fostering fears of vaccines-religion have been used to flame political motivations. Whole political parties are supporting illusions such viewing corporations as people, seeing the labor movement as "socialistic or communists." Cultural values have been revised to the point that they are "denigrating ethics" to the point that it is accepted for Congress Persons and Judges to have various types of gifts (amounting to salaries by another name) and failing to recuse themselves in obvious conflicts of interest. They do lies of omission by failing to report these "side salaries and benefits" even when required citing loopholes and incompetent legal advice. These new ethics have emerged as everyday behaviors since the higher value of using paranoia to justify and rationalize nuevo instinctual aggressive self-protection (from paranoid delusion).

Competency becomes secondary to charisma, narcissistic acting out, political drama that creates a vehicle for acting out resentments of the mature, educated, and reasonable.[33] Dichotomous thinking brands things as good if they agree with the subculture group and bad if they disagree, truth if they agree with the charismatic leader and false if they disagree, patriotic if they agree with the tribe and tribal leader and unpatriotic if they don't, just if they accept anything the leader does and unjust if they don't, etc. The primitive and paranoid defense of black and white thinking or splitting resulted in righteous culture war and hatred of the other! Reality is redefined in terms of the paranoid, persecuted, and contemptuous need to defend against the predominant culture, Government and Majority Rule preserving institutions, and aggressive attitudinal, aggression, and legal maneuvering becomes acceptable due to perceived paranoid delusions and rationalizations.

This provides low hanging fruit for the educated, resourced, and powerful who recognize and understand these dynamics and conditions in a country or culture to recognize a large subgroup can be herded and preyed upon using their proclivity for paranoid, persecuted, frustrated explanations. This is the same realization that a predatory mate who seeks an impaired and willing dupe co-dependent coupling that they can abuse. Still, when a tipping point occurs where enough of a society is psychologically disturbed and can be preyed upon fractionation can become so prevalent and the preyed upon group so precious as an imagined possession of the wealthy and educated psychological masters that the masters fractionate the society.

Psychologists realize, and have background in the scientific and theoretical literature that recognizes several dynamics that allow political parties who are willing to use personality damage to recruit members and votes. For instance, the more severely mentally ill often respond positively to powerful and assertive father figure replacements and substitutes that promise a strange type of charismatic and powerful "father caretaker." The more prevalent personality disorders, and especially the lower functioning ones (Borderline, Narcissistic, and Paranoid types) who are damaged and contemptuous of others can be recruited by hostile and charismatic leaders who aggressively attach others and institutions. This latter group is all in in social and Government deconstruction, blaming existing authority figures for their angst and viewing current and past adult and societal values and norms as needing to be broken and revised. They are ready for institutionalized hostility, contempt, and adolescent rebellion. The subculture, tribal, cult or regressive evolution results in a susceptibility to take on the adoption and idealization of a juvenile and charismatic leader and behind the scenes puppet master wealthy as "paternal saviors," "truth and right prophets," and "visionaries" of a tribe, cult, or unified psychological disorder known as a grand folie a deux!

Paranoid Types and Clinical Implications in the USA:
The Medical Psychologist must be aware that not all members of any geographical area, political party, or educational or occupational group have a type of problematic paranoia. In the current top political parties in the USA there are clearly differences between all Republicans and MAGA Republicans and All Democrats and Extreme Humanist or Socialist Democrats often called Snowflakes! Branding all in a category of people is overgeneralization and unrealistic thinking. However, inability to view and evaluate extremists that occur in any geographical, interest, religious, political, racial, or occupational group is also distortive thinking or dramatic insecurity. Furthermore, all emotions have survival and adaptive utility and are not in and of themselves problematic. Many make the mistake of

liking positive affective signals and hating negative affective signals. This is a fundamental mistake and lack of insight and skill in understanding the brain, personality, and the function of crude but important lower brain affective signals. For instance, paranoia can have an important function of signaling "a need to be hypervigilant in threatening or dangerous situations"! Standing on the edge of a high cliff on a windy day should trigger healthy paranoia and be traced to the need to step back and thus modify a potentially ineffective strategy and move the affective signal of paranoia to the positive feeling of security! Further, during the COVID Pandemic recently healthy paranoia can be used to signal mask wearing, vaccination, avoidance of high risk behavior and situations.[34]

Still, the Medical Psychologist is uniquely capable of diagnosing "pathological use and adaptation of affective signals on a consistent basis causing repeated harm to self and/or others and compulsive adherence to this pattern due to immaturity of psychopathology"! For instance, it is well established that many patients with mild, moderate, and severe mental illness misunderstand and avoid or act out feelings of paranoia, anger, insecurity, lust, and inadequacy. Clearly, the most severe psychopathology can do this in activating compulsive and enduring instinctual security operations involving flight, fight, or freeze behaviors and adapting in extreme aggression and blowing others back, avoidance and introversion and withdrawal, and emotional paralysis. Moderately, immature, or traumatized or damaged personalities can have great difficulty functioning in adult roles and responsibilities but can manage partial or intermittent involvement and engagement until stressed or underlying negative affective signals are triggered. Higher functioning or more mature but still developmentally impaired individuals can often function well at times and in certain aspects of adult roles and regress rapidly in others. The Medical Psychologist in uniquely qualified as a doctoral trained advanced diagnostician to differentiate among the normal or mature and efficient use of affective signals, moderating instinctual drives, and even allowing temporary regression or withdrawal in service of the ego, and those who can do these self-regulation functions consistently, efficiently, or in a way that defines a level of severity of psychopathology.

The Medical Psychologist understands that when there is a major mental illness even teachers, general medical personnel, family members, neighbors, employers can recognize the need for a specialty diagnostic referral, assessment, and comprehensive treatment plan including intensive and protracted psychotherapy and often medication management until improvement of brain function and management in achieved. However, when the patient has psychopathology of a less severe level such as in the personality or character disorders or in the neuroses it is much more likely that patients will go undiagnosed, untreated, under or inappropriately treated with medication only (unscientific) methods, or will self-treat with adapting with addiction or substance misuse, establishing co-dependent relationships or interpersonal or social bubbles, or simply maladaptive and avoidant distortive thinking or denial and/or delusions that block insight and awareness of their problems. In fact, a very small minority of patients needing psychotherapy get professional care. In fact, data reports noted above show that less than half of the mentally ill in any age category get professional treatment.[28]

Personality disorders are developmentally adolescent with the lower developmental personality disorders fixation at early adolescence. During this developmental period and in damaged and traumatized individuals' anger and contempt for others is poorly constrained

and managed and the damage to the ego causes the person to be hypersensitive, hostile, and impulsively reactive. The slightest rejection, their low frustration tolerance, and their negativity toward others and authority figures and constraining institutions can trigger frequent abreaction and aggressive and impulsive acting out. Dichotomous thinking, projective identification, and persecutory illusions or delusions can cause extreme defensiveness. They are damaged individuals whose contempt, rejection of authorities, and rebellion against adults is perfectly understandable albeit dangerous for others, institutions, and mainstream culture. And we know how their fixation is developed and how to assess and treat it.[21, 35]

The Medical Psychologist understands that adolescent rebellion, hostility, and contempt for authority figures constraining hedonism, and against accountability is a normal stage of development. In positive relationships and environments and with good resources and luck this stage is resolved positively developmentally most of the time. Still, when the interpersonal, social, environmental, and educational resources are lacking the stage can become lasting or the personality is "fixated" with these urges, attitudes, values, and behaviors. Still, understanding this (and all psychological disorders) set of disorders through the concept of fixation should give hope and dispel the old fears that personality disorders "can't be treated"! Still, treating them is equally difficult as every set of parents go through with elevating the developmental level of adolescents. It is a challenge.

The research and prevailing scientific position on the treatability of personality disorders is now established.[36] Clearly, the conceptualization and diagnoses of personality disorders is changing and has moved from categorical to dimensional categorization and description. This consolidates the diagnostic categories into fewer diagnoses and like the previous diagnostic manuals provides a system like the Not Otherwise Specified category to classify patients (like the past Passive-Aggressive Personality) it puts the Paranoid Personality as diagnosable in the PD-TS or Personality Disorder Trait Specified category. The remaining core personality disorders are 7 (Antisocial, Avoidant, Borderline, Narcissistic, Obsessive-Compulsive, Schizotypal, and Personality Disorder-trait specified) in the DSM-5.[37] The ICD-11 does away with categorical personality disorders and simply diagnoses Personality Disorders (PD) and specifies Levels of Severity (Mild, Moderate, and Severe) and Personality Trait Domains (Negative Affectivity, Detachment, Dissociality, Disinhibition, and Anankastia.[38] Techniques for the treatment of personality disorders are well researched, validated, and reliably learned and delivered.[39,40,41,42] Medical Psychologists increasingly called upon to treat these increasingly disruptive and congealed subculture factions and forces which are starting to represent a core component grand folie a deux component of tribal, cult like, and political faction groups will need to be proficient in one or more of these proven techniques.

In recognized personality disorders we are now aware of the need to describe personality or character disorders dimensionally in assessment rather than categorically and in this way better describe treatment issues. In the new classification systems the Medical Psychologist will assess and describe trait domains and severity of impairment.[43] Psychologists probably have the most affinity and support for the use of the ICD classification of the World Health Organization (WHO) using aspects of personality functioning that contribute to severity determination, the degree of pervasiveness of interpersonal dysfunction across relationships and contexts, pervasiveness and severity and chronicity of emotional and cognitive and behavioral problems. The WHO breaks the level of severity down into mild,

moderate, and severe levels. Many personality disorders that are easily recruited into anti-authoritarian, deconstructionists, subculture anarchist, and tribal and cultlike and anarchial political action groups will be moderate or severe personality disorders who have a personality proclivity for rebellion and opposition to full cultural and Governmental accountability. However, most personality disorders so recruited will be either mild personality disorders, disenchanted subculture normal, or simply poorly informed and easily beguiled individuals seeking comforting group belonging and membership.

It is easy to see that the future of this country and majority culture will require that the Medical Psychologist and other Psychological Specialties have considerable skill, training, and expertise in assessing, treatment planning, and treating personality disorders. Psychiatry will not take the lead in this function since many have very limited psychotherapy skills and little commitment to move from lucrative medication only approaches and because the literature doesn't support the efficacy of medication techniques with personality disorders. [44,45] This will occur in an evolving and refining diagnostic and technique field requiring upgraded education and training for many. The medical psychologist will need to be proficient in separating out the influenceable by these powerful subculture and regressive forces who are intellectually concrete, functioning at an easily recruitable and skeptical and paranoid and cynical personality disorder, the medically depleted and addicted and neuropsychologically ill, and the fraternally interested. Increasingly treatment agencies, courts and the criminal justice system, and schools and employment agencies will need Medical Psychologists with these skills and diagnostic and treatment abilities. Educational systems and political and Governmental systems will need Medical Psychologists as teachers, consultants, and in leadership.

Summary: Neither political party is immune from extremism and personality disorders but clearly one political party in the US has announced, supported, and defended many of the things related to cynicism and rebellion against accountability and structure, resentment of authority figures, a willingness to follow anti-authoritarian leadership and activities to deconstruct adult supervision of honesty, empathy, and acceptance of limitation of hedonism. That party has shown aggressive, impulsive, and rationalization of intimidation of those in the party that attempt to stand against adolescent rebellion, contempt for elders, and accountability for dishonesty and chicanery. Healthy parts of the party have become silenced, pushed out of the limelight, and replaced by increasingly juvenile leadership. While these core traits are not characteristic of the entire party, they now dominate the party's leadership, demonstrate an immature and unhealthy developmental level, and often span juvenile acting out as immature individuals identified with these traits and values and views. As such they have eviscerated and nullified the maturity of large blocks given juvenile and emotionally ladened and paranoid rallying cries and phrases, and have spawned insurrection, exceeding court (adult) supervision and intervention, and close monitoring characteristic of parents supervising maturing adolescents.

While many in that party, behind the scenes were driven out of the spotlight and overt leadership and sometimes their Congressional careers, the mature in that party changed elections and have started to erode the party's control of Government resulting increasing aggressive moves to institute minority rule and undermining institutional power for adults to remain in control. While this is a normal process and represents a normal learning epoc in adolescent development, it represents a fixation and solidification of immaturity in the adult. The psychologist and psychological literature has chronicled this well and has been involved in the

treatment and maturation of personality disorders for generations. Still, not since the 1860s in this country have large groups attracting large numbers of mild, moderate, and severe character disorders with traits of juvenile judgment, hostile and aggressive acting out, anti-authority resentment and contempt, resistance to supervision and accountability, hedonistic drives and rationalizations, and failure of strong empathy, flexibility, tolerance, and accurate self-awareness and self-appraisal emerges so powerful. We were warned in the late 1800s that "The south will rise again"! Much of that trauma, seething in the soft underbelly of the American Culture and finding tribal manifestation in flags, insignia, secret organizations, and back room good ole boy psychology and traits maintain a psychological underground spring and undercurrent that never left the US culture.

The Medical Psychologist can't address all the social, political, economic, racial, and societal regressions in the USA. Still, we have an important ethical and professional responsibility to use our skills to help willing or strongly leveraged personality disorders and their families and their communities. One individual at a time, and one family at a time, like the cult deprogrammers, the school teachers, the grandparents, the pastors, the employers, the legislators that provide the reparenting and resumption of developmental processes in individuals we must be ready and committed to use our science and training to speak up, identify valid problems within our skill and purvey, and step up to treat the individual that will need or be leveraged by their behavior into our services. We will not be able to be cowed, avoidant, or to rationalize stepping away from these duties that are integral to our profession!

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The Challenge of the Unfair Path

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Abstract

The conflict between homosexuality and religion is identified early in life for many within the Christian church. Those who acknowledge same-sex attraction often experience an internalized schism with their religious beliefs. Even before having a sexual encounter, attitudes develop that contribute to psychological distress, depression and even suicide. In the twentieth century, the medical and legal structure approached homosexuality as a disorder requiring modification to be aligned with Western culture. There was often significant social and personal cost for what was considered deviant homosexual behavior, including criminal and legal consequences. This led to an alarming escalation of conflict between lesbian, gay, bisexual, transgender and queer (LGBTQ) activists and religious groups. The sides of the conflict were further cemented by fundamentalist leaders such as Jerry Falwell, James Dobson, and Pat Robertson, who blamed homosexuality for moral decay and cultural decline. The ex-gay movement further widened the gap by promoting conversion and reparative therapy, even though such therapy has been deemed ineffective and harmful. Finding effective ways for the LGBTQ community to align their sexual and religious identities is an overarching challenge. Psychological principles associated with empowerment are defined to assist in taking control over certain aspects of life previously compromised by this historical and ongoing challenge.

All in the Family

My family shared a memorable and momentous event in October 2023, attending the wedding of my great niece with over one hundred friends and family surrounded by the natural beauty of the Ozark mountains. The progression of the couple's relationship was quite typical. They knew each other throughout elementary school, high school, and college and were engaged for over one year. The events of the day were also quite traditional, with the bride, Megan, wearing a white wedding dress and the groom, Ryder, in a black tuxedo. The groom is transgender.

This event took place in Springfield, Missouri, which is the headquarters of the Assemblies of God Church and its flagship school, Evangel University. Also located in Springfield is Baptist Bible College, which is the primary training institution for clergy of the Baptist Bible Fellowship. This denominational group emerged following a split from the World Fundamentalist Baptist Missionary Fellowship (WBF) in 1950, in Fort Worth, Texas. Leaders from various Baptist groups had grown disenchanted with WBF policies and leadership and founded Baptist Bible College.

I attended Baptist Bible College in 1968 when there were over 2,000 students; now, less than three hundred students attend. The most notable graduate of this school was Rev. Jerry Falwell, the now deceased founder of Liberty University and pastor of Thomas Road

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Baptist Church, a megachurch that is part of the Southern Baptist Convention. As a child of the north, it was difficult hearing our Old Testament Bible professor profess the biblical endorsement and rationale for slavery when he explained the perceived outcome from the relationship of Ham and his son Canaan.

> *"In the Book of Genesis (the first book of the Old Testament), the curse of Ham is described as a curse which was imposed upon Ham's son Canaan by the patriarch Noah…in the context of Noah's drunkenness and it is provoked by a shameful act that was perpetrated by Noah's son Ham, who 'saw the nakedness of his father'."*

The exact nature of Ham's transgression and the reason Noah cursed Canaan when Ham had sinned have been debated for over 2,000 years. For many, the implication was a same-gender act…the narrative was interpreted by some Christians, Muslims, and Jews as an explanation for Black skin as well as a justification for slavery of Black people."[2]

This was at a time of civil rights advances for African Americans, and hearing the rationale that endorsed justifying slavery, which had once existed in Missouri, and the word "nigger" openly used within a Christian college classroom, was shocking. Appalled by such attitudes, I left BBC and attended the public Southwest Missouri State College for one semester before moving to Cincinnati, Ohio, in 1969. How ironic it was to return to Springfield, Missouri, for such an evolved event as a transgender wedding.

My Musical Mask

As a teenager and a known church musician in Rochester, New York, I was asked to become the pianist at First Bible Baptist Church. It had been founded in 1966 by a "preacher" from Fort Worth, Texas; I was member number 35. I had trained at Rochester's Eastman School of Music throughout middle and high school, and it disappointed my parents greatly when I informed them of my decision to attend Baptist Bible College. My family never endorsed my involvement with this church or college. They were not surprised when, after attending BBC for three months, I withdrew and transferred to Southwest Missouri State College (SMS) as a music major. After a semester at SMS, I transferred to the College Conservatory of Music at the University of Cincinnati, graduating in 1973.

Springfield, Missouri, represented a time when I identified with a strict fundamentalist code that answered all questions with dogmatic confidence. Questions or concerns that could not be addressed were denied or avoided. Beginning at an early age, I experienced sexual feelings or interest in other boys. I was curious, yet from my family and church upbringing knew that having such feelings was not acceptable–it was an "abomination." I do not recall having a specific discussion about same-gender attraction, or ever asking questions about such sensitivities with anyone including my parents or ministers. I do recall sexual attraction to other boys, especially when in the locker room or when swimming in the high school pool. Although it is difficult to believe, albeit true, all swimming in the Rochester City School District for males was for many years done in the nude.[3] At around age 15, I started spending time with girls and even had girlfriends. I was aware that pre-marital sex was forbidden from church teaching and comfortably accepted this as a barrier to sexual experimentation with females. I was more tolerant and intrigued with periodic sexual experiences with males, and rationalized that "I am still a virgin, because I have not had sex with a female."

In Cincinnati, prior to, during, and after college I was the pianist for the Landmark Baptist Temple and "The Landmark Hour," their international radio broadcast. This was a megachurch, with over 10,000 members, and the minister was Dr. John W. Rawlings. He was one of the founders of Baptist Bible College and very influential in the Baptist Bible Fellowship.[4] Of interest, currently the largest theological school in the United States is at Liberty University; it was endowed by the Rawlings family and named the Rawlings School of Divinity.

I met my future wife at Landmark Baptist Temple,[5] where she had attended since birth. She adhered to the teachings of the church and was committed to not having pre-marital sexual experiences; sexual feelings and desires were not discussed. It was taboo. She was unaware of my history of homosexual experiences. Although I was aware of my same-sex attractions, I thought that after getting married and with heterosexual involvement authorized and available, my intrigue and interest with same-sex possibilities would dissipate; it did not. I remained married for 25 years until divorcing in 1998. During our marriage, we had two children.

Attempting to describe the context in which my sexual identity was shaped in a family and religious culture that did not acknowledge, let alone welcome or affirm, homosexuality, my protective options were silence and confusion. The answers were proclaimed, and anything different or divergent was dismissed or condemned.

History of Abuse: Nazi Moral Crusade

The condemnation of homosexuality, while longstanding, is not well documented. One chapter often overlooked is the abuse during the Nazi regime. Berlin was well-established as the gay capital of the world by the 1920s. There was a flourishing gay scene that included more than 100 gay and lesbian bars and cafes. The Institute for Sexual Science was a prominent scientific and medical institution founded by Magnus Hirschfeld in Berlin in 1919; it became a center for gay, lesbian, bisexual, and transgender life. Hitler came to power in 1933, and within three days, on May 6, 1933, the center was violently looted, with thousands of books and publications burned and destroyed. The destruction of the institute was a clear sign that the Nazis would not tolerate the reformist sexual policies that the institute promoted. The once thriving gay culture in Berlin ceased, and the repressed and conforming behaviors that have been well established and practiced by gay men through the ages were seen in Germany at that time. Temporary solutions that have always been available when cultural and legal risks prevailed included those with financial means hiding their sexuality and outwardly conforming. Some broke off contact with friends and family and withdrew from the public. Many left Germany for other countries, and some gay men entered marriages of convenience.

The Nazi government ushered in key changes to Protestant churches in Germany. Politics and religion entered the picture. Nazi leadership supported what was known as the German Christian movement, which was a group of Protestants who wanted to combine Christianity and national socialism to "exclude all those deemed impure and embrace all 'true Germans' in a spiritual homeland for the Third Reich."

Nazi leadership urged Protestants to unite all regional churches into a national church under the leadership of its designated Reich bishop, Ludwig Müller, who was a well-established pastor and also a Nazi Party member.[6] In July 1933, Müller won a national election to lead

the German Christians by two-thirds of voters, allowing Christians to continue to practice their faith while supporting Hitler. Müller vowed to purge Protestant churches of all Jewish influence, which included removing the Old Testament from the Bible because it was based on Hebrew texts. Leaders of the German Christian movement claimed "that the eternal God created for our nation a law that is peculiar to its own kind. It took shape in the Leader, Adolf Hitler, and in the National Socialist state created by him. This law speaks to us from the history of our people…it is loyalty to this law which demands of us the battle for honor and freedom…One Nation! One God! One Reich! One Church!"[7]

False ideas about race were at the core of Nazi ideology such as Aryan supremacy, while Nazi conceptions of race, gender, and eugenics dictated the regime's hostile policy on homosexuality. Being a gay man was counter to the endorsed values undergirding the Third Reich; being gay was a threat to the perceived strength of the nation. Heinrich Himmler, head of the Schutzstaffel (Protection Squadron SS), proclaimed that the persecution or even murder of homosexuals was desirable "because gay people hinder efforts to breed a dominant racially strong nation; All things which take place in the sexual sphere are not the private affair of the individual but signify the life and death of the nation…a people of good race which has too few children has a one-way ticket to the grave." The Nazis promoted traditional family values and distinct gender roles for adults, with women having many children to keep the state alive. Gays were considered threats to these ideals and deemed not manly enough, strong enough, lacking virility…not German enough. Being gay did not conform to the social milieu.

A national law criminalizing sexual activity between men, Paragraph 175, was added to the Reich Penal Code in 1871, long before the Nazi regime, but the law was not consistently imposed on German culture. In June 1935, the German Ministry of Justice revised Paragraph 175, expanding the range of criminal offenses to encompass any contact between men, either physical or in form of word or gesture, that could be construed as sexual, and strengthening penalties for all violations. The revision facilitated the systematic persecution of men accused of homosexuality and provided police with broader means for prosecuting them.

The Nazi regime intentionally harassed and dismantled gay communities. Lists of homosexuals were developed by the police, and thousands of gay men were arrested and received severe jail sentences, often in intolerable conditions. They typically were subjected to hard labor, torture, medical experimentation, or execution. It is reported that approximately 100,000 gay men were arrested under Paragraph 175 during World War II.[8]

Between 10,000 to 15,000 men accused of homosexuality were imprisoned in concentration camps, where they were required to wear a pink triangle. This symbol called attention to the gay prisoner population as a distinct group. Pink triangle prisoners were among the most abused in the camps, often subjected to physical and sexual abuse by camp guards and other prisoners. Beginning in November 1942, concentration camp commandants officially had the power to order the forced castration of pink triangle prisoners.[9]

Gay men were categorized within the concentration camp system that influenced their life quality and outcome. For instance, gay Aryans had more options than Jews or Romani people. Most gay men died in the camps, and many were castrated and included in collective murder actions, exterminating hundreds at a time. Overall, prospects for gay prisoners were dismal, with 65% dying in the concentration camps and a considerable number committing suicide.[10]

Even after the war ended and the Holocaust survivors were freed from the camps, gay survivors left as convicted criminals. Paragraph 175 remained in effect for twenty years in Germany, and during the post-war era approximately 100,000 gay men were arrested, near the same number as those imprisoned during the war. Paragraph 175 was not removed from the German Penal Code until 1994. Because of continued prejudice against same-sex sexuality and the ongoing enforcement of Paragraph 175, many gay men were silenced; they were afraid and psychologically traumatized; avoidance provided some respite.

It was not until the 1990s that the German government acknowledged "persecuted homosexuals" as victims of the Nazi regime. In 2002, the government overturned Nazi-era convictions for Paragraph 175. Gay men who had suffered at the hands of the Nazis became eligible for monetary compensation from the German government for injustices perpetrated against them; it was the last group to be included in reparations. In May 2008, the German government unveiled the *Memorial to Homosexuals Persecuted under Nazism* in central Berlin.[11]

That homosexuals were major victims of these crimes is mentioned in only a few of the standard histories of the period, and those historians who do mention the facts seem reluctant to dwell on the subject and turn quickly to the fate of other minorities in Nazi Germany. Yet, the thousands of homosexual men sent to concentration camps were consigned to the lowest position in the camp hierarchy and died at a higher rate than some other groups.[12]

Professional and Cultural Shift

In 1952, the American Psychiatric Association stated in the Diagnostic and Statistical manual, its official listing of mental disorders, that gay people were considered "ill in terms of society and of conformity with the prevailing social milieu."[13] This listing stamped homosexuals as emotional deviants and lent medical authority to laws that made same-gender acts and even homosexual public gatherings illegal.[14] At this time, a regarded psychologist, Evelyn Hooker, began evaluating the relationship between homosexuality and mental illness, and in her 1956 seminal paper, "The Adjustment of the Male Overt Homosexual," she argued that homosexuality was not a mental illness and there were "no detectable differences between homosexual and heterosexual men in terms of mental illness."[15] Her findings refuted cultural heterosexism, noting that homosexuality was not arrested psychosexual development or inferior to heterosexuality.

Hooker presented her research at the 1956 American Psychological Association's convention leading to her receiving a National Institute of Mental Health Research Career Award to continue her research.[16] Her empirical and repeated research evidence contributed to the decision made by the American Psychiatric Association to remove homosexuality from the official listing of mental disorders in 1973.[17] Attitudes from psychoanalytic literature presented homosexuality as delayed or arrested development supporting the diagnosis of "ego dystonic homosexuality," which was also eventually removed as a mental disorder in 1987.[18] This was also the time when concern was expressed about the harm associated with conversion or reparative therapy. It was determined that psychological intervention could not cure homosexuality.[19] Hooker's research contributed to a professional and cultural shift regarding homosexuality, and determined that it is imperative to understand the context that compounded the complexity of homosexuality.

Journey Towards Equality

While the context and world of the 1950s prohibited same-sex involvement. Beginning in the mid-twentieth century, legal prohibitions were questioned and challenged. In the United States, laws stated that "sodomy was a crime against nature, committed with mankind or with beast."[20] Sodomy was listed along with bigamy, adultery, the creation and dissemination of obscene literature, incest, and public indecency as laws designed to protect society. The law purported to protect "women, weak men, and children against sexual assault."[21] Deeply ingrained prejudices against same-gender relationships prevailed, and understanding LGBTQ+ issues and rights were far less developed than today. Homosexuality was stigmatized and pathologized by not just the legal community but also medical societies. Those individuals who identified as gay often had to hide their true identities and live with the fear of discovery.

During my doctoral training in Chicago, Illinois, I was employed at Michael Reese Hospital. This hospital provided psychoanalytic training for interested psychiatrists as they advanced their training. I had colleagues who were in this training who feared being expelled if it were found out that they were gay.

Alan Turing did not conform and was seen as a threat. He was a British scientist that was prosecuted for deviant homosexual behavior in 1951. As part of his plea and treatment agreement, instead of going to prison he accepted hormone treatment with diethylstilbestrol (DES), a synthetic form of estrogen, in a procedure commonly referred to as chemical castration. He was known for his work of successfully breaking the Enigma code, which destroyed German intelligence near the end of World War II. He then contributed to major developments that advanced computerization. He began hormone therapy using DES after being found guilty of gross indecency for homosexual acts. He agreed to take Stilboestrol, a pill containing female hormones, and was also removed from his work at the University of Manchester. Because of his history in British intelligence and knowing state secrets, and since it was the 1950s, he was considered a sexual deviant and a security threat. His treatment at the Manchester Royal Infirmary concluded that if male hormones increased sexual drive, female hormones might decrease or eliminate sexual drive. Unfortunately, the DES did worse than just castrate Turing; it functioned as a cerebral depressant. He ended his life depressed, by choosing to eat an apple laced with cyanide.[22]

In 2009, Gordon Brown, the British Prime Minister made an official public apology on behalf of the government for the "appalling way Turing was treated." Queen Elizabeth II granted a posthumous pardon in 2013. The term "Alan Turing law" is now used informally to refer to a 2017 law in the United Kingdom that retroactively pardoned men cautioned or convicted under historical legislation that outlawed same-gender acts.[23]

With this pardon and shift in legal and public opinion, the plight of gay people has improved over the past 50 years. In the legal and social arenas, the following have been observed:

- Many countries and regions have decriminalized consensual same-sex relationships, overturning outdated sodomy laws.[24]
- Legal protection against discrimination based on sexual orientation has been enacted in various places covering areas such as employment, housing, and public services.[25]
- Marriage equality is a significant legal change, allowing for same-sex marriage; many

countries now grant LGBTQ+ individuals and couples the same rights and recognition as heterosexual couples.[26]

- Equal adoption rights exist for LGBTQ+ individuals and couples to adopt children.[27]
- Military service in many countries has lifted the ban on LGBTQ+ individuals serving openly in the military.[28]
- Asylum rights are now offered for LGBTQ+ individuals from countries where they have been recognized for persecution based on sexual orientation.[29]

Even with these improvements, challenges and disparities still exist in many parts of the world, including the United States. The progress made since 1968 reflects a broader societal shift toward recognizing and respecting the rights of LGBTQ+ individuals; however, the journey towards full equality at times is threatened by conservative politics.

Psychiatry Speaks

One American psychiatrist, Dr. John E. Fryer, who died in 2003, changed history. At the annual 1972 convention of the American Psychiatric Association, Dr. Fryer wore a mask and wig and addressed the audience of fellow psychiatrists dressed as a clown. His voice was distorted as he spoke. He said, "I am a homosexual. I am a psychiatrist." He expressed to the more than 100 gay psychiatrists and many others present at the convention that "several of us feel that it is time that real flesh and blood stand before you and ask to be listened to and understood, insofar as that is possible." At the time, identifying as a gay person was a professional and personal risk. He did not acknowledge being the psychiatrist who was behind the mask until 22 years later. His statements profoundly helped change attitudes about same-gender attraction as a psychiatric condition. As noted above, in 1973 after debate and further protests, the board of the American Psychiatric Association voted to remove homosexuality and same-gender attraction from its list of mental disorders as noted in the Diagnostic and Statistical Manual and urged that "homosexuals be given all protections now guaranteed other citizens"; this decision was ratified in April 1974.[30]

Dr. Fryer recognized that being gay came with a professional price. He was thrown out of a residency program and lost a job for being gay. His tenure at Temple University was delayed because of being gay. His courage, however, was celebrated on the 30th anniversary of his speech. He received a distinguished graduate award from Vanderbilt University Medical School and a distinguished service award from the Association of Gay and Lesbian Psychiatrists.[31]

Even though the medical, legal, and professional world may have expanded their views regarding homosexuality in the years leading up to the 1950s, in many Christian households, homosexuality continued to be considered sinful and unacceptable, prompting fears of rejection, and being disowned.

The decision to "come out" as gay during this time led to the migration of many gay people to San Francisco, California, a city described as being safe for homosexuals. One of my friends from the First Bible Baptist Church who was 16 years old, two years younger than me at the time, came out as gay, moved to San Francisco, and was disowned by his family. He became HIV positive and was diagnosed with AIDS. His family never reconciled with him prior to his death. He died alone.

Up until the 1950s, it was not unusual for homosexuals to be legally prosecuted and face criminal charges, imprisonment, or forced medical treatments if their sexual orientation was discovered. With such noted family and social consequences, it was understandable that silence prevailed. The pressure to conform to societal expectations and hide their identity created significant psychological and emotional distress for LGBTQ+ individuals.

The Ex-Gay Phenomenon—the Answer

For many evangelical Christians, an opportunity to change sexual orientation was created in the 1970s with the ex-gay ministries movement that progressed under the umbrella of Exodus International.[32] I was first introduced to an ex-gay ministry in 1985 during my doctoral training in Chicago, Illinois. For two years I traveled with a few acquaintances from Chicago to Champaign-Urbana to participate in Homosexuals Anonymous (HA).[33] At that time there were over eighty chapters of HA worldwide. The group practiced a form of "conversion therapy" and described itself as "a fellowship of men and women, who through their common emotional experience, have chosen to help each other live in freedom from homosexuality." HA founder Colin Cook was a Seventh-day Adventist pastor who had been defrocked in 1974 for having sexual involvement with a man in his church. He founded the Quest Learning Center in Reading, Pennsylvania, with funding from the Seventh-day Adventist Church for the purpose of "helping people find freedom from homosexuality." Clients came to Quest from all over the United States seeking to find such freedom, believing that under Cook's treatment such freedom was possible. The HA model was a fourteen-step program like other recovery programs. Cook modified five of the standard twelve-step statements to address specific gay complexities.

When considering locations for my pre-doctoral internship, I selected Philhaven Hospital in Lebanon, Pennsylvania, which was near Reading, Pennsylvania, the location of Quest. I would travel to Reading periodically to discuss how HA operated and to also obtain information that would be included in my doctoral dissertation. A premise that undergirds HA was that homosexuality is not something you are born with, that it is a spin-off of a trauma that occurs during childhood. Many of the participants in HA identified early childhood trauma as a factor that contributed to gay attraction.

Rumors emerged of sexual misconduct between participants in the Quest program and Cook. In 1986, a gay Adventist professor of Sociology at Queens University in New York, Ron Lawson, Ph.D., began investigating complaints filed by former Quest clients. He interviewed fourteen individuals who counseled Cook as part of the HA program. None of them reported any change in sexual orientation because of HA, and twelve individuals reported having sexual encounters with Cook. This led to his resignation from HA, and the Quest program ceased after the Adventist church withdrew its financial support. Lawson documented that Cook gave nude massages with his counseling sessions for the purpose of desensitizing his clients to same-sex contact and gay desires; however, this was counter-productive since the counselees reported then having sexual encounters with each other. In 1987, Cook admitted in an interview that he "fell into the delusion that such actions were a legitimate part of his HA counseling activities." It should be noted that Cook was not a trained mental health clinician. Despite having been defrocked by the Seventh-day Adventist Church and revelations of client abuse in the Lawson report in 1986, Cook remained committed to the belief that homosexuality can be changed. He moved to Colorado in 1993, and in 1995 the Denver Post reported that he was engaging in phone sex and "asking patients to bring homosexual pornography to sessions so that he could help desensitize them against it."[34]

Although my doctoral dissertation in 1986 addressed changes in self-perception and sexual identity for participating members of HA, with the findings of the Larson report about Cook and the response of the Seventh-day Adventist Church, it was best to not further identify with Cook or ex-gay organizations. In 1987, I left Philhaven Hospital and moved to Indiana, beginning a new chapter in my life, and started my private practice.

James Dobson, a major evangelical voice known for Focus on the Family, has also been a prominent influence in the ex-gay movement. He hired John Paulk to manage the organizations' Homosexuality and Gender Division, also known as the Love Won Out ministry. From 1998 to 2003, Paulk was chairperson of the board of Exodus International North America. His 1998 autobiography, *Not Afraid to Change*, addressed his sexuality and attempts to change his same-sex desires. Later that year, after it was revealed that Paulk was observed flirting with other men at a prominent Washington D.C. gay bar, both organizations disciplined him, but he remained with Focus on the Family until 2003. He resigned as Exodus International board chairperson but continued his elected position until his term was completed. In 2005, Paulk opened a catering business in Portland, Oregon. By 2013 his wife, Anne Paulk, had divorced him, and he no longer supported or participated in the ex-gay movement or efforts to attempt to endorse sexual orientation change. Paulk was featured in the 2021 documentary film Pray Away, where he acknowledged his truth and apologized for the serious harm he had caused by his lies.[35]

Boy Erased is a film about a young man's plight and encounter with the Memphis, Tennessee-based ex-gay ministry, Love in Action, where he was sent for reparative therapy to recover from his homosexuality. His father, played by Russell Crowe, was a Southern Baptist minister, and his mother, played by Nicole Kidman, encouraged him to attend and participate in this treatment program. When confronted about his homosexual curiosity and same-sex attraction, he agreed to attend and participate in the treatment, since being homosexual was at odds with his Christian faith. He pleaded "I want to change." An important statistic revealed in this movie was that over 700,000 people have been exposed to reparative or conversion therapy desiring "change" since 1976.[36]

What has the impact been from the 40-year history of the ex-gay phenomenon? As previously mentioned, Exodus International, a non-profit interdenominational ex-gay Christian umbrella organization that sought to "help people who wished to limit their homosexual desires" was founded in 1976. At one time, over 250 ministries endorsed and proclaimed the message of freedom from homosexuality, which was being aligned mostly with Protestant and evangelical denominations. Their original premise asserted that conversion therapy made it possible to change same-sex attraction. In 2012, Alan Chambers, the president of Exodus International, renounced conversion therapy noting that it was ineffective and harmful. Eventually in 2013, Chambers announced that Exodus was disbanding and apologized to the LGBTQ+ community for the massive harm it had caused to many people. As Frank Worthen, dubbed the father of ex-gay ministry, explained, "when we started Exodus, the premise was that God could change you from gay to straight…." The movement collapsed.[37]

As with most conflicts, the standard practice to promote resolution of differences begins with dialogue. On October 23, 1999, 200 gay, lesbian, bisexual, and transgender people of faith as well as a group of straight friends and supporters met with two hundred members of the moral majority in a joint worship service conducted by Rev. Jerry Falwell in Lynch-

burg, Virginia, at Thomas Road Baptist Church. The group was part of an organization called Soulforce, which is a pacifist, social-change organization dedicated to equality in religion for gays and lesbians. Initially, this was hailed as an important breakthrough and opportunity for dialogue. Falwell's response, however, as verified by comments he made to his Moral Majority followers, was that he never intended to listen to Soulforce. He stated that his only intention in inviting the visitors was to convert them and to "love the sinner but hate the sin." Falwell is further known for blaming gay rights proponents, abortion providers, and the American Civil Liberties Union for weakening spirituality in the United States to the point where the country "left itself susceptible to the events of September 11, 2001."

As noted above, in the film Boy Erased, the young son of a Baptist pastor, Jared Eamons, played by actor Lucas Hedges, is convinced to take part in a gay conversion therapy program. He believed that his sexual orientation could be changed and that the Love in Action program would guide and assist in the process. The ex-gay organizations and ministries claimed that by using conversion therapy or reparative therapy, sexual orientation can be changed from homosexual to heterosexual, however in Alan Chambers' poignant words:

> *"I do not believe that cure is a word that is applicable to really any struggle, sexual orientation included, for someone to put out a shingle and say, "I can cure homosexuality"–that to me is as bizarre as someone saying they can cure any other common temptation or struggle that anyone faces on Planet Earth."*[38]

With the closing of Exodus International, Chambers went on to state that his next ministry would be different and would emphasize reducing fear and join with churches to "become welcoming and mutually transforming communities." In an address to a Gay Christian Network conference, Chambers also expressed that "I would say the majority meaning 99.9% of them, those who have attempted to change their sexual orientation from gay to straight, have not experienced a change in their orientation…and we have been asking people with same-sex attractions to overcome something in a way that we don't ask of anyone else (with other sins)." His conclusions fell in line with the scientific and professional societies that have opposed the use of conversion or reparative therapy such as The National Association of Social Workers, The American Psychological Association, The American Psychiatric Associations, The American Counseling Association, and The American Academy of Pediatrics. As noted by 2012, "conversion therapy is described as ineffective at changing sexual orientation and as harmful to the LGBT person's well-being."[39]

As with classical conditioning, imagine the confusing thoughts the Pavlovian dogs had when they salivated upon hearing the bell ring. Imagine now the deep emotional distress and pain experienced when trying to change sexual orientation when it is not possible. The idea to believe that it could be changed either by religious conversion or, using a phrase from Colin Cook, "claiming the heterosexuality of Jesus," only creates more distress, self-contempt, and, for many, depression.

As reported in May 2021 by the 19th, an independent newsroom reporting on gender, politics, and policy, "42 percent of LGBTQ+ youth who underwent conversion therapy reported a suicide attempt in the past year; 57 percent of transgender and non-binary youth who have undergone conversion therapy reported a suicide attempt in the last year."[40]

What is even more disturbing is that children abandoned by their Christian parents are better off than children whose Christian parents tried to change them through conversion therapy. Christian parents thinking they are doing right by upholding their scriptural beliefs about homosexuality are significantly more likely than their less-religious counterparts to reject their children for being gay. The flood of children who have been kicked out of their homes by their religious parents has been called a "hidden epidemic."

The Cost of Pride

Children being told that they could come home after they were able to change their sexual orientation often led to a vicious cycle of homelessness, prostitution, substance abuse, and suicide. The evidence shows that gay and lesbian teens are two to three times or more likely to commit suicide than other youths, and trans youth kill themselves or are killed at an even more alarming rate. About 30 percent of all completed suicides have been related to sexual identity crisis.[41]

That one third of youths with sexual identity crises choose suicide is profound. The conflict between their family values, beliefs, and expectations, which are often endorsed or weaponized by their Christian denomination, leaves them stuck, without option. They are not able to counter the intense label of being an "abomination" and, even with a committed faith, are not able to change their identity. This conundrum for many represents why so many in the LGBTQ+ community feel that they were harmed if not abused by religion. The scars run deep. Even so, there are millions of lesbian and gay individuals who are people of faith. It has been a tragic war that has not produced a truce, greater understanding, or acceptance. As gay activist Mel White states:

> *"In my forty years as an out gay clergyman, I have witnessed up close and personal the tragic consequences of the clobber passages. Religious people who still misuse these seven texts to condemn innocent LGBTQ+ persons should be arrested and tried for pastoral or parental malpractice. Those who clobber any of us should at least be forced to meet with parents whose LGBTQ+ children have lived miserable closeted lives, suffered serious depression, cut or abused themselves, acted out in rage, turned to drugs and promiscuity, run away from home or killed themselves to escape those seven verses and the people who quote them."*[42]

There is no better evidence of current distain and intolerance of gay and lesbian individuals than what is noted in the student guidebook from Liberty University entitled *The Liberty Way.*

> *"Words and actions indicating 'LGBT states of mind' are prohibited for students as of the 2021 version of The Liberty Way, the student handbook. Sexual relations are only permitted in a Biblically ordained marriage between a natural-born man and a natural-born woman. The student handbook describes any gay sex as prohibited by the Bible, and thus prohibited by the school. Kissing, holding hands, or dating a member ofthe same sex are also prohibited under The Liberty Way."*[43]

This definition of a sexual relationship as only permitted in a Biblically ordained marriage between a natural-born man and a natural-born woman certainly addresses any question

about transgender sexuality. Liberty is further defined as one of the worst universities for LGBT students as stated in Campus Pride, an organization that advocates for LGBT rights for students.[44] As expressed by the dismissed former President of Liberty University, Jerry Falwell, Jr., "the university does not have an anti-gay bias and offers 'conversion therapy' to gay students," a practice peer-reviewed studies have shown as ineffective and harmful.[45]

A more tangible and current conflict that is unfolding is the schism in the United Methodist Church. At least a quarter of the Methodist congregations in the United States are leaving the denomination as it wrestles with issues of sexuality and gender identity. Of the 30,000 Methodist congregations, more than 7,600 have decided to leave the denomination. This represents the largest divide with any American denomination in U.S. history. The United Methodist church is one of the largest Protestant denominations, second in size only to Southern Baptists. A 2015 Pew Research Center study estimated that there are about nine million Methodists in the United States.

The split over whether the denomination will permit the ordination of gay clergy and same-sex marriages has been brewing for many years. The sides in the Methodist church are fatigued by the conflict and have not been able to resolve their differences; they are at an impasse. The United Methodist Church will remain viable, although diminished, with the more conservative and traditional Methodists becoming the Global Methodist Church. Those churches embracing same-sex marriage will also decide whether to remain with the denomination or become independent of a denominational identity. This split has significant implications that will redefine the denomination. The amount of funding that has gone to world missions will change, as will the future of Methodist-affiliated universities and seminaries. There will be a redefinition of purpose, meaning, and direction because of the complex attitudes that exist regarding homosexuality and the church.[46]

There is notable evidence of the conflicts that exist between the evangelical church, the gay community, and the ex-gay community. As LGBT rights advocate Wayne Besen writes, "the ex-gay ministries and reparative therapy will not last forever, and I am confident that one day we will celebrate their demise. As with all major prejudices, the passing of these groups and their heterosexual supremacist theories is inextricably linked to public opinion." This prompts the question of what will cause public opinion to change so that these groups are no longer socially acceptable or viable? What is required?[47]

Gay activist Mel White believes this will happen when a major evangelist like Jerry Falwell or Pat Robertson, both deceased, "repents for his antigay sins, after being informed 'that his granddaughter is a lesbian. You know, I have been wrong'." As Besen asserts, the best that we can hope for is this:

- Ex-gays fully separate from the religious right and their campaign of persecution.
- Gay organizations agree to disagree.
- When gay and ex-gay individuals interact on a personal level, they treat one another with dignity and respect.[48]

Some Christian theologians and scholars have reevaluated traditional interpretations of the Bible previously used to condemn homosexuality. Even some evangelical scholars have expressed more accommodating views, such as Dr. Jack Rogers and Dr. Lewis B.

Smedes, previous theologians and professors at Fuller Theological Seminary. As follows:

Per Dr. Jack Rogers:

> *"In the case of homosexual people, we have lapsed back into the discredited practice of using proof texts to support a general societal prejudice, just as we did in an earlier day to persona of color, women, and divorced and remarried people. In the case of race, women, and divorce, we changed our minds as a church and self-consciously began looking at Scripture through the lens of Jesus' life and ministry. In that way we recognized the full humanity of these people and our responsibility not to interfere with their right to have full privileges as members of the church."*[49]

Per Dr. Lewis B. Smedes:

> *"I think that the church's treatment of homosexuals has become the church's greatest heresy. It is treating God's children as if they are not God's children. Nobody I have met wants to be cruel or unfair, but their minds are so conditioned by a few Bible verses that when they are cruel to homosexuals their minds tell them that all they are doing is rejecting sin. The Christian homosexuals I know have not abandoned God. They did not decide to lust after their own sex. They did not exchange their natural inclinations for something else. Being homosexual is something they discovered themselves to be. Most of them have loved God and thanked God all their lives. They do not fit the people that St. Paul is talking about and if that is true, as it certainly is, then the church's whole biblical reasons for excluding homosexuals is all wrong and not only wrong but cruel and mean and devastating."*[50]

Rev. Adam Hamilton, pastor of a Methodist megachurch states:

> *"We are not always able to discern God's will, simply by quoting a handful of verses. If it worked that way, we would still embrace slavery, polygamy and concubinage. Victims of rape would still be forced to wed their rapists. We would not allow women pastors; we would make them remain silent in the church."*[51]

While acknowledging the split in the United Methodist Church, some denominations have been more accommodating and inclusive. The denominations that have been accepting and inclusive of LGBTQ+ individuals are the Episcopal Church, the United Church of Christ, the Evangelical Lutheran Church in America, the Presbyterian Church (USA), and the Unitarian Universalists. Finding an affirming faith community that aligns with LGBTQ+ individuals' values is essential for psychological stability.

It is not unusual for fundamentalists to state in their arrogance or overinflated sense of "scriptural authority" that their beliefs, truths, or convictions are unchangeable. However, societal attitudes have changed. Racial discrimination has changed at many levels. When I first began working at Landmark Baptist Temple, the congregation was not integrated; African Americans were not baptized into membership until the late 1970s. The role of

women in the church has changed in most Protestant denominations to where women are at the highest levels of ordained leadership. Even the Catholic church and the Church of Latter-Day Saints have changed their opinions; when "public opinion has told them that their absolutes were absolutely wrong." In December 2023, in fact, the Catholic church formally approved letting Catholic priests bless same-sex couples. Scripture was used to support all these convictions that were popular at one time in American culture. Slavery was endorsed, as was male supremacy over the demise of females to whatever role they were assigned.

No matter what the denominational flavor, over time, that church has adapted or reinterpreted its belief systems. In psychology, revamping unhelpful thoughts is what is required for psychotherapeutic change; this is the core of cognitive behavioral therapy (CBT). Patterns of unhelpful, disturbing thoughts precede the emotions such as sadness, loneliness, rejection, and fear–the full range of emotions experienced by gay and lesbians within the Christian church. Such thoughts can be irrational, distorted, and depending upon an individual's investment in the thoughts, can gravely influence life quality. The therapy aspect of CBT requires the need to challenge and monitor unhelpful thinking patterns and behaviors. This is even more challenging when these beliefs are associated with orthodoxy, religion, and family attitudes. With the premise that your thoughts create your feelings, to change such feelings, it becomes necessary to replace unhelpful thoughts with helpful thoughts.

When intolerance and homophobia align with LGBTQ+ struggles to maintain a religious faith, researcher Eric M. Rodriguez asked the important question of why gays and lesbians "put themselves through such ordeals and try so hard to stay connected with a religion that rejects them." Trying to deal with two identities can lead to leaving a faith or religious practice or seeking LGBTQ-affirming religious or spiritual environments.

In a December 2022 report from the Williams Institute by Ilan Meyer, Distinguished Senior Scholar of Public Policy, within the LGBTQ+ community there are groups that benefited from their Christian faith and those that did not. For instance, 87 percent of Black LGBTQ+ people were raised Christian, and, of these, 54 percent remained within the Christian faith. While intolerance has swayed transgender people away from the church, this report indicates that, LGBTQ+ individuals who were never Christian experienced higher psychological distress than LBGTQ+ who remained Christian. The role faith offers to the LGBTQ+ community may have a protective effect. It becomes essential for LGBTQ+ individuals to claim what is meaningful and functional regarding their faith and to make space for what is valuable, meaningful, and inspiring.[52]

The work of researchers Rodriguez and S.C. Quellette (2000) reminds us that not all gay and lesbian Christians' experiences conflict between their faith and their sexual identity. Their study reported that 30% of the subjects did not experience conflict between sexual orientation and religious beliefs. Lack of conflict is believed to be related to:

- Never encountering/internalizing anti-gay religious rhetoric.
- Devaluing church teaching.
- Coming out at a late age.
- Attending seminary.
- God's all-encompassing love.

Shallenberger (1996, 1998) explains that the formation of gay identity is a "spiritual journey" or a "faith journey." The process of "coming out" as a gay person is one of the most

important events in the journey, as it is so influenced by "deep and often difficult self-questioning, growing self-recognition and self-identification with one's homosexuality in the face of prolific anti-gay biases from a homophobic and heterosexist culture; with sudden and or measured disclosure to loved ones, and passage into and deeper involvement with the gay and lesbian community." The coming out process is an individualized process identified as "neither positive nor negative, but not necessarily both." It is not unusual, as part of this process, when discrepancies arise between the gay lifestyle and organized Christian religion. This is then the beginning of the integration phase that is central to the spiritual journey. Shallenberger and Rodriguez both reiterate the need to differentiate such terms as religion and spirituality. Religion is associated with the trappings of the Church including doctrine and beliefs. Spirituality is more aligned with personal beliefs and ethics, faith, prayer, personal morality, and devotion. The distinction between religion and spirituality becomes the buffer necessary to achieve distance from the negative, anti-gay messages that come from Catholic and Protestant churches.

Upon coming out, Shallenberger identifies three critical issues that are confronted by LGBTQ+ individuals as part of their spiritual path as follows:

- Questioning.
- Reintegration.
- Reclaiming.

With questioning, personal religious beliefs are examined in depth. This is within the context and experiences as LGBTQ+ individuals. In the reintegration phase, attempts are made in reincorporating their religious identity with their sexual identity including reading relevant literature and discussing challenges with loved ones, valued friends, and other LGBTQ+ individuals struggling with similar issues. In terms of reclaiming, it is necessary to seek out safe places where it is possible to connect the sexual and religious identity in a community that actively lives, endorses, and supports with like-minded values.

As Mel White expressed:

> *"When I claim to be a gay Christian, some people ignore me. Some hate me. Some even want me dead. Many suggest that I have not tried hard enough to overcome, to change, to repent of my sin and be born again. For almost forty years I tried to change by prayer and fasting, by cold showers and nasty tasting pills, by counseling, electric shock, and exorcism (after being told that same-gender attraction was a demon that had invaded my life). Finally, I realized that my homosexuality, like their heterosexuality is my alignment with the world. I could not change it any more than I could change the color of my skin or the shape of my hands. And yet because the clobber passages have them convinced that I am an unrepentant sinner they refuse to welcome or affirm me, to ordain or to marry me, let alone to love me as their brother in Christ…Over the centuries the Bible has been misused to…support slavery, apartheid and segregation; to persecute Jews and other non-Christian people of faith; to support Hitler's Third Reich and the Holocaust; to oppose medical science; to condemn inter-radial marriage; to execute women as witches; and to support the Ku Klux Klan. And now, the Bible is being misused to support the fear and hatred of*

> *God's LGBTQ+ children. Shakespeare said it this way: 'Even the devil can cite scripture for his purpose'."*[53]

White further stated that there were many people who helped him survive the clobber passages, including his wife of 25 years. With additional wisdom he stated:

> *"If you are an LGBTQ+ person who is still a victim of the clobber passages, realize those who accuse you are wrong. They are not evil, but they are doing evil if they are still misusing those seven verses to condemn you. Do not argue or debate the meaning of the verses. They will not hear you anyway. Trust your heart. You are a child of the Creator who loves you exactly as you are. Accept your sexual orientation as a gift, leave your closet and begin living your new life…if you are still trying to decide what you believe about homosexuality and homosexuals or you know and even love an LGBTQ+ person in your life who is waiting for you to decide…don't wait any longer, DECIDE NOW. Do not let the fear of 'what might happen' keep you from deciding. Your indecision is killing people. It may even be killing someone you love."*[54]

Best Walk Like a Man

My path has been similarly complex. Beginning at an early age I recognized my same-sex attraction and the various obstacles that contributed to my denial. I learned from my early church exposure and carried the "abomination" label and burden. Even my gifts were tainted by my sexual identity. As a third grader I was gifted an exquisite German Dölling violin[55] and self-observed "that I best walk like a man when carrying my violin case." In my late twenties after graduating from the College-Conservatory of Music and having at least a decade of professional music making under my belt, I stopped performing for four years. I believed that being a musician made me gay. In my thirties after being exposed to HA and reparative therapy, I thought I could repair my sexuality by claiming the "heterosexuality of Jesus" and remained married to a woman; even invested in non-sexual close relationships with men. I tried all the tenets espoused by the ex-gay ministries. Although my sexual orientation and interests never shifted from what they had always been, I wanted the therapy to work.

That is the abuse of this experience. Investing in a hopeful wish that is impossible to alter, no matter how much effort is made. Years of attending group sessions, individual psychotherapy with a reparative psychotherapist, pastoral counselors, other ministers all like cheerleaders encouraging the possibility of change and sexual healing. If I had been exposed to affirming and welcoming environments at the time of my sexual identity development, much distress, denial, shame, and guilt could have been avoided.

However, from my involvement with Acceptance and Commitment Therapy (ACT), I am now able and willing to experience these challenging emotions without fear or shame. For me, what has been redeeming and healing came from my association with six individuals who provide guidance, love, acceptance, and grace.

My adult children, Brittany, and Seth, have always been gracious and loving even through the difficult adjustments of divorce, relocating, and accommodating the demands of having

stepparents. I am proud of Seth, who is now a father himself, and Brittany, who is a mother of two and professor at St. Louis University and Maryville University, where she engages in supporting the mental health needs of the transgender community.

During my doctoral training when in Chicago I spent leisure time with Daryl and Sandy Fenton, friends who attended the same church. The ex-gay perspective and the work of Elizabeth Moberly, a British psychologist influenced those involved with HA, proposed that it was necessary for gay men to develop relationships with non-gay men. Daryl, who is now the cannon at Christ Church in Jerusalem, has filled this role in my life.[56]

A gentleman who has come into my life in the past three years has been an enormous boost. He is 89 years old and lives in a rural, coal-mining town twenty miles from Springfield. His daughter, who lives in Milwaukee, Wisconsin, brought him into our lives after her mother, his wife of 65 years, died in 2021 and she began visiting him regularly. We call him "Coach," as he coached and taught in middle and high schools for forty years. Coach was also the minister of music at his local Baptist church and continues to sing. Despite spending his almost nine decades of life immersed in the Baptist doctrine, Coach chooses to love and not judge–a conscious decision with intention. Experiencing his love and acceptance brings immense joy and hope.

Preeminently, Daniel R. Jones is my spouse with whom I have shared life for the past 25 years and to whom I have been married since 2014. With Dan, life is defined by his giving and grace.

The Transgender Challenge

As acknowledged earlier in this paper, my family now has a transgender member. I have had the opportunity to discuss with Ryder his experience. He and Megan, who have known each other since they were ten years old, were recently married, honeymooned in San Juan, Puerto Rico, and now live in Springfield, Missouri. Ryder is 25 years old, a graduate of Missouri State University with a Bachelor of Science in Wildlife Conservation and Management and is employed as an Environmental Scientist for a private environmental consulting firm.

He was raised by his parents in Rogersville, Missouri, a city of 4,000 that is considered part of the Springfield, Missouri, metropolitan statistical area and was once known as the "Raccoon Capital of the World." He attended public elementary, middle, and high schools and started college a year early recognizing that his cultural interests and needs were broader than Rogersville.

He grew up in the United Methodist Church where his family attended. He recalls the messages of some pastors who in their narrowness created some moral quandary. He was very aware at an early age that others from his community were unaware, naïve, uninformed, and ignorant regarding homosexuality, sexual identity, or gender confusion. At around eight or nine years old, he was informed by his mother that his Aunt Allison would be visiting and that she was a lesbian who had a girlfriend. Allison, when on her developmental path growing up in the church, did experience being shunned, shamed, and avoided by certain members. Learning from Allison's experience, his grandmother determined that, within the family, she would not be ashamed. This established a foundation for Ryder to develop and mature within a family system that was accepting, affirming, and loving. Through adolescence he

felt pressure from his community to feminize, but his authentic self-perception aligned as masculine, and he was labeled as being "tom boyish." He expressed his awareness of this gender alignment between the ages of three to five. On his bridge to self-authenticity, at age 17 he informed his mother that he was bisexual.

Ryder recalled a pastor who preached condemnation about same-sex relationships, after which he started to attend National Avenue Christian Church in Springfield, Missouri, which was an affirming and welcoming congregation. He was then introduced to a gay pastor and gay music minister all within a "gay friendly" environment. He feels privileged to have experienced the sense of security from this Christian congregation. This environment contributed to him becoming more confident and clearer about the breadth of his sexual identity, while within the context of his growing spiritual identity.

Growing up in Rogersville made him aware of the pain and distress other children were experiencing when coming to terms with their identity. He observed the consequences when cruel, condemning Christian parents reject and disown their children. Ryder found being involved in the theatre world safe, supportive, and reassuring. However, one of his friends from Rogersville, who was also talented and involved in theatre, was removed by his parents fearing that the theatre environment would cement his gay identity. In his junior year in high school, he started taking courses at the regional state university, which broadened his cultural sensitivities. He entered college during his senior year in high school, which further contributed to his self-confidence and independence.

He and Megan shared an experience that represents the schism and disregard experienced by LGBTQ+ Christians in some church communities. Megan, a talented singer, participated in a praise group for several years at the church her family attended. She had a very public presence and was known for her singing and church participation. When it became socially evident that Megan and Ryder were a couple, the topic surely prompted church gossip, and Megan was indirectly informed of her censure by seeing that her name was no longer on the schedule for worship leaders or praise team involvement. This of course led to further discussions, including other family members, to find out the rationale. In concert, the entire family left this specific church after over a decade of involvement including financial contributions.

Ryder identified his Aunt Allison as a "safe place" or "safe object" and began to attend the University of Missouri in Kansas City where she lived. This provided him a better-informed culture that offered exposure to more transgender individuals. He also attended the Unity Church, which was an environment that "celebrated what he brought to the table." He is now seen as a man, and while at times compelled to share his path, he also recognizes that he can keep such information private.

Living in Missouri, he is aware of the legal and psychosocial complications associated with not allowing gender-affirming care in the state. He is scared for others who do not have the adequate psychological stamina to cope, or the necessary community support required as he did on his path. He is concerned that the services needed for addressing trans needs will become something in the underground realm, less associated with medical professionals or "best practices" hence leading to "another revolution against the idiots in political and social power."

Ryder is confident about his gender identity as a man and his decision to pursue his transgender process. His decision was bolstered by his family's support throughout his entire

development. He was aware of anti-gay and anti-trans biases within the church and in the families of his friends, but he was secure and supported by his family as he faced gender and sexuality defining moments. He felt driven to leave Rogersville, knowing that there were other more informed, and culturally sensitive communities. His parents trusted his self-perceptions, and he was confident about self-judgments that led to him going to college early and moving to Kansas City for greater contact with the transgender community.

He views being able to fulfill the need to move away from harmful non-supportive environments and to have had the resources to achieve his goals as a privilege. However, his journey has been tarnished with fears that the church environment may not be safe enough for him to practice his faith. Even so, he longs for a sense of community and structure, which he views as a tool for coping with life and being human. While cautious, he feels the pressure of returning to church, knowing that it comes with risk.

From a questioning, reintegration, and reclaiming perspective, Ryder is not at odds with his transgender identity nor is he at odds with his belief that God loves him and that he is made in His image. He has accepted his sexual identity and has progressed along the path where his identity also matches his gender physicality.

He has family members, friends, colleagues, and other transgender individuals who support his decisions and intentions. While cognizant that the legal and political environment in Missouri will be challenging, oppositional, and potentially traumatic, he is determined to find a church that is safe, welcoming, and affirming where he can celebrate and live his personal faith without condemnation or fear.

The Path Forward

Evelyn Hooker, the prominent psychologist whose research is mentioned earlier, established that homosexuality is not an illness or mental disorder. She came to her conclusions following administering several psychological tests to varied groups of homosexuals and heterosexuals. She compared the results and found there was no difference between the members of each group. These findings contributed to changes in attitudes that eventually removed homosexuality as a diagnosed mental disorder; being a homosexual is not developmentally inferior to a heterosexual. It was Hooker's additional willingness to get to know one of her students who informed her that he was gay. She was then introduced to his friends who were also gay. Her vulnerability to socialize, interact, and fraternize with homosexuals built the necessary bridge that made the environment safe enough for her psychological inquiry and research.

After completing her Ph.D. at Johns Hopkins, Hooker received a fellowship to the Berlin Institute of Psychotherapy, where she lived with a Jewish family. While there she witnessed Kristallnacht[3] and the influence of Adolf Hitler. The family she lived with in Berlin eventually died in the concentration camps. What she experienced and observed in Europe sparked her desire to confront and address social injustice. Her work erased the first level of stigma for homosexuals; it is not a mental disorder. Hooker comprehensively investigated the psychological architecture associated with homosexuality with individuals whom she had been given permission to study; she was vulnerable yet cognizant of the social biases that were detrimental to the homosexual. She witnessed how social injustice fueled by ignorance, religious intolerance, sociopolitical factors, and cruelty throughout history marginalized gay and lesbian people.

In 2019, Pope Francis spoke prophetically about our culture and homosexuality. He stated, “with the current persecution of Jews, Romani people, and people with homosexual tendencies, today these actions are typical and represent ‘par excellence’ a culture of waste and hate. That is what was done in those days and today it is happening again.” Additionally, Christopher Pett, president of Dignity USA, an LGBTQ Catholic Advocacy organization, notes “the Roman Catholic Church has a role to play in fighting dangerous anti-gay political trends throughout the world…we call on the Pope to continue to be a strong, morally just voice in support of all human rights, but especially those of LGBTQ people everywhere.”[57]

In conclusion, the path to authenticity and honesty is costly in a society that has been shaped by colonialism, white supremacy, heteronormativity, religious privilege and imperialism and where self-expression is seen as potentially threatening or at odds with the majority view. For gay children and adolescents, when awareness emerges of same-sex attraction, answers can come from parents and others who are willing to listen and understand, bolstering the authentic self; from silence, where only fear and sadness thrive; or from rejection, and ultimately loss. These trajectories have different outcomes and consequences.

Sexual identity is formed over time and with experience. There is no better illustration of how the path to this identity can be obscured than how religion and faith were used to perpetuate untruth, lies, and false claims that injured “believers,” leading many to embrace the unattainable hope of change. As Jared Eamons, the protagonist in Boy Erased expressed, “I do want to change.” However, what time has shown is that sexual orientation is the individual’s alignment with the world and cannot be changed, as reflected by the distressing and harmful outcome of the ex-gay movement.

The coming-out process as a developmental step can be formative and defining, or denied and suppressed. At an early age, children become aware of what they can share with their parents based on experience, warmth, and intensity of the reactions. What happens in the home is typically a precursor to what occurs in the community. These developmental processes contribute to identity formation, and as mentioned in the work of Shallenberger, one’s spiritual identity and reconciliation with sexual identity requires questioning, reintegration, and reclaiming of what is deemed important and meaningful.

Safety in terms of social involvement is at the core of identity formation. An unsafe and adversarial environment reinforces fear and, hence, delays resolution, understanding, and self-acceptance. As self-acceptance becomes evident, the practice of self-compassion builds confidence that enables individuals to better face the assaults that are inevitable and culturally driven.

The hope for the entire LGBTQ+ community is that love and acceptance prevail for lives previously compromised by the historical conflict between sexual and religious identities.

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End Notes

[1] Dr. Robinson is a clinical, pain and medical psychologist consulting with pain-centered organizations in private practice within the virtual world and in Springfield, Illinois.

[2] Evangelicals who read the Bible literally have misused seven verses (clobber passages) to convince the world that homosexuality is a sin and homosexuals' sinners.

[3] Kristallnacht, German for crystal night, occurred on November 9 and 10, 1938, when German Nazis attacked Jewish persons and property. The name Kristallnacht refers to the litter of broken glass left in the streets.

Personality Disorders: Prevalence, Problems, and Treatment

Ward M. Lawson, PhD, ABMP, ABPP

Abstract

Current events in American culture, such as frequent mass shootings or the riot at the capitol, have prompted many to reflect on the extremism seen in our society and the mental health of the populace. Psychological interventions have the capability to be one catalyst for change and offer hope for greater mental health in the U.S. Personality Disordered individuals are common, and their propensity for acting out leads to destructive behavior in their personal lives and for society as well, such as through the development and hardening of politically divisive in-group out-group lines. PDs are treatable through traditional psychotherapeutic methods. In addition to outcome studies confirming the efficacy of psychotherapy, confirmatory studies of the neuroplasticity of the brain have demonstrated that changes wrought from psychotherapy are not simply theoretical abstractions but have hard, physical science correlates and underpinnings. Neuroplasticity has great implications for psychology regarding the onset, development, maintenance, and treatment of mental health disorders such as Personality Disorders. Conditions in U.S. call for greater access to Medical Psychologists who can treat such disorders.

Introduction

It seems like the world has gone “crazy!” These sentiments of concern and frustration are often heard in coffee shops and breakrooms at work, perhaps daily across America. These comments from friends and co-workers pertain to the evening news and tragic current events that include mass shootings, domestic violence, substance abuse and crime, and the insurrection at the capitol.

Indeed, there is plenty to be concerned about, including the incidence and prevalence of mental illness. World-wide, approximately one of every two people will develop a mental illness by age 75.[1] The presence of mental illness in the U.S. is a common occurrence, too. In 2021, there were an estimated 57.8 million adults aged 18 or older (22.8%) in the United States with any mental illness (AMI). The prevalence of AMI was higher among females (27.2%) than males (18.1%). Young adults aged 18-25 years had the highest prevalence of AMI (33.7%) compared to adults aged 26-49 years (28.1%) and aged 50 and older (15.0%). Regarding serious mental illness, the prevalence rate among U.S. adults was 5.5% in 2021. Furthermore, the rate of mental illness is rising, especially among our youth.[2]

There is an unfortunate situation, too, with the utilization of mental health services. The presence of a major mental disorder appears to increase the likelihood of seeking mental health treatment, but most individuals, with or without psychopathology, do not utilize these services. Utilization is trending upward, albeit very slowly. Nearly 40 years ago, only 6% to 7% of their Epidemiologic Catchment Area (ECA) sample visited a mental health specialist or a general practitioner for mental health reasons in the six months prior to assessment. In 2005, the National Comorbidity Survey Replication (NCS-R) found that, during

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the previous 12 months, 18% of their sample sought outpatient help for a mental disorder or substance use problems.[3]

The numbers of individuals with AMI actually receiving treatment in 2021 is increasing but remains sadly unimpressive, with rates for various groups of individuals (males/females, age brackets, ethnicity, etc.) usually falling well below 50%. Importantly, among this group receiving "treatment," the majority simply received a prescription for medication, which is widely viewed as simply a technique with very minimal long-term benefit and not a viable scientifically validated treatment method [4]. There are great social and financial costs associated with under-treated or poorly treated mental illness.

Personality Disorders

As evident, there are many people with mental problems. Personality disorders are one grouping of mental disorders that merit significant healthcare resources. The prevalence of PD in the US is approximately 9.1% [5]. They are defined as "an enduring pattern of inner experience and behavior that deviates markedly from the norms and expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment."[6]

PD's are grouped into three "cluster" categories: Cluster A (Paranoid, Schizoid, and Schizotypal); Cluster B (Antisocial, Borderline, Histrionic and Narcissistic); and Cluster C (Avoidant, Dependent, and Obsessive-Compulsive). However, in newer classification systems, dimensional conceptualization is emphasized over categorical, and the Medical Psychologist will assess and describe trait domains and severity of impairment.[7] This consolidation leaves fewer diagnoses but retains the Not Otherwise Specified option to classify patients, like the past Passive-Aggressive Personality. In short, the ICD-11 simply diagnoses PD and specifies Levels of Severity (Mild, Moderate, and Severe) and Personality Trait Domains (Negative Affectivity, Detachment, Dissociality, Disinhibition, and Anankastia).[8] This may be more appealing to psychologists to conceptualize PD's along the lines of severity, the degree of pervasiveness of interpersonal dysfunction across relationships and contexts, and pervasiveness, severity and chronicity of emotional, cognitive and behavioral problems.

Many in psychiatry have abandoned accurate diagnosis in favor of a short interview and simply medicating unwanted negative emotions. Even so, an accurate diagnosis is critical for crafting a comprehensive treatment plan. This is best accomplished with a mental status exam, a thorough psychosocial history, and psychological testing. It involves understanding the patient's level of developmental arrest, dictates treatment options and needs, course of treatment, guides informed consent, indicates prognosis, and predicts the development of potential comorbid medical disorders. While a patient may manifest and qualify for several different diagnoses, the Medical Psychologist homes in on the disorder that reflects the lowest level of fixation. Resolution of this fixation is ultimately the top treatment goal. For example, a patient that initially presents with Avoidant Personality may have an underlying mood disorder such as Major Depression, which represents developmental arrest in childhood. To miss this would be quite unfortunate for the patient's health and wellbeing.

Developmentally, it is normal for adolescents to possess some adult charms, but prematurely want unlimited independence and freedom from responsibility. Their spontaneity can become the impulsive pursuit of fun and hedonistic activities, and they may abruptly display resentful and rebelliousness against structure imposed by authority. While quite

challenging, most families work through this difficulty, but some families lack the resources to do so. In these instances, the individual becomes "fixated" or developmentally arrested, with the lower developmental PD's fixated in early adolescence. Damaged and traumatized individuals from dysfunctional families become bitter and resentful. Their contempt for others, opposition to authority, and preoccupation with unlimited independence, power and dominance, is readily manifested. The slightest offense or perceived constraint on their wishes is met with impulsivity, poorly managed hostility, and acting out, overtly or covertly, in self-destructive ways or in ways that significantly strain relationships. Dichotomous thinking, projective identification, and persecutory illusions or delusions can cause extreme defensiveness. They grow to value toughness, short-range gratification, and rigidly staunch individualism at their own expense and detriment. While perfectly understandable how family dysfunction can produce such patients, their rigidly maladaptive character is not only self-destructive, but is toxic to those in their inner circle, and potentially even dangerous for institutions. Through the development of angry, extremist political positions, PD's can be a regressive force for mainstream culture and an eroding current on the operations of democracy. By distorting reality and the forming of fractionated groups with such rigid views, problem-solving discourse is unlikely.

Medical Psychologists understand fixated development and how to assess and treat it.[9, 10] Distinguishing between normal and pathological functioning requires detecting adaptive behaviors that are too few, are under-developed, and rigidly practiced, even in situations for which they are ill-suited. This adaptive inflexibility limits opportunities to learn new, more adaptive behaviors. Vicious circles are evident to the trained eye, such as their rigidity fosters patterns that perpetuate and intensify preexisting difficulties. This leads to the clear manifestation of tenuous stability that reveals their fragility under stress.

Personality Disorders and Criminal Behavior

Most of the criminal behavior, such as those troubling, crime-laden news events being discussed in the coffee shops, has a high probability of being committed by someone with a mental illness. Having a PD is among the most prominent risk factors for criminal behavior and incarceration. The National Institute of Health reports 87.3% of women and 83.3% of men had a PD at the time they committed a crime.[11] Similarly, a meta-analysis of the prevalence of PDs in the prison system revealed 47%.[12] In should be noted that the practice of mass incarceration costs the government and the families of justice-involved people $182 billion per year.[13] In other words, about half of this figure are costs associated with inmates with a PD.

Antisocial PD, which is characterized by a generalized pattern of contempt for and violation of the rights of others, is associated with a higher rate of criminal offences and therefore a greater risk of imprisonment. However, studies show that when compared to other PDs, Antisocial PD only increases the risk of committing crimes of violence.[14]

Another prominent risk factor for criminal behavior is having a Substance Use Disorder (SUD). Sixteen and a half percent of the population age 12 and older met the applicable DSM-5 criteria for having a SUD in the past year. In 2021, 94% of people aged 12 or older with a SUD did not receive any treatment. Nearly all people with a SUD who did not get treatment at a specialty facility did not think they needed treatment.[15] When SUD co-occurs with a PD, the likelihood of committing a crime in comparison to other populations is multiplied

by a factor of three. In other words, there is a clear relationship between PD, SUD, and criminal behavior further escalating the need for treatment.[14]

As stated, the WHO breaks the level of severity down into mild, moderate, and severe levels. Many personality disorders that are easily recruited into gangs, cults, or anti-authoritarian, anarchial political action groups will be moderate or severe personality disorders who have a rigid affinity for rebellion and opposition to cultural and Governmental accountability. However, most personality disorders that find their way into these groups will be mild personality disorders. Still, poorly informed, naïve, or disenchanted normals seeking to meet their social needs may also align with antisocial groups.

On the afternoon of January 6, 2021, a mob of former President Trump's supporters descended on the U.S. Capitol, attempting to interfere with the certification of electoral votes from the 2020 presidential election. The rioters, many of whom were armed, destroyed property, sent frightened members of Congress into safe rooms, and assaulted approximately 140 law enforcement officers. As of December 2023, about 1,240 people have been arrested.[16]

While it not clear however many of these rioters were mentally ill, applying current epidemiological statistics to the 2000 that entered the Capitol building would suggest approximate 500 people of that group were mentally ill. Further, about 200 were PD's. One might surmise from the frenzy and folie a deux atmosphere that using common prevalence rate figures would be far too conservative. Indeed, research into the 2011 London riots found they were mostly comprised of Antisocial personalities.[17] Antisocial Personality Disorders are overrepresented in gangs, who have criminal behavior as their main purpose.

Treatment

Treatment seeking. As mentioned above, less than 50% of people with mental illness seek treatment. PD's seem to have the reputation of being much less inclined to seek treatment that other mental health disorder. So how does the rate of treatment seeking for PD's compare to rates found for people with other mental disorders? The ECA study examined Antisocial PD and found the frequency of mental health visits varied greatly by site. Approximately 39% of those who met criteria for Antisocial PD in New Haven had made a mental health visit in the six months prior, while only about 7% did so in St. Louis.[18] Additionally, PDs frequently co-occur with other disorders (e.g., Schizotypal PD with a variety of anxiety disorders, Borderline PD with SUDs.[19, 20] In these cases, either or both sets of symptoms may cause an individual to seek treatment. Indeed co-occurring pathology seems to increase the rate of help seeking.

Indeed, some studies show rates of treatment seeking varies as a function of the specific PD in question. PDs are often ego syntonic. Many PDs may not seek treatment because they consider their symptoms to be an acceptable part of their identity. Tryer and colleagues have proposed a distinction between "treatment seeking" and "treatment rejecting" PDs based on the person's desire to change. In a sample of inpatients, Paranoid, Schizotypal, and Schizoid PD's were more likely to reject treatment while Avoidant, Dependent and Obsessive Compulsive PD's were more likely to seek treatment.[21] Thus, there continues to be questions about the influence of personality pathology on mental health service utilization.

Effectiveness of Psychotherapy. For AMI, psychotherapy is effective the majority of the time. When an individual has a Serious Mental Illness (SMI), such as psychosis or mood

disorder, friends and family easily recognize the need for help and specialty referral to a doctoral-level behavioral health provider for an assessment, diagnosis and comprehensive treatment plan. Treatment will need to ideally include long-term psychotherapy, group therapy and education, ancillary interventions to optimize neuroplasticity and learning, and often short-term psychotropic medication management until stabilization is achieved.

However, when the patient has mild to moderate psychopathology, such as those with neurosis or with PD, these patients are more likely go undiagnosed, untreated, under or inappropriately treated with the unscientific "medication-only" approach. These individuals will self-treat or act out with mood-altering substances, supported by the development of co-dependent relationships or a tight and unhealthy social sphere, or cope with the use of chronic maladaptive and avoidant distortive thinking, denial or delusions that block insight and awareness of their problems.

Clinical lore often seems to be that PDs are so difficult to treat that it is almost questionable to even try. However, this is not the case. The research and prevailing scientific position on the treatability of personality disorders is now established.[22] Effective treatments for personality disorder exist, including Dialectical Behavior Therapy (DBT) and psychodynamic therapies.[23] Further, Katakis et al conducted a meta-analysis of 54 studies (n = 3716 participants) finding a large effect size indicating people with a 'personality disorder' diagnosis benefited from psychological and psychosocial interventions delivered in community or outpatient settings, with all therapeutic approaches showing similar effectiveness.[24] Moreover, there is cost-offset when treatment is provided. Dolan and his team found the cost for treating personality disordered patients in a tertiary treatment resource instead of traditional incarceration would be recouped within two years and represent a saving thereafter.[25] Understanding how all psychological disorders, including PD's, represent development arrest should give the clinician confidence in the patient's potential for change, and hope for the patient and their family.

Neuroplasticity and evidence of change. Numerous studies have shown learning and experience shapes one's brain through the process of neuroplasticity, and there is ample evidence that the brains of the mentally ill can be reliably differentiated from mentally healthy individuals.[26, 27] Similarly, psychotherapy has been shown to result in measurable, structural brain changes via neuroplasticity in a positive way with corresponding symptom reduction for mood disorders, schizophrenia, PTSD, autism, and psychosomatic disorders.[28] Thus, it is important to understand the neuroplasticity aspect of psychotherapy and the re-parenting and re-socialization of patient's with damaged personalities and brains, often by several generations of exposure to immature parenting and family cultures, and channeling the patient into immature, stressful life contexts that further the brain's devolution. Moreover, the Medical Psychologist can integrate several interventions to enhance neuroplasticity, e.g., exercise, mindfulness meditation, and sleep optimization. These interventions promote neuroplasticity in the areas of the brain that are important for the management of emotions, self-control, judgment, and rational processing of internal and external information (the cortex and primarily the prefrontal cortex), which is typically underdeveloped and thin in the seriously mentally ill population.[29]

Conclusions

PD are a relatively common disorder, similar to the prevalence of diabetes.[30] Like most healthcare disorders Pd is a biopsychosocial disorder that impacts all aspects of life. On the biological level, PD is associated with an increased risk for comorbid medical problems

compounded by chronic stress.[31] Psychologically, unmet potential and the PD's adolescent fixation frustrates the mature people in their social sphere, and family and/or work problems ensue. The frequent development of a substance abuse disorder owing to over-utilization of denial, blaming, and proneness to act out affect not only the physical body, but those widespread personal and social costs, too. On a larger-scale level of analysis, the PD's contempt for conformity and representations of authority is a serious problem. The common interface between PDs and the criminal justice system is important to appreciate and the associated enormous costs to taxpayers for incarceration. Lastly, the congealing of PDs and other disenfranchised or gullible people into angry, extremist political subgroups greatly disrupt an already complicated governmental system. If a patient's holds an extremist political view, this can be diagnostic and a therapeutic entry point, whether the Medical Psychologist overtly addresses political views or not.

Fortunately, mental health services can be effective for these people. We have demonstrated positive outcomes on a clinical level, and corresponding neuroplastic changes in the brain associated with more frontal lobe driven maturity and flexibility in adapting and responding to different situations. However, few are actually in treatment, and PDs are often disinclined to seek help because of their denial. This disorder further illustrates there is a great need for increased access to mental health care, with Medical Psychologists, perhaps through the courts and legal system.

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