

are saying. These models have a testable predictive utility that is not often found in post hoc psychodynamic analyses. Transference is treated very lucidly and directly in the context of self-evaluation and capacity to change.

More personally, the relevance of this book to my beliefs and habits made me uneasy. After reading several chapters at a cerebral distance, I realized, "Wait, all this stuff applies to me too, and not flatteringly." In particular, thinking about what it means to stake worth on accomplishments instead of attributes, and to value performance instead of mastery, called into question the hypercompetitive scramble guiding me into and through

our profession. Much of the research, when applied to myself, was downright scary, and led me to wonder deeply who I am, how I construe myself and the world, and what I hope for and suggest to my kids. Had I read this book at other times, especially during medical school, it might have trashed my sense of self. I expected it to be a pure thinking cap, but it was a blasting cap too. I doubt I am alone in this; let the reader beware.

The editors' care and scrutiny are evident throughout this attractive volume. The book is well-organized, well-indexed, and easy to read. It would be of interest to anyone who works in mental health as well as to a broader audience.

flations of science, religion, and politics. For example, many in the ex-gay movement subscribe to a "name and claim theology . . . [meaning that one] may not be completely healed [or heterosexual] now, but by claiming that [one is] healed [that is, calling oneself ex-gay] . . . God will eventually reward that faithfulness and cause the actual healing." In other words, to be ex-gay, one does not have to have a heterosexual arousal system; one only has to pray for one.

The shaky ground on which ex-gay identities are constructed is described in the book's first section, in which Besen details the tragic, personal foibles of prominent ex-gay leaders who either had "homosexual lapses" or publicly went back to being gay. The second section introduces reparative therapists, questioning their character, their psychoanalytic theories, and their cure rates. The third section focuses on religious right organizations and operatives who use homosexuality as a wedge issue for personal and political gain.

Besen persuasively argues that reparative therapists and conservative religious groups use the ex-gay movement to counter growing public acceptance of lesbians and gays. Because this acceptance is based on a belief that homosexuality is "biological"—by which most people mean "immutable"—ex-gays, reparative therapists, and the religious right contend that people are not "born gay"; that homosexuality is a sick "behavior," not an "identity"; and that "homosexuals" can change if they try hard enough. As documented in *Anything But Straight*, this is not just a clinical or religious position; it is also a political argument against lesbian and gay civil rights.

Besen—formerly associate director of communications for the Human Rights Campaign Fund, a non-partisan lobbying group for lesbian and gay civil rights—spent four years monitoring ex-gay ministries. Clearly, he was distressed and angered by what he found. Conse-

Anything But Straight: Unmasking the Scandals and Lies Behind the Ex-Gay Myth

by Wayne R. Besen; New York, Harrington Park Press, 2003, 311 pages, \$19.95 softcover

Jack Drescher, M.D.

Wayne R. Besen's *Anything But Straight: Unmasking the Scandals and Lies Behind the Ex-Gay Myth* chronicles the so-called ex-gay movement's 30-year history. In many ways, this is a story of cultural developments after 1973, when the American Psychiatric Association (APA) stopped classifying homosexuality as a mental disorder in the *Diagnostic and Statistical Manual*.

Before that time, APA meetings routinely featured programs on how to "treat" and "cure" homosexuality. In 1970 and 1971, gay and lesbian activists disrupted those events. The protests led to formal meetings with APA officials as well as deliberations and debates in APA's scientific committees on the question of what constituted a psychiatric illness. In 1973, APA's board of trustees voted

to remove homosexuality from DSM-II.

Those who were opposed to this move petitioned APA to hold a membership referendum to put homosexuality back in. However APA's membership voted to support the removal. After their loss, clinicians who pathologized homosexuality—today referred to as "reparative therapists"—were gradually marginalized from mainstream scientific journals and meetings. However, they found new audiences elsewhere. Their clinical theories meshed with the political agenda of social-conservative groups that opposed normalizing same-sex relationships. What eventually emerged was a faith-healing movement based on biblical values trying to cloak itself with a scientific mantle of respectability—not altogether unsurprising given that the political groups supporting "reparative" therapies also promote and endorse the pseudo-science of "creationism."

Anything But Straight details some of the confusing linguistic con-

Dr. Drescher chairs the American Psychiatric Association's committee on gay, lesbian, and bisexual concerns and is author of *Psychoanalytic Therapy and the Gay Man*.

quently, even sympathetic readers may find the polemical and ad hominem tone a distraction from the book's substantial documentation and thoughtful analyses.

This book is recommended to clinicians who are interested in cultur-

al beliefs about homosexuality as well as the interface between politics and clinical practice. I would also strongly recommend that anyone who is considering a visit to an ex-gay ministry or a sexual conversion therapist read this book first.

temporary issues in psychotherapy with lesbian, gay, and bisexual clients. The book looks at the relationship going on in therapy between the therapist and the client and the complicated issues that occur. In addition, thinking outside the box is evident on many topics, including gender, sexual orientation, subjectivity, and countertransference. The book's value lies in the discussions and critiques of how these and other issues get played out in therapy. Many of the issues are contentious and thus are not settled. Agreements and disagreements are evident.

Psychotherapy With Gay Men and Lesbians: Contemporary Dynamic Approaches

edited by Jack Drescher, Ann D'Ercole, and Erica Schoenberg; New York, Harrington Park Press, 2003, 258 pages, \$24.95 softcover

Ski Hunter, Ph.D.

The chapters in this book, previously published in the *Journal of Gay and Lesbian Psychotherapy*, address practice with lesbian, gay, and bisexual clients. In addition to an introduction by the editors, the book has four sections: "Gay Patient-Gay Therapist," "Erotic Transference/Countertransference," "Gender Identity and Creativity," and "Two Cases of Psychotherapy With People with HIV/AIDS." The contributors include faculty members in universities or institutes, members of editorial boards of journals, and private practitioners. The focal interest of all the contributors is psychotherapy and psychoanalysis.

Key themes of *Psychotherapy With Gay Men and Lesbians: Contemporary Dynamic Approaches* include whether there is a lesbian, gay, and bisexual therapy; whether a therapist's sexual orientation makes for a type of therapist; changing views of categories such as lesbian and gay (what do they really mean in changing cultural contexts?); gender and sexuality (are we passing for a certain gender or sexual orientation?); essentialism and constructionism; postmodernism (for example, subjectivity, such as one's values and attitudes, is part of the therapeutic process); the interpretative subjects of therapist and client; whether the therapist should take the same risks asked of clients,

such as discussing with clients one's emotions and feelings; relational psychotherapy; countertransference; negative transference; erotic transference in same-sex therapeutic dyads; self-disclosure by therapists (for example, sexual orientation and experiencing sexual feelings for clients); and other boundary issues.

This book essentially represents contemporary and developing views of psychoanalysis versus the old or traditional views, which, for example, were moralistic and judgmental of lesbian, gay, and bisexual clients. Other examples include subjectivity (versus objectivity) and transference-countertransference (versus being seen as neurotic). These phenomena are now seen as having a legitimate place in the foreground of therapy. A theme present throughout the chapters is what is happening to the therapist during therapy. Sexual issues are particularly grappled with, such as whether a therapist should disclose his or her sexual reactions to a client. One of the case studies involving a client with AIDS raises another boundary issue in the context of a client who is seriously ill and hospitalized. Should the therapist visit the client? There is also the provocation when working with these clients for a therapist in terms of his or her own mortality, potential future illnesses, and losses. Are these issues to be kept in the background, or disclosed to the client?

The editors' purpose was to have the book's contributors discuss con-

Living Outside Mental Illness: Qualitative Studies of Recovery in Schizophrenia

by Larry Davidson, Ph.D.; New York, New York University Press, 2003, 228 pages, \$34.95

Frederick J. Frese, Ph.D.

The concept of recovery is having greater influence in the mental health field. Recovery is mentioned prominently in the President's New Freedom Commission Report on Mental Illness (1) as well as in numerous recent professional and consumer publications.

Larry Davidson, Ph.D., the author of *Living Outside Mental Illness: Qualitative Studies of Recovery in Schizophrenia*, is an associate professor of psychology in the department of psychiatry at Yale and has a long-time interest in the experiences of persons with schizophrenia. In this his latest book he proposes an emerging model of recovery that draws heavily on the value of the professionals attending to such experiences. He bases his thesis primarily on the work

Dr. Frese is assistant professor of psychology in clinical psychiatry at Northeastern Ohio Universities College of Medicine in Rootstown and serves on the board of directors of the National Alliance for the Mentally Ill.

Dr. Hunter is affiliated with the School of Social Work at the University of Texas at Arlington.