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COVER: In spite of ever-growing audience support for the inclusion of science in the TV line-up, industry executives have been slow to respond. A look at the number and scope of the programs being planned for the not-so-distant future, however, gives evidence that they have gotten the message. See story p. 361. (Illustration by Annie Lunsford)

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LETTERS

Unhelpful help

As a scientist very familiar with the gay community, I was rather pleased by your report (SN: 4/28/79, p. 275) of the recent Masters and Johnson study on homosexuality. Many other accounts of this study in the popular press have failed to note the statistical difficulties, selection bias and professional disagreements which you discussed in detail. These other articles have tended to raise false hopes in the minds of those people who believe that homosexuality is an illness to be "cured." I congratulate you on your reporting.

One aspect which you did not adequately discuss, however, was the observation of many professionals that the best adjusted, most productive gay people tend to be those who have completely accepted their sexuality as it is. I have certainly found this to be the case among my own gay friends and acquaintances. It seems to me that real "help" for "ego-dystonic" homosexuality does not lie in attempting (probably unsuccessfully) to "cure" an individual's sexual orientation. Rather, it lies primarily in helping the person to achieve a more complete self-acceptance and more positive self-image, regardless of her/his position on the Kinsey sexual preference continuum.

Michael J. Montague, Ph.D.
St. Louis, Mo.

The title of your recent article "Homosexuality: Help for those who want it" is misleading. Only in a society that suppresses (does not tolerate) homosexuality is it possible to make a statement like that of Chris Busby, who says, "The hope is that this research will open up more avenues so that homosexuals will be able to get more help in the future." It is in this context that a "subject's lack of cooperation" to get "help" can be explained by the "fear of disclosure of ... [his homosexual] orientation." Also, it is in this framework that "profoundly unhappy" or "ego-dystonic" homosexuals are said to want to change. Thus, "help for those who want it" implies help for homosexuals only if they desire not to be homosexual. In fact, some homosexuals do express a wish to change, to be "converted" or "reversed." More attention should be paid to them as people and to their underlying unhappiness as human beings. Their assertion is founded in a desire not to be oppressed, the very human need to be accepted and free. It is in this society—through its unwillingness to accept homosexuality—that the only way to become accepted and to be supported is made into one thing: not being homosexual. The real way to help homosexuals is to stop oppressing them; stop denying them integrity and dignity as human beings.

James P. Shaeffer
Lexington, Ky.

So, Masters and Johnson have found that homosexuals can "achieve heterosexual behavior" if they want it. Have they found out if heterosexuals can achieve homosexual behavior after two weeks of therapy also? By not addressing this question, the Masters and Johnson report shows cultural bias.

I'm not recommending that we try to convert heterosexuals to homosexuality. Rather I am pointing out that we should devote less energies to altering people's sexuality and more to curing homophobia—both in society in general and in "profoundly unhappy" homosexuals.

James Ricklef
Madison, Wis.

Spinal manipulation?

I would like to commend you on your recent article that did a wonderful job in covering scoliosis (SN: 5/5/79, p. 298). I have just two points I would like to add to it. Assuming the child sees either a pediatrician or family practitioner fairly regularly, I strongly believe it is their responsibility to do a proper scoliosis screening. A parent cannot be expected to have the needed expertise to differentially diagnose a scoliosis. For that matter, I do not think a physical education instructor or a school nurse can do an adequate job either.

The second area I would like to discuss is your list of therapies for scoliosis. You talk about watching the scoliosis, the Milwaukee brace, and surgery including the Harrington rod. Whatever happened to spinal manipulation? Chiropractors and osteopaths in America have been straightening out spinal curves in children for years. Spinal manipulation accomplishes a lot more than just watching the scoliosis grow worse. It is not as socially traumatic as a Milwaukee brace, and besides the social implications, Milwaukee braces frequently damage the temporomandibular, or jaw, joint. Surgery, and major surgery at that, is traumatic and dangerous to the extent that grave complications can and do occur. Surgery is not always successful and usually results in a prolonged recovery period.

Spinal manipulation, on the other hand, is safe, as chiropractors who do spinal manipulation almost exclusively have the lowest malpractice rate of any physician. It is effective. In my office, where I have kept data, three-fourths of the children I have treated have shown either an arrest of the scoliosis or improvement as seen on X-ray.

Dr. Steven Lavitan
Teaneck, N.J.

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