

Partial Retraction: "Homosexuality: An Islamic Perspective"

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Abstract

This article is a partial retraction of M. Basheer Ahmed's "Homosexuality: An Islamic Perspective," DOI: <http://dx.doi.org/10.5915/38-1-6275>, published in the Journal of the Islamic Medical Association of North America in Volume 38 in 2006.

The most important retractions are a repudiation of conversion therapy and acknowledging the possible role of social stigmatization in poorer health outcomes among people who engage in homosexual behavior. Other passages in the article are also retracted.

The author and the editor agree with these retractions.

Key words: Homosexuality; Islam; Role of Physicians

Gay Conversion Therapy

In the original article, referencing a conference presentation by Robert Spitzer, I wrote:

Recently, psychiatrists from Columbia University in New York have reported success in treating homosexuals who show a strong commitment to change their sexual orientation.

Later in the article, I wrote:

In addition, for patients who want to change their homosexual feelings, a clinician must learn and have experience in

aversion therapy and other therapeutic modalities to change the homosexual feelings to heterosexual feelings.

Gay conversion therapy, also known as reparative therapy, purports to change sexual orientation. Now it seems that there has been no demonstration that this therapy is effective, and the results are often harmful to the welfare of the patient, especially from those modalities which employ aversive treatments.¹ Robert Spitzer, whom I cited, has repudiated this therapy.^{2,3} Furthermore, this therapy with minors is now illegal in some jurisdictions in the United States.^{4,5} The 2009 Report of the American Psychological Association Task Force on Appropriate Responses to Sexual Orientation collects various studies confirming the limitations and possible negative consequences of conversion therapy, as well as related issues.⁶

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Negative Mental Health Outcomes Associated with Homosexual Behavior

I wrote: "People who are engaged in homosexual behavior are at an increased risk of mental health problems and suicidal behavior ..." I then listed 8 such problems, citing studies from 1999. I made this assertion without mentioning the possibility that the cause of the increased risk may be society's stigmatization, not the behavior itself. In pages 16-17 of the APA Task Force report, the authors discuss the impact of stigma on members of stigmatized groups in the form of minority stress.

Some authors propose that lesbians, gay men, and bisexual men and women improve their mental health and functioning through a process of positive coping, termed stigma competence (David & Knight, 2008). In this model, it is proposed that through actions such as personal acceptance of one's [lesbian, gay, bisexual (LGB)] identity and reduction of internalized stigma, an individual develops a greater ability to cope with stigma (cf. Crawford, Allison, Zamboni, & Soto, 2002; D'Augelli, 1994). For instance, Herek and Garnets (2007) proposed that collective identity (often termed social identity) mitigates the impact of minority stress above and beyond the effects of individual actors such as coping skills, optimism, and resiliency. Individuals with a strong sense of positive collective identity integrate their group affiliation into their core self-concept and have community resources for responding to stigma (Balsam & Mohr, 2007; Crawford et al., 2002; Levitt et al., 2009). In support of this hypothesis, Balsam and Mohr (2007) found that collective identity, community participation, and identity confusion predicted coping with

sexual stigma.⁶

So while a LGB patient may be at increased risk for negative mental health outcomes, the appropriate intervention from the psychiatrist may be family interventions to promote reconciliation, helping the patient accept his or her LGB identity and introducing the patient to community resources to develop a positive collective identity.

Other Statements without Scientific Support

In the original article, I wrote the following statements for which there is no scientific support. The following statements came in the subsection "Causes of Homosexuality – Environmental and Cultural Influence."

Young students under the influence of a homosexual teacher may fall into this category [of sexually exploited young men.]

The finding that homosexuals more frequently reported homosexual sex with teachers suggest that homosexuality can be acquired by sexual interactions with other sexually-active homosexuals.

The feminist movement also indirectly promoted lesbian behavior because it essentially dismisses men for sexual, social and emotional needs. The movement also negates any psychological or sex linked differences. The sexual identity conflict may be expressed in lesbian behavior.

I retract these statements.

Editorial Retraction

The author and the editor agree with these retractions.

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