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Book Review


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Paul Schulte, the author of the book, *Paths to Recovery for Gay and Bisexual Drug Addicts* has extensive experience in working with gay and bisexual men. His work began in 2005 while a student at West Coast University’s drug and alcohol counseling program. Since then, he has worked with several gay, bisexual, and straight men who are recovering from drug and alcohol addiction. His work has spanned 3 continents. Throughout, Paul Schulte, helps the reader understand the complexities, difficult and subhuman experiences often encountered by gay and bisexual men – all of which further complicate their self-image, decisions, and ability to heal. Some of the topics and issues discussed may be ones some mental health and helping professionals are aware of; yet, others may not. For this reason and due to the comprehensive description of the multiple layers of hurt and pain gay and bisexual men sometimes encounter as part of their recovery, the book presented has much to offer professionals counseling, treating, or serving this group of individuals.

Paul Schulte initially shares information about his background and upbringing, some of which includes being a part of a family that lived and dealt with alcoholism and losses sometimes associated with it (i.e., loss of a loved one). He goes onto state that the book is about “long-term effects of substance abuse” some of which includes, loss, grief, and challenges amidst the process of addiction. Furthermore, the book is divided into three sections. Section I is entitled, *The Alienated and Divided Self of the Gay and Bisexual Man*. Section II is *Bio-Psycho-Social Recovery for Gay and Bisexual Men* while the third section addresses, *The Controversies and Contradictories in Recovery*. Within each section are two to four chapters that discuss each of these topics in further detail.

Chapter 1 introduces four losses of gay men within the context of alcoholism, namely, family, perception, dignity, and connection. The chapter begins by clearly depicting the face of addiction and the ways it affects families as a family disease, not only impacting the individual. Thus, treatment and recovery of the family may be essential to the healing process. For example, because children and family members learn patterns for modeling and relating to oneself and others through the cycle of addiction, some children of alcoholics begin at a young age with their use of substance abuse and with the practice and integration of “addicted family functioning”. Examples of addicted family functioning include children of an alcoholic who strive hard to “be a good girl or a good boy” and to not upset the addicted family member or parent (pp. 3-4). Some children learn about and practice the “secrecy” or the hidden side of addiction and carry these relational patterns with them throughout their lives. Gay and bisexual boys sometimes learn to conceal their identity from the alcoholic parent in an attempt to prevent the parent from raging or ridiculing...
them. Further, many develop the ability to approach life from a distorted perception of self, others, and the world around them. The possibilities of how people, young and old, are affected by the cycle of addiction are numerous and not all necessarily the same. Chapter 1 is important because it provides a rich understanding of alcoholism and addiction as it relates to gay and bisexual men. In this chapter, mental health and allied helping professionals are afforded the opportunity to learn about addiction and how addiction specifically affects gay and bisexual men. Content provided helps professionals see the complexity of addiction, identity, and perception as these three are related and interrelated as a part of the addiction process.

Chapter 2 discusses the phenomenon of poly-drug use among gay and bisexual men. The chapter provides insight and research to help substantiate the increase in crystal methamphetamine (CMA) and poly-drug use and their association with HIV infection, including research conducted among men who were HIV-negative and men who were HIV-positive. Furthermore, the chapter begins to explore and discuss some of the issues and realities encountered by gay and bisexual men living with addiction such as the prospect of figuring out how to “find themselves” and to profess their identity while coping with difficult feelings such as “shame, guilt, and low self-esteem” (p. 15). Some individuals are challenged in finding and being true to themselves due to personal experiences with loss and rejection from “family, society, religious groups, and community” (p. 15) and fear of discrimination or job loss should employers find out about this population’s personal identity or status. Compounding the difficult social situation is notion that many men have or live with a number of different physical and/or mental health issues (i.e., Depression, Anxiety, PTSD, Bipolar Disorder, Diabetes, Polysubstance Addiction, Hepatitis C, HIV), and some these may not be known or diagnosed (i.e., PTSD, Bi-Polar Disorder).

Chapter 3 provides a more in-depth exploration of some of the feelings of conflict and betrayal experienced by gay and bisexual men, and by the loved ones involved with them. Some of these conflicts surface when a bisexual man who is in a relationship with another man has a partner who learns that his other half is a woman or a wife. Similarly, women experience betrayal and conflict when they learn that their husband/partner is in a relationship with another man. The conflict is heightened by the reality that the bisexual man feels that no matter who he tells about his “plight” he is in a precarious situation; one which is described as that of “a double agent”, potentially causing additional stress, confusion, anxiety, and alienation. In this chapter, bisexual men are encouraged to come to terms with their feelings and identity the same as someone who is gay or lesbian so that a more constructive approach to living can be achieved rather than continue being a part of a vicious cycle of shame, doubt, guilt, or remorse aided by the extensive use of drugs or alcohol. Nearing the conclusion of the chapter, readers are exposed to recommendations. Two of these recommendations pertain to breaking secrecy and shame. Breaking the secrecy of being gay or bisexual is discussed as an important part of healing, and open dialogue is the way out of secrecy and isolation. Shame is a second area mentioned that is important to address. The example given is shame in relation to a particular religious belief or paradigm. Addressing shame as it relates to one’s identity and religious/spiritual beliefs may be beneficial given that organized religion is an important part of many gay and bisexual men’s lives (p. 65) Professionals working with this population may find some of these recommendations helpful to better understand and work with this group of people as a part of their professional practice.

The concluding chapter of section 1, Chapter 4, addresses sexual abuse particularly child abuse experienced among this group of individuals, and the importance of helping them work through the abuse. Helping people work through child abuse is essential to combating a distorted perception of sex and sexual intimacy, self-perception, and the view of the world around them.
The recovery process for some may include therapy pertaining to sexual abuse and ways to help themselves adjust and adapt following such an experience. Professionals unfamiliar with the statistics of sexual abuse and related events may find it helpful to learn that about 27% of gay men report being sexually abused as a child. Research also supports the occurrence of trauma and PTSD. Thus, additional supports may be needed when assisting people in this population.

Section 2 is composed of chapters 5 – 7 and focuses more on bio-psycho-social recovery aspects. Chapter 5 begins with content about veterans and their experiences related to trauma, PTSD, and substance abuse. Some connections or parallels are drawn to the experiences of gay and bisexual men. The nexus being the presence of trauma (i.e., albeit from sexual abuse, childhood abuse, taunting, rather than warfare), PTSD, and substance use. Clinicians working with gay and bisexual men in the military may find the 2018 Veteran’s Choice Program bill of interest. This program allows veterans to get their medical bills paid at non VA facilities. At the time this book was written, this bill was not in effect. Further, gay and bisexual men are enlisted in the service and may be experiencing trauma from two directions (i.e., military, being a gay or bisexual man). Clinicians can help people determine which part of their lives is most gravely affected by trauma or how one aspect is compounding the other. Next in this chapter is a section on creating a mythology, which is an approach to separating oneself from the pain one is experiencing. Later in the chapter, readers are exposed to additional ideas for healing such as working with a professional to process, understand and mourn the past, losses, and hurtful and unjust experiences. One suggestion was to create a safe space where people can gather, heal, and help others while they help themselves, similar in ideology to the 12-step recovery programs. The main idea is that people heal, recover, and become whole as they work on their own personal hurt or trauma while they are working with others who are also trying to live life from a recovery approach. Forgiveness of self and others was an essential component of healing and recovery. Another therapeutic suggestion was to employ strategies to change one’s adult behavior by conducting oneself in ways that are imperative for young children, such as, learning to recognize dangerous situations, avoid abusive people, ending abusive/harmful relationships, and asking for help.

Chapter 6 addresses the psychological aspects of coming to terms with who one is and the decisions that one must make if they are going to admit to themselves and others that they are gay or bisexual. Gay and bisexual men who conceal their feelings may become detached and alienated from their true selves. For this reason, it is important that people be aware of the “costs” associated with resisting that change and that they are educated about some strategies to help initiate the change. Content covered in this chapter is aimed at helping people become psychologically ready to embrace who they are and decide on the strategies they will use to accept their emerging identity.

Chapter 7 covers the important topics of finding meaning during hurt and difficult life experiences, hope, resilience, forgiveness, and being of service to others. Victor Frankl’s, *Man’s Search for Meaning*, is referenced throughout this chapter. The reader is reminded that it is how we handle and interpret our lived experiences (i.e., death, loss, rejection, and discrimination) more than the situation itself that is of importance. The world is filled with hurt, sorrow, evil, and malice, but despite the less attractive parts of life, people have a choice in how they will live, seek meaning, and strive to be of service to others. The end of the chapter discusses 12 strategies to help people “walk through hell” (pp. 128-131). These 12 strategies are derived from the works of Victor Frankl and William James, a well-renowned psychologist known for his ability to be resilient. James, similar to Frankl, has experienced with loss as he lived with “melancholy and depression” and lost his sister to mental illness and a brother to alcoholism (p. 120).
Section 3, The Controversies and Contradictions in Recovery, is comprised of relatively short chapters 8 and 9. Chapter 8 raises the question of which came first: substance abuse or the fear of rejection? People who understand substance use and recovery concepts recognize that many people who use and abuse substances are emotionally sensitive individuals who feel many of their experiences, particularly rejection, and live with a number of unresolved fears. A part of recovery is learning to look within and understand these fears, that they may be addressed, and from the perspective of this book, often from a spiritual framework (i.e., AA, NA); thus, reducing the need to drink or use drugs. Content is provided that explains three types of disorders observed among addicts: the loner, the dramatic individual, and the co-dependent or Al-Anon Candidate (pp. 139-148). Each of these disorders or “clusters” are explained in detail.

Chapter 9 is about reflection and recapping some of the obstacles encountered by gay and bi-sexual men; many of these concerns are stated as issues still unknown by heterosexual men. More specifically, the chapter opens with statistics pertaining to issues and concerns of gay and bisexual men (i.e., unemployment, discrimination, decreases in health care, addiction rates, and suicide rates). Some of these statistics illustrate the high percentage of gay and bisexual men who report housing and employment discrimination based on their sexual orientation. Similarly, gay and bisexual men are reported as having higher addiction rates and suicide attempts than the general population. Such statistics inform us that there is still much work to be done to help and support this group of individuals.

Professionals wanting to better understand substance use in conjunction with being a gay or bisexual man are encouraged to read this book. Overall, the book is informative, and the content provided is very thorough and covers a vast amount of information that many professionals may not have learned or considered. Thus, both novice and master professionals may find this book helpful in learning about the personal issues and struggles experienced by this group of individuals. I mention this because the book gives the reader insight into the mind, life, and personal experiences of gay and bisexual men in addition to discussing drug and alcohol addiction and recovery approaches professionals may use as a part of counseling gay and bisexual men healing from addiction. Furthermore, the book provides much research in chapters 2 – 5 about substance use and abuse as it relates to gay and bisexual men. Intermixed throughout the book are men’s stories and case studies to help illustrate the information provided – all of which was very helpful.

One story that illustrates the power of addiction followed by the path of recovery and restoration is the story of Michael (see Chapter 2). Michael’s story helps the reader understand the decimation that accompanies addiction and how substance abuse can cause a person to reach “rock bottom” followed by reaching out for help, admitting oneself to a treatment center, and participating in counseling and 12-step programs. Concluding the story is a brief description about how Michael’s life changed and improved once he stopped using, enlisted help, and pursued a life of recovery. Michael’s story is only one example but it can remind professionals of the transformative power people sometimes experience when they cease their substance use and commit themselves to a life of healing and restoration.

Content not covered that would be of value includes bio-psycho-social diagrams or models of how gay and bisexual men living with addiction come to terms with and accept who they are as a person. While information about recovery and bio-psycho-social concepts were discussed, some professionals reading this book may find it helpful to also understand the sexuality identity acceptance process briefly mentioned as a part of this book. Second, more information or strategies on what professionals can do to create a safe place for the discussion of the topics mentioned in the book would have been helpful, particularly given the reality of differing professional
experience and exposure to this population. A third area of importance would be that of employment, employment-related barriers, and potential strategies professionals might consider when working with gay and bisexual men seeking employment. I mention this because Chapter 9 makes reference to employment discrimination and job termination problems based solely on a man’s sexual identity; yet, it does not give professionals information or resources they could use as a part of their work with this group of individuals. Future editions of this book could be enhanced if a chapter or two were added pertaining to employment needs, barriers, and strategies clinicians could employ to help gay and bisexual men overcome them.