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P. Schulte (2015). Paths to Recovery for Gay and Bisexual Drug Addicts: Healing Weary Hearts. Lanham, MD: Rowman & Littlefield. ISBN: 978-1-4422-4998-1, 178 pp. (review)

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2 **Book Review**
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5 *Hearts*. Lanham, MD: Rowman & Littlefield. ISBN 978-1-4422-4998-1, 178 pp.

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

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

34 Chapter 1 introduces four losses of gay men within the context of alcoholism, namely,
35 family, perception, dignity, and connection. The chapter begins by clearly depicting the face of
36 addiction and the ways it affects families as a family disease, not only impacting the individual.
37 Thus, treatment and recovery of the family may be essential to the healing process. For example,
38 because children and family members learn patterns for modeling and relating to oneself and others
39 through the cycle of addiction, some children of alcoholics begin at a young age with their use of
40 substance abuse and with the practice and integration of “addicted family functioning”. Examples
41 of addicted family functioning include children of an alcoholic who strive hard to “be a good girl
42 or a good boy” and to not upset the addicted family member or parent (pp. 3-4). Some children
43 learn about and practice the “secrecy” or the hidden side of addiction and carry these relational
44 patterns with them throughout their lives. Gay and bisexual boys sometimes learn to conceal their
45 identity from the alcoholic parent in an attempt to prevent the parent from raging or ridiculing

46 **them.** Further, many develop the ability to approach life from a distorted perception of self, others,
47 and the world around them. The possibilities of how people, young and old, are affected by the
48 cycle of addiction are numerous and not all necessarily the same. **Chapter 1 is important because**
49 **it provides a rich understanding of alcoholism and addiction as it relates to gay and bisexual men.**
50 **In this chapter, mental health and allied helping professionals are afforded the opportunity to learn**
51 **about addiction and how addiction specifically affects gay and bisexual men. Content provided**
52 **helps professionals see the complexity of addiction, identity, and perception as these three are**
53 **related and interrelated as a part of the addiction process.**

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

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

88 The concluding chapter of section 1, Chapter 4, addresses sexual abuse particularly child
89 abuse experienced among this group of individuals, and the importance of helping them work
90 through the abuse. Helping people work through child abuse is essential to combating a distorted
91 perception of sex and sexual intimacy, self-perception, and the view of the world around them.

92 The recovery process for some may include therapy pertaining to sexual abuse and ways to help
93 themselves adjust and adapt following such an experience. Professionals unfamiliar with the
94 statistics of sexual abuse and related events may find it helpful to learn that about 27% of gay men
95 report being sexually abused as a child. Research also supports the occurrence of trauma and
96 PTSD. Thus, additional supports may be needed when assisting people in this population.

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

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

126 Chapter 7 covers the important topics of finding meaning during hurt and difficult life
127 experiences, hope, resilience, forgiveness, and being of service to others. Victor Frankl’s, *Man’s*
128 *Search for Meaning*, is referenced throughout this chapter. The reader is reminded that it is how
129 we handle and interpret our lived experiences (i.e., death, loss, rejection, and discrimination) more
130 than the situation itself that is of importance. The world is filled with hurt, sorrow, evil, and malice,
131 but despite the less attractive parts of life, people have a choice in how they will live, seek meaning,
132 and strive to be of service to others. The end of the chapter discusses 12 strategies to help people
133 “walk through hell” (pp. 128-131). These 12 strategies are derived from the works of Victor Frankl
134 and William James, a well-renowned psychologist known for his ability to be resilient. James,
135 similar to Frankl, has experienced with loss as he lived with “melancholy and depression” and lost
136 his sister to mental illness and a brother to alcoholism (p. 120).

137 Section 3, *The Controversies and Contradictions in Recovery*, is comprised of relatively
138 short chapters 8 and 9. Chapter 8 raises the question of which came first: substance abuse or the
139 fear of rejection? People who understand substance use and recovery concepts recognize that many
140 people who use and abuse substances are **emotionally** sensitive individuals who feel many of their
141 experiences, particularly rejection, and live with a number of unresolved fears. A part of recovery
142 is learning to look within and understand these fears, that they may be addressed, and from the
143 perspective of this book, often from a spiritual framework (i.e., AA, NA); thus, reducing the need
144 to drink or use drugs. Content is provided that explains three types of disorders observed among
145 addicts: the loner, the dramatic individual, and the co-dependent or Al-Anon Candidate (pp. 139-
146 148). Each of these disorders or “clusters” are explained in detail.

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

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

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

176 Content not covered that would be of value includes bio-psycho-social diagrams or models
177 of how gay and bisexual men living with addiction come to terms with and accept who they are as
178 a person. While information about recovery and bio-psycho-social concepts were discussed, some
179 professionals reading this book may find it helpful to also understand the sexuality identity
180 acceptance process **briefly mentioned as a part of this book**. Second, more information or strategies
181 on what professionals can do to create a safe place for the discussion of the topics mentioned in
182 the book would have been helpful, particularly given the reality of differing professional

183 experience and exposure to this population. A third area of importance would be that of
184 employment, employment-related barriers, and potential strategies professionals might consider
185 when working with gay and bisexual men seeking employment. I mention this because Chapter 9
186 makes reference to employment discrimination and job termination problems based solely on a
187 man's sexual identity; yet, it does not give professionals information or resources they could use
188 as a part of their work with this group of individuals. Future editions of this book could be
189 enhanced if a chapter or two were added pertaining to employment needs, barriers, and strategies
190 clinicians could employ to help gay and bisexual men overcome them.