

NARTH BULLETIN

No. 4

Vol. 12, No.

National Association for Research and Therapy of Homosexuality (N.A.R.T.H.)

December 2003

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Spitzer Study Just Published: Evidence Found for Effectiveness of Reorientation Therapy

By Roy Waller and Linda A. Nicolosi

The results of a study conducted by Dr. Robert L. Spitzer have just been published in the *Archives of Sexual Behavior*, Vol. 32, No. 5, October 2003, pp. 403-417.

Spitzer's findings challenge the widely-held assumption that a homosexual orientation is "who one is" — an intrinsic part of a person's identity that can never be changed.

The study has attracted particularly attention because its author, a prominent psychiatrist, is viewed as a historic champion of gay activism. Spitzer played a pivotal role in removing homosexuality from the psychiatric manual of mental disorders.

Testing the hypothesis that a predominantly homosexual orientation will, in some individuals, respond to therapy were some 200 respondents of both genders (143 males, 57 females) who reported changes from homosexual to heterosexual orientation lasting 5 years or more. The study's structured telephone interviews assessed a number of aspects same-sex attraction, with the year prior to the interview used as the comparative base.

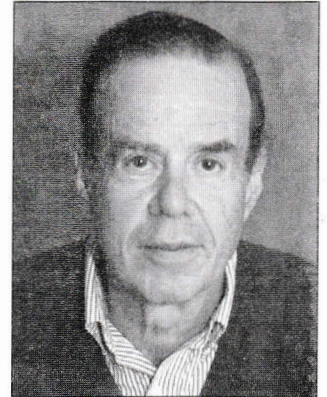
In order to be accepted into the 16-month study, the 247 original responders had to meet two criteria. First, they had to have had a predominantly homosexual attraction for many years, including the year before starting therapy (at least 60 on a scale of sexual attraction, with 0 as exclusively heterosexual and 100 exclusively homosexual). Second, after therapy they had to have experienced a change of no less than 10 points, lasting at least 5 years, toward the heterosexual end of the scale of sexual attraction.

Although examples of "complete" change in orientation were not common, the majority of participants did report change from a predominantly or exclusively homosexual orientation before therapy, to a predominantly or exclusively heterosexual orientation in the previous year as a result of reparative therapy.

These results would seem to contradict the position statements of the major mental health organizations in the United States, which claim there is no scientific basis for believing psychotherapy effective in addressing same-sex attraction. Yet Spitzer reports evidence of change in both sexes, although female participants reported significantly more change than did male participants.

The statistical and demographic details of the respondents include the following:

- The study did not seek a random or necessarily representative sample of therapy clients; the subjects chosen were volunteers.
- Average ages: men, 42, women, 44.
- Marital status at time of interview: 76% men were married as were 47% of the female respon-



Dr. Robert L. Spitzer

continued

dents. 21% of the males and 18% of the females were married before beginning therapy.

- 84% resided in the United States, the remaining 16% lived in Europe.
- 97% were of a Christian background, 3% were Jewish, with 93% of all participants stating that religion was either "extremely" or "very" important in their lives.
- 19% of the participants were mental health professionals or directors of ex-gay ministries.
- 41% reported that they had, at some time prior to the therapy, been "openly gay." Over a third of the participants (males 37%, females 35%) reported that at one time, they had had seriously contemplated suicide due to dissatisfaction with their unwanted attractions.

Employing a 45-minute telephone interview of 114 closed end questions, each requiring either a yes/no answer or calling for a scaled rating of between 1 and 10, Spitzer's study focused on the following areas: sexual attraction, sexual self-identification, severity of discomfort with homosexual feelings, frequency of gay sexual activity, frequency of desiring a same-sex romantic relationship, frequency of daydreaming of or desiring homosexual activity, percentage of masturbation episodes featuring homosexual fantasies, percentage of such episodes with heterosexual fantasizing, and frequency of exposure to homosexually-oriented pornographic materials.

In addition, participants were asked to respond to a series of possible reasons for desiring change from homosexual orientation to heterosexuality, as well as being asked to assess their marital relationships.

Some of the findings of the Spitzer study, particularly regarding motivations for change, included:

- The majority of respondents (85% male, 70% female) did not find a homosexual lifestyle to be emotionally satisfying. 79% of both genders said homosexuality conflicted with their religious beliefs, with 67% of men and 35% of women stating that gay life was an obstacle to their desires either to marry or remain married.
- Although all of the participants had been sexually attracted to members of the same sex, a certain percentage (males 13%, females 4%) had never actually experienced consensual homosexual sex. More of the male respondents (34%) than females (2%) had engaged in homosexual sex with more than 50 differ-

ent partners during their lifetime.

Dr. Spitzer said the data collected showed that, following therapy, many of the participants experienced a marked increase in both the frequency and satisfaction of heterosexual activity, while those in marital relationships noted more emotional fulfillment between their spouses and themselves.

As for completely reorienting from homosexual to heterosexual, most respondents indicated that they still occasionally struggled with unwanted attractions—in fact, only 11% of the men and 37% of the women reported complete change. Nevertheless this study, Spitzer concludes, "clearly goes beyond anecdotal information and provides evidence that reparative therapy is sometimes successful."

Spitzer acknowledges the difficulty of assessing how many gay men and women in the general population would actually desire reparative therapy if they knew of its availability; many people, he notes, are evidently content with a gay identity and have no desire to change.

Is reorientation therapy harmful? For the participants in our study, Spitzer notes, there was no evidence of harm. "To the contrary," he says, "they reported that it was helpful in a variety of ways beyond changing sexual orientation itself." And because his study found considerable benefit and no harm, Spitzer said, the American Psychiatric Association should stop applying a double standard in its discouragement of reorientation therapy, while it actively encourages gay-affirmative therapy to confirm and solidify a gay identity.

Furthermore, Spitzer wrote in his conclusion, "mental health professionals should stop moving in the direction of banning therapy that has, as a goal, a change in sexual orientation. Many patients, provided with informed consent about the possibility that they will be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions."

Is reorientation therapy chosen only by clients who are driven by guilt—what is popularly known as "homophobia"? To the contrary, Spitzer concludes. Rather, he asserts, "the ability to make such a choice should be considered fundamental to client autonomy and self-determination." ■

THE NARTH BULLETIN

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The *NARTH Bulletin* is published three times yearly by the National Association of Research and Therapy of Homosexuality, a non-profit educational association. For information contact NARTH



"Victory on the Bow of a Ship"