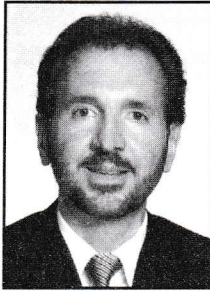


A Note From The President

The Conference Papers from our 2005 conference are available for purchase on our web site. Included in this 190-page document is an article by Dr. Jeffrey Satinover titled, "The Trojan Couch: How the Mental Health Guilds Allow Medical Diagnostics, Scientific Research and Jurisprudence to be Subverted in Lockstep with the Political Aims of their Gay Sub-Components."



*Joseph Nicolosi,
Ph.D.*

ual orientation based upon misinformation and outright inaccurate use of studies.

As Dr. Satinover observes: "The APA and others have so often repeated ... falsehoods that the public and even the Supreme Court now take for granted that science has demonstrated that homosexuality is a perfectly normal variant of human sexuality if it is fixed early in life and does not change: that it is a matter of 'orientation' or 'identity.'"

In this stunning indictment, Dr. Satinover carefully documents how gay activist organizations have misquoted and misused studies to promote their political agenda in our courts. Satinover shows how judges are issuing rulings on public policy issues involving sex-

Dr. Satinover's critique shows how compromised the mental health field is to political correctness. Don't miss this excellent study.

Clinical/Therapeutic

Important New Survey Of Psychologists' Attitudes On Homosexuality

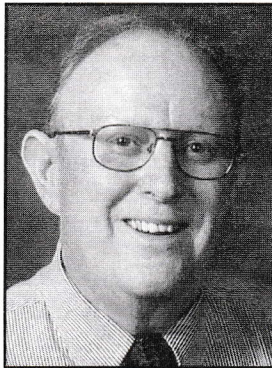
By Edward ("Ned") Stringham, Ph.D.

In late 2005, *Psychotherapy: Theory, Research, Practice and Training*, published a survey of 437 APA psychologists. They were asked a series of fifteen closed-ended questions about their perspectives of homosexuality, gay-affirmative therapy, and "aversive" treatments for homosexuality.

This survey was similar to one that was administered to 139 APA psychologists ten years earlier (Jordan & Deluty, 1995).

A comparison of the two studies' results provides vital information for NARTH members who hope to influence the mental health profession to become more accepting of NARTH's positions including the right to provide reparative therapy to those with unwanted Same-Sex Attractions (SSA).

The study's authors give evidence that their research design is sound. The survey was mailed to 1,000 ran-



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domly selected psychologists (500 male and 500 female) with the authors reporting a robust return rate of 43.7%. A review of the respondents indicates no significant demographic differences from the general sample. The respondents were 54.2% female and 45.8% male with 88.6% being heterosexual, 6.6% homosexual, 3.9% bisexual and 0.9% unknown. Chi-square analyses were used to determine statistical significance although no specific statistical analyses are provided.

With the best research (e.g. Laumann et al., 1994) only reporting about 2% of the population being homosexual, this sample has a higher percentage of gay and bisexual respondents than the American public, even if it is indeed representative of APA psychologists. Therefore, on some issues it appears likely that the opinions of those in the organization will differ significantly from the viewpoints of the mainstream of the American population.

(Continued on page 4)

Conclusions Of Kilgore, et al. (2005)

The authors reached four conclusions about trends in psychologists' opinions. First, "There has been an increase in the number of psychologists with a gay-affirmative view and approach with gay-lesbian-bisexual (GLB) clients." Whereas in 1995 (Jordan & Deluty) 83.3% of those surveyed viewed homosexuality as either "acceptable" or "somewhat acceptable," that number climbed to 95% in 2005. **Similarly, those holding the perspective that homosexuality was either "unacceptable" or "not as acceptable as a heterosexual lifestyle" fell from 14.4% to 4%** in the same ten-year period. Perhaps even more telling was this figure — *58% of those surveyed by Kilgore et al. (2005) described their approach as "gay-affirmative" compared to only 5% of the participants in a 1991 survey of 1,481 psychologists by Garnets, et al.*

Second, the authors contend that "There has been a decrease in the number of psychologists viewing homosexuality and bisexuality as psychopathological." Jordan and Deluty's (1995) results showed that 17.9% of psychologists viewed homosexuality as either a psychosexual disorder or as a personality disorder. By contrast, only 6% of those surveyed by Kilgore et al. (2005) characterized it in either of those ways or as "a mental disorder." *Furthermore, those stating that homosexuality was "not a disorder at all" climbed from 25.9% in 1995 to 81% in 2005.*

The third conclusion is that, "There is a relationship between formal education or training in gay-affirmative therapy (GAT) based on sexual orientation, gender and age." Most noteworthy was the statistic that 32% of those in the 30-39 age range had been given GAT training whereas only 9% of the professionals

between the ages of 60-69 had received it.

Surprising Gender Difference

Fourth, "More female than male psychologists display gay-affirmative therapeutic approaches-attitudes toward GLB issues." Gender differences in GAT endorsement or usage were not mentioned by Jordan and Deluty (1995), but Kilgore et al., (2005) provide evidence that the gender variable more frequently distinguished opinions about homosexuality than any other variable examined in the study. For example, 67% of females utilize GAT while 88% endorse its use. The corresponding figures for male professionals were 47% who utilize and 67% who endorse. Even more telling is the difference in support for "aversive" therapies for homosexuality with only 1% of the women endorsing while 7% of the men do so.

The authors give many revealing comments in this article. First, they view the pro-gay shift in psychologists' opinions as very positive, although they allude to the presence of NARTH as a troublesome indicator that the professional community has not yet achieved consensus. Second, they attribute the greater propensity of females to adopt pro-gay attitudes to males' heightened vulnerability to "internalized homophobia." No references, however, are cited to support this claim about men.

Third, reparative therapy is labeled as an "aversive" approach, i.e., one that presumably involves controversial methods such as pain infliction.

Fourth, the authors include two recommendations for doctoral psychology programs. They advocate the continued "development and implementation of curriculum for GAT" and that its future expansion include an affirmative approach for clients who are transgendered.

What Do These Results Mean For NARTH?

This study's results are not good news for NARTH, although they need not be as troubling as they might first appear. There clearly has been an opinion shift within the ranks of the APA membership. Fewer of our colleagues are likely to endorse or even be sympathetic toward NARTH's positions about the treatability of SSA or the undesirability of homosexual practice.

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Therefore, we can expect that further efforts might be made within APA to marginalize both NARTH and those who support our viewpoints.

It should be remembered, however, that Kilgore's (2005) sample was not representative of all mental health professionals, or even of all psychologists, but only of those who belong to the APA. Indeed, several relatively new organizations for counseling professionals have attracted members from the ranks of those who are disillusioned with the decline of scientific objectivity and with the rise of a narrow, leftist political agenda. Wright and Cummings' (2005) brilliant work provides strong evidence of a pervasive, intentional bias within the APA. It only seems reasonable to conclude that an atmosphere that chills discussion and dissent would tend to drive out those who do not subscribe to the party line.

We Must Not Watch Silently

Nevertheless, NARTH can not afford to watch silently as our fellow professionals, lacking any balance in the perspectives they hear, drift under the influence of our opponents. Professional organizations carry sizeable weight over decisions affecting research funding, foundation allocations and university appointments, not to mention legislation. Therefore, despite the enormous obstacles we face, we can not and we need not concede defeat in the APA.

Neither can we rest complacently on assurances of support from the general public. As former APA president Robert Perloff stated in his November, 2004 address to NARTH, the clearest interpretation of recent results at the ballot box is that the American populace strongly sympathizes with NARTH's views. This is certainly heartening news. It is important to remember, however, that Dr. Perloff was primarily alluding to the strong affirmation by citizens of Defense of Marriage Act initiatives designed to prohibit legal recognition of same-sex unions.

In another domain, however, there has been a different set of outcomes. Currently, 17 states and 84 municipalities have enacted or passed anti-discrimination employment legislation based on sexual orientation. Recent additions to this group include the state of Maine, where voters confirmed the decision of their

elected assemblies, and the city of Indianapolis, an urban center nestled in the heart of one of the "red states," which now has one of the nation's most stringent gay rights employment statutes. In total, 49% of the American population now lives in a jurisdiction covered by one of these laws. These legislative trends probably reflect shifts in public opinion documented by Sears & Osten (2003) such as the gradual decline in the percentage of people who view homosexuality as undesirable.

The Kilgore et al., (2005) study is a clarion call for NARTH to take action on multiple fronts. While NARTH's existence continues to be a cogent reminder of an alternative perspective of sexual orientation issues, there is a compelling need to increase awareness of the legitimacy of NARTH's work and its positions among the APA membership, the scientific community at large and the general public.

Classification As An 'Aversive' Approach

It is important to correct distortions about the nature of reparative therapy. Upon reading Dr. Joseph Nicolosi's (1991) work on the subject, one might possibly classify reparative therapy in a variety of ways: developmental, interpersonal, cognitive, psychodynamic or even as family systems. However, there are no allusions either in Nicolosi or in any other work describing this approach to any aversive techniques such as pain infliction. Reparative treatment simply is *not* an aversive approach, it never has been, and those who call it such are likely writing from perspectives distorted by stereotyping and stigmatization rather than being informed by careful study and refined by scientific scrutiny.

In the opinion of this author, it will also be critical for NARTH to develop a strategic plan to inform and educate both our fellow professionals and the general public about defining issues such as the psychological correlates of homosexual behavior, scientific evidence about the origins of homosexuality, and the effectiveness of various approaches to reorientation. Indeed, to some extent NARTH has already done this, for example, through its publications. In addition, several within the organization have also been making noteworthy, independent efforts. How much more effective might this work be if it was developed and implement-

mented corporately? It is this author's intent to propose such a plan in the next issue of the *NARTH Bulletin*.

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Latest Research On Gays, Bisexuals, And Transgenders In Substance Abuse Programs

By James E. Phelan, LCSW, CADAC, Psy.D.

Previous studies looking at correlations between sexual orientation and substance abuse had been criticized largely because of sampling issues. The samples in earlier studies were mainly drawn in places where lesbian, gay, bisexual, and transgender (LGBT) individuals congregated socially (namely, gay bars).

This article reviews the latest findings in: Cochran, B. N. & Cauce, A. M. [March, 2006]. "Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment," *Journal of Substance Abuse Treatment*, 30, 135-146.)

Previous criticisms were that these samples overestimated the prevalence of substance abuse problems and pathology within the LGBT community. However, the present study, supported in part by a grant from the National Institute of Drug Abuse, gathered its sample outside of social arenas. The researchers compared substance abuse problems, psy-

chopathology, and medical service utilization of both heterosexuals and non-heterosexuals in a sample size of over 17,000. Both groups were studied on matched criteria, that being that they had to be over 18 years of age and entered into a state-approved chemical treatment program. Therefore, the researchers claim that their study provides a more representative sample of both groups when investigating their substance abuse characteristics.

The findings of the study showed that openly LGBT individuals enter treatment with more severe substance abuse problems, greater psychopathology, and greater medical service utilization when compared to heterosexual clients.

As it related to substance abuse issues, the findings showed that while heterosexuals are more likely to endorse alcohol as a primary drug of abuse, LGBTs steered toward harder substances such as metham-