The President's Message

Science And Ethicality

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In the 70's, I was a newly minted psychologist and a university-trained social scientist, working in metropolitan Washington, D. C. I managed both a clinical practice as well as academic appointments.

For reasons not clear to me, a substantial minority of my patients were men who were unhappy with their homosexual attraction. About half of these men were married. They professed love for their wives and families, and had considered becoming involved with other men, but had decided they wanted help in diminishing homosexual attractions and increasing their heterosexual potential.

The other half of this group were single men in their mid-thirties, but were equally as unhappy with their homosexual attraction. They had lived the "lifestyle" and had found little joy. Their presenting complaint was "homosexuality is not working for me. Can you help me explore my options?"

Though gay activism was beginning to emerge within the national mental-health organizations, it was still permissible to treat those individuals whose homosexuality was "ego-dystonic." Translated, this simply means that if homosexuality was distressful to the individual, he/she had the right to receive psychological care.

But even in the 70's, many mental-health professionals were wary of gay activism and the politics of intimidation, and they exercised extreme care in any kind of advertisement about professional services to help this population. I was one of those professionals, a typical psychologist who avoided any unpleasantness. I simply provided psychological care consistent with the requests of my patients.

Therapeutic Outcomes

This patient group was not a homogenous group, and in this respect they were similar to other patient groups: some were more motivated than others, and some worked harder than others. However, the therapeutic outcomes were similar to other groups. Many individuals were able to eliminate or significantly diminish their unwanted homosexual attraction.

Others made substantial improvement, and were slightly bothered or not bothered at all by such attraction. A significant majority of these men reported improved health, virtually no depression (depression was often a co-morbid condition for these men) and seemed overall, much happier.

My reputation for working with this population spread by word of mouth, and soon I found myself on the national scene. Like psychiatrist Robert L. Spitzer, many of my colleagues had bought into the activist notion that homosexuality was innate and immutable and that, though individuals could suppress this behavior, the core features of homosexual orientation would remain unchanged. This myth was pervasive in the national organizations and perpetuated by activist groups within these organizations. Though there were dissenters, they were silenced by threats and tactics of intimidation. The science began to erode, and ethicality was essentially ignored.

Science -- Not Activism

NARTH has changed all of that. As a group of scientists and professional practitioners, NARTH's members can be found in every national and state mental-health organization. Our message is very simple: science must be re-instituted as the ultimate priority if the mental-health profession is to survive. We can no longer allow activism masqueraded as science to go uncritically examined; neither can we allow the rights of patients and professionals to be trampled by activists. Individuals have a right to psychological care for unwanted homosexual attractions, and professionals have a right to provide that care. Patient autonomy, patient self-determination and real diversity (defined as openness to different worldviews) must remain the cornerstones of the mental-health professions.

After years of the perpetuating the notion of biological determinism, the American Psychological Association (APA) recently admitted there is no consensus among scientists about the etiology of homosexuality, and that many scientists think that both nature and nurture play complex roles. (This is a statement that could be made about almost any challenge for which we provide psychological care.) More importantly, APA has made its position on psychological care for this population (or any other population) perfectly clear:

"Mental health organizations call on their members to respect a person's [client's] right to self-determination."

APA is beginning to realize that neither the public nor its members will continue to tolerate position statements and resolutions that have no basis in science. Such destructive trends in mental health cause harm both to individuals and to the profession. Groups are beginning to emerge within the national organizations which decry such activism -- revolutionary groups who are demanding change. The messages from these revolutionary groups are clear: the truth does matter, and we will no longer tolerate political correctness determining our science and our practice.

The universal deceit around the science and therapy of homosexuality is beginning to lose its hold. NARTH and its supporters are making significant strides as we join with others to insure that good science and good practice will prevail---even though to some, this may indeed seem revolutionary. But as George Orwell so beautifully expressed:

"In a time of universal deceit, telling the truth is a revolutionary act." ■