

# NARTH BULLETIN

## Annual Conference in Los Angeles Disrupted

**F**or the first time since NARTH's inception in 1992, a NARTH Annual Conference was disrupted by gay activists.

Several days before the beginning of the event, scheduled for October 23-24 at the Beverly Hilton, hotel officials warned NARTH that protesters were expected, and extra security would be required. Word had gotten out about the conference through gay websites on the internet, and through a local radio program that encouraged activists to disrupt the meeting. The Hilton said it received calls from dozens of gay activists condemning them for hosting the conference.

Just one day before the meeting, the Beverly Hilton abruptly informed NARTH and the Claremont Institute—co-sponsor of the event—that they were cancelling the agreement. "They just simply dropped us," said NARTH Executive Director Joseph Nicolosi. "We had a signed contract. They had cashed our \$5,000 down payment. Here it was, the day before the event and we had no place to go. You can imagine the monumental task we had to find a hotel that would accept nearly 150 people for a two-day, catered-lunch conference, with substantial security requirements and only 24 hours' notice."

Approximately 150 attendees were registered for the event, many from out of state, and one who had flown in from from Germany. NARTH and the Claremont Institute were faced with the daunting task of attempting to

contact the scattered registrants without, also, tipping off gay activists about the new location.

"We went to the Biltmore Hotel in Los Angeles and told them the story," Dr. Nicolosi said, "and they very graciously agreed to accept us on one day's notice and to provide the necessary security measures."

### City Council Condemns "Intolerance and Prejudice in the Guise of Scientific Theory"

On the first day of the hastily rearranged conference, the Los Angeles City Council held a news conference to condemn the meeting, saying it sent a message of "fear and prejudice."

The Council said, "It is essential that the city express its position that it **opposes intolerance and prejudice in the guise of scientific theory** that is the subject of this conference...forums such as this conference...only serve to perpetuate fear and intolerance...The City Council express[es] its condemnation of the conference, 'Making Sense of Homosexuality,'...and reaffirm[s] its commitment to promoting a diverse city which promotes the values of mutual respect, appreciation and understanding...Council also CON-DEMNS the Claremont Institute

and URGE[s] the Institute that in the future, it not be involved in sponsoring activities of this type, which promote divisiveness in our society."

Joe Hicks, executive director of the Los Angeles Human Rights Commission, told the *Los Angeles Times* (October 24, p. B1) that the NARTH meeting "contributes to an atmosphere that allows...hate crimes to take place...We must all stand up in condemnation."

The Council said it is considering punishing the Biltmore for accepting the NARTH conference, by cancelling future events the City had planned to stage there.

### Hilton Denies Signing a Contract

The Beverly Hilton—the hotel which had originally held the contract for the event—told the *Times* through Marcia Neuberger, a hotel spokesman, that NARTH had never had a contract with the hotel, and that the hotel had never accepted a deposit. (A few days later, the Hilton nevertheless sent NARTH a \$5,000 refund check.)

One strong local ally jumped in the fray to defend NARTH. The local *Daily News* called the City Council a "board of censorship" which threatened the First Amendment rights of its citizens. In an editorial, "L.A.'s Thought Police," the *News* said, "The Council and other critics of the event tried to link without any evidence the conference with violence

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## HOW GROUPS WORK: Coming out of a gay identity, and becoming one of the guys

by Richard Rupp, M.Div., MFCC

*Richard Rupp is a Marriage and Family therapist in private practice in Pasadena, Ca., who specializes in men's issues. He leads two men's groups and is a frequent speaker at men's conferences. He also teaches on Psychotherapy with Men as an adjunct professor at Fuller Graduate School of Psychology in Pasadena.*



*Richard Rupp, MFCC*

I first became interested in gender-identity development and masculine sexuality eight years ago, at the beginning of the men's movement. At the same time, I began work with my first self-identified gay male patient. What immediately struck me about this patient was not so much his own self-image, but how his previous therapist had perceived him. Our views of this patient were so different, that I actually wondered if we were really seeing the same person.

### Different Therapist, Different View

When this man confided in his previous therapist that he had homosexual feelings, she had interpreted that he was "gay," and encouraged him to leave his wife of 24 years in order to find his *real* self and *real* happiness with a gay partner. When I saw this man, I had a very different impression. With the divorce from his wife then pending, he was deeply depressed. He told me that he missed his wife tremendously, and that he had never wanted to leave her. As I took his history, I saw a man whose masculine identity development had been so derailed as a child, that it was not surprising to me that he had homoerotic feelings.

Born to a borderline mother that would dress him up in dresses, he further suffered when his father died when he was four, and the only male left in his life was an uncle, who often told him that he should have been born a girl. Being sexually molested by a neighbor, a teacher, and a relative made the derailment of his masculine development complete.

While talking through these specific experiences and relationships, it became clear to him that he hadn't just been "born gay," as other people and his past therapist had suggested. He began to see that his masculine identity was seriously injured, and that he *needed* and really *wanted* help to heal his masculine self, instead of being reinforced in the belief that he was "gay."

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## THE NARTH BULLETIN

Editors: JOSEPH NICOLSI, PH.D. and LINDA AMES NICOLSI

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*"Victory on the Bow of a Ship"*

# Interview with Jerry Armelli

*Jerry A. Armelli, M.Ed., is director of an ex-gay and AIDS counseling group called Prodigal Ministries which he founded in Cincinnati, Ohio, twelve years ago. He and his wife Mia also operate a dance studio for children. Jerry is a NARTH member and has made numerous radio and television appearances, sharing his conviction that homosexuality can be overcome.*

Joe: Jerry, thanks very much for offering to tell us your story.

But before we begin with that, tell me what you think about the "Gays Can Change" advertising campaign. There's been so much of an uproar about it.

Jerry: The message in those ads had a very personal meaning to me. The ads said that change is possible—change in sexual feelings, and change in sexual identity. Gay advocates said this was a hate campaign. But it was not a message of hate. It was a message of life.

Joe: What did the message mean to you?

Jerry: In my own life, it gave me a wife and a child. They are the joy of my life, and they brought about a reconciliation with my family, and lots of other great things.

Joe: Were you truly homosexual?

Jerry: I was homosexual through and through, and then someone said I could change. Was this "hateful" toward me? I was depressed, I was suicidal; I thought, is this all I've got, this gay life? Is this my only option? It was death-inducing. So, the message that *change is possible* is not "hate speech" to me.

Joe: So tell us: why do you think you had a homosexual problem? Where did this come from?

Jerry: Well, I can go back to one of my earliest memories of my developing gender identity. I was probably seven or eight years old and I remember being in the basement of my home, and on this basement wall was an enormous bulletin board. On it were plaques, ribbons, trophies and team pictures of my three older brothers and my father. All of my older brothers were very athletic, and my father was a football coach and also very involved in wrestling and things like that.

So here I was, looking up at this bulletin board and saying,

"I can't do it. I don't know how. I don't want to. I'm not interested. I'm afraid. I'm not like that." So I was judging myself in comparison to them, and I said to myself, "I just can't."



*Mia, Jerry, and baby Corin Joy Armelli*

I remember a year or two after that, when I was maybe nine or ten, I was sitting on my bed in my bedroom. I remember sitting Indian style, and I was crying. I remember praying a prayer to God, "God, change me into a girl. It seems as though I have everything it takes to be a girl and nothing to be a boy. Please change me to a girl."

Well, I woke up the next morning and I was still a boy, so I figured God wanted me to be a boy, but still, that didn't make me *feel* like I was a boy.

Joe: Did you have what they call the classic triadic relationship-critical, distant father, over-involved, close mother?

Jerry: You know in actuality, it's kind of funny...my father was more affectionate than my mother was.

Joe: Were you afraid of your father? Were you intimidated by him?

Jerry: You know, I almost want to say the problem had more to do with my brothers.

Joe: That's an interesting point. Tell me about it.

Jerry: My brothers had a very intimidating effect on me. Even though they didn't usually tease me or actually mock me, but I would get looks at me that said I was less than them. It was like, "You're a jerk."

Joe: Contemptuous looks?

Jerry: Right. "You fool, get your act together!" "You're an ass, come into line!" You know? But mostly, I just became intimidated by it. I was just more social than them. I was friendly and relational. I was a peacemaker. I was sensitive in my feelings and less competitive and aggressive, and

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*NARTH President Charles W. Socarides, M.D. at the podium.*



Photo by Wild Don Lewis, 1998 all rights reserved.

*The second day of the NARTH Conference at the Regency Biltmore Hotel, Los Angeles*



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*Conference panelists (left to right) California Senator Raymond Haynes, Dr. Joseph Nicolosi, and NARTH Vice President Benjamin Kaufman, M.D., chairman of the panel.*



*Presenter Gregory Dickson, Ph.D.*



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*Joseph Nicolosi, Ph.D.*



*Ejected from the hotel, protesters move to the street with signs such as "Bigotry is a Mental Disease" and "NARTH – National Association of Repression, Tyranny and Hatred."*

## Fear and Loathing in L.A.

*On certain questions, apparently, tolerance is a one-way street.*

by Hadley Arkes

*The following article is reprinted with permission of The Wall Street Journal, copyright 1998, Dow Jones and Company, Inc., all rights reserved. The author, Hadley Arkes, was a speaker at the October 24th conference sponsored by NARTH and the Claremont Institute.*

The scene was a hotel in Los Angeles last month, the occasion a conference on homosexuality and the law sponsored by the Claremont Institute and the National Association for Research and Therapy of homosexuality. The meeting brought together political philosophers interested in making arguments about natural rights and a group of psychiatrists reviewing, in a critical way, the claim that there is a genetic basis for homosexuality. It was not a meeting designed to rouse a mass audience, with epithets and incendiary proclamations. But it set off passions quite out of scale—and it revealed the kinds of assaults that do not seem to count, or register, in the current state of our public life.

The City Council in Los Angeles actually passed a resolution to condemn the meeting. For those who may be visiting from another planet, let me put it another way: The civil authorities in a major city declared it to be an offense to their civil order that a group of Americans would assemble to consider some of the moral and medical arguments that weigh against homosexuality and the politics of gay rights. A moral tradition running back to Athens (yes, Athens) and Jerusalem was now pronounced as nothing less than unspeakable in Los Angeles. Without hearing any of the arguments, the council caricatured the discussions as nothing less than an exercise in “defamation and demonization.”

But the resolution in the council was among the milder incivilities. The hotel received a flow of menacing calls, along with threats of death aimed at the organizers of the conference. The consequence was that the Beverly Hilton Hotel caved in and canceled its contract to hold the meeting. In the end, the institute managed to find a fine alternative setting at the Biltmore Hotel—along with a management that showed exemplary nerve. For the threats mounted, becoming ever more ferocious and audible, in the streets and in the halls, as the opening drew nearer.

### **Savage Rhetoric**

A crowd with placards began to pound on cars entering the garage and accosting people entering the hotel. In an attempt to disrupt the meeting, three activists stood out-

side the door of the meeting room, screaming charges: The people inside the hall were murderers of gays; or they and their kind were responsible for the murder of Matthew Shepard (the young gay man killed in Wyoming); or they were the moral equivalent of the Ku Klux Klan.

The themes were bizarre but no longer novel; Savage, slanderous rhetoric of this sort had become a staple in the commentary and the demonstrations that molded the story of Matthew Shepard. In that story line, anyone who had expressed reservations about the homosexual life was accused of complicity in murder.

A friend of mine at Princeton, Prof. Robert George, received a letter with a nasty edge from a former student asking why he and his political friends, so critical of homosexuality, would not condemn the killing of Matthew Shepard. Mr. George responds sharply: there had been prominent cases recently of teenagers, in Delaware and New Jersey, giving birth to babies and throwing them in Dumpsters. Yet the proliferers did not demand that Ted Kennedy, Christie Whitman and other defenders of abortion denounce those killings. The proliferers assumed that Mr. Kennedy and the partisans of abortion would never defend the killing of a child at birth. They were willing, that is, to give their opponents the courtesy of a presumption in favor of their decency.

But that is a courtesy that the partisans of gay rights have not shown the slightest inclination to extend to the people on the other side. In recent weeks, Frank Rich and other columnists have spun out columns vibrant with a hatred of the Family Research Council and evangelical Christians, who have run ads on television pointing up gays who have “converted.” But those ads were put forth in a spirit of civil appeal; they cast no reproach, and sought to inspire no contempt. Anyone familiar with these Christian groups knows that they begin with a respect for persons, even persons they think are making grave mistakes. And even if they regard the homosexual life as sinful, they do not think it warrants aggression—much less lethal assaults—on gays and lesbians.

In truth, the campaigns of aggression and calumny are launched persistently from the other side. But when Catholics gather civilly across the street from Terrence McNally’s “Corpus Christi” in New York—when they say the rosary and carry signs protesting against blasphemy—they are labeled as aggressors and tagged for the dark crime of censorship.

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## Bitter Irony

This want of evenhandedness makes little impression on the media, and there is no outrage over the facts revealed again in Los Angeles: that the gay activists are seeking, overtly, to repress their opposition--to silence anyone who would call into question the homosexual life. For what took place in L.A. took place at a similar conference, at Georgetown University, in June of last year--as it will take place in any city with a "gay presence" in politics.

And that lends a bitter irony to all the recent talk about a federal law on "hate crimes." These laws may appear neutral, but they are tilted toward certain favored groups. In the speech codes on the campuses, people can be punished for uttering epithets against gays and lesbians. But there has been no symmetry in protecting the people who are vilified as "homophobes." Why shouldn't a new bill on hate crimes cover the attempts to intimidate, with threats of death, people who are merely trying to exercise their freedom to discuss the rights and wrongs of homosexuality--or anything else?

In fact, why would an application of this kind not be a plausible next step in the movement to extend the laws on

racketeering? Of late, the courts have stretched the Racketeer Influenced and Corrupt Organizations Act to cover the "intimidations" generated by pro-life groups as they stage demonstrations and sound their views. To reach these groups, the courts have detached the notion of "extortion" from the attempt to extract financial benefits.

But how can the RICO laws be turned on people praying and standing outside of abortion clinics and not be applied to gay activists who orchestrate threats of violence and seek to intimidate others in the exercise of one of the most elementary rights: the right to deliberate in public about the substance of the laws.

Of course, we enter onto tricky ground whenever we bring in the restraints of the law to deal with private repressions of speech. And rather than enter on that path, it may be better altogether if the pundits in this cultural debate--so eager to preach tolerance to the benighted--would show a willingness to cast reproaches on the thuggery, on the ugly acts of intimidation, that come from the side they happen to favor.

*Dr. Arkes is a professor of jurisprudence at Amherst College.*

## Journal Articles Support the Reparative-Therapy Treatment Option

Two recent journal articles by Mark Yarhouse of Regent University in Virginia make a strong case for the ethics of reparative-type therapies as a treatment option. The first appeared in *Psychotherapy* (vol. 35, Summer 1998, no. 2, pp. 234-259), and is entitled "When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the 'Right to Choose' Debate."

The second appeared in *The American Journal of Family Therapy*, 26:321-330, 1998, and is entitled, "When Families Present with Concerns about an Adolescent's Experience of Same-Sex Attraction."

In the *Psychotherapy* article, Dr. Yarhouse affirms the ethicality of conversion-type therapies. "Psychologists have an ethical responsibility to allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction or modifying same-sex behaviors," he says, "not only because it affirms the clients' right to dignity, autonomy and agency, as persons presumed capable of freely choosing among treatment modalities and behavior, but also because it demonstrates regard for diversity."

### When the Therapist Overrides the Client's Convictions

He discusses the gay-advocacy position that the only acceptable treatment is gay-affirmative therapy. Gay-affir-

mative therapy holds that a client's unwillingness to accept his homosexuality is inevitably the result of internalized homophobia, and thus is a belief which is not freely chosen; therefore, clients are said *not to have the right* to choose sexual-reorientation treatment. In rebuttal, Dr. Yarhouse cites Ethical Standard 1:09 of the A.P.A., 1992, p. 1601, that psychologists are to be "aware of cultural, individual, and role differences, including those due to...religion." He says that when psychologists "override the values" of their clients, they are assuming that sexual diversity is to be respected, but religious diversity is of lesser value. Some therapists, he says, actually encourage their homosexual clients to *abandon* their religious tradition in favor of a generalized "spirituality."

Dr. Yarhouse says that in working with homosexual clients, a more sophisticated consent-to-treat form is required, and he suggests particular subjects which that consent form should cover.

### The Critique: "No One Ever Changes"

Critics of reparative-type therapies cite the lack of clear evidence that such therapy is effective. But "the dearth of controlled outcome studies...does not disprove the success of treatment," Dr. Yarhouse notes. He criticizes those researchers who insist that an ex-gay man who still struggles with occasional temptations is not, in fact, changed. "Continued struggles with same-sex arousal may be *expected* residual effects from years of homosexual fantasy

## Who Says Developmental Theories Have Been Discredited?

### Psychologist Responds to Newsweek Article

NARTH member Mitchell Harris wrote the following letter-to-the-editor of NEWSWEEK:

I wish to offer some comments on your article, "Can Gays 'Convert'?" (August 17, 1998). I am a clinical psychologist in private practice in Chino, California and a member of N.A.R.T.H.



Mitchell E. Harris, Ph.D.

You make a reference to Exodus International "touting...a discredited theory of childhood development." I have some questions here. To what theory specifically do you refer? By what means and by whom has it been discredited?

To my knowledge, **no theory of child development** relevant to homosexuality has been formally discredited. I can only assume that when you say it has been discredited, you mean that it has been eschewed by gay advocates and their allies in the mental-health professional associations *based solely on their personal beliefs*. This is not how we discredit theories in science.

You quote Gregory Herek as stating that "therapy to change sexual orientation...doesn't have any scientific basis." This is a half-truth at best. Practitioners of reparative therapy, and the faith-based groups such as Exodus International and Desert Stream Ministries, have had more than enough successes to justify a clinically based belief in both the theory and the efficacy of treatment.

Moreover, it is equally true that the belief that *homosexuality is not a disorder* rests upon no scientific basis whatsoever. This is a conveniently ignored fact. Homosexuality was removed from the list of psychiatric disorders at an American Psychiatric Association Annual Convention in response to extremely aggressive lobbying by gay activists. The psychiatrists couldn't handle the accusation of bigotry; their courage failed them. Their emotions overrode their intellects. A very famous psychiatrist rose in opposition to point out that voting is not a scientific method. In other words, science is not supposed to be informed by social movements.

You note that "last year the American Psychological Association officially declared reparative therapy to be scientifically ineffective and possibly harmful."

This is utter nonsense. The American Psychological Association cannot declare reparative therapy to be scien-

tifically ineffective. The American Psychological Association refuses to support scientific scrutiny of reparative therapy (and this because of its value-based adherence to a particular ideology). NARTH has tried to get APA to support scientific study, but APA won't budge. APA will

only create grants to study homophobia, which is basically a made-up term which attributes bigotry and/or psychopathology to those who have the temerity to share a different (i.e., traditional) value system.

As for reparative therapy being "possibly harmful," this is just an extrapolation based upon a premise which is not only unproven (i.e., that homosexuality is not a disorder), but which neither of the two APA's will explore. In law, this is referred to as an irrebuttable presumption.

You, also, note that "both Nicolosi and Exodus stress that the process isn't for everybody. People who are gay and happy won't find it useful." Let's put things in perspective. This same statement applies universally, across the board, to any and all conditions that might lead anyone to seek psychotherapy. Of course, happy people don't seek therapy. However, "happy people" can include include *all kinds of folks* with personality disorders, as well as alcoholics, pedophiles, rapists, etc. I do not seek to disparage homosexuals by this comparison, but only to point out that *the absence of pain* is never proof of well-being.

Finally, you refer to individuals who have gone through secular or spiritual "conversion" processes and relapsed. It should be remembered that relapses are universal across diagnostic categories. By itself, a relapse neither proves the ineffectiveness of a particular treatment, nor the misclassification of the behavior in question as a disorder.

The bottom line, in my opinion, is that the mental health field is predominantly populated by people with a liberal political/social orientation. Their position regarding homosexuality is as much a reflection of their personal (i.e., non-scientific) value system as is the position of some of the more conservative therapists who support reparative therapy.

When gay advocates say that homosexuality is "demonized" simply because of the personal values of some people, they are not being completely honest. Of course values are involved. The only questions that remain are:

- (1) **Whose values will dominate the public debate? and**
- (2) **Will we be honest enough to investigate our value-based decisions intellectually and empirically?**

Sincerely,

Mitchell E. Harris, Ph.D.

### Article Appears on Sexual-Reorientation Therapy: ACA Prohibits Re-publication

An in-depth article on sexual-reorientation treatment ethics appeared in the January 1998 issue (vol. 42) of *Counseling and Values*, a journal of the American Counseling Association (ACA). The article, entitled "Counselor Bias in Working with Gay Men and Lesbians," was written by Steven Donaldson, M.A., a Portland, Oregon-based counselor who works with homosexuals seeking to change their orientation.

NARTH asked permission of the A.C.A. to reprint that article in the *Bulletin*, and it was initially granted. However, shortly afterward we received a follow-up letter from ACA's Michael Comlish which rescinded that permission.

The letter said in part: "It is against ACA's code of ethics to allow you to reprint the Donaldson article for your purposes. ACA does not allow discrimination based on sexual orientation. Despite the fact that your organization may try to change *behavior*, it is the accepted standard of the counseling and psychology professions that attempting to reprogram sexual *orientation* is not possible, and in fact damaging to individuals. There is an abundance of evidence to support this, as well as guidelines stating that **even the process of changing behavior** is inappropriate.

"The philosophy of your organization encourages those who want to 'change' their sexuality to suppress their true identities, and sends a very unfortunate message toward those you are content with their sexual orientation. Your practice also inadvertently sanctions political and societal prejudice. Therefore, counselors attempting to practice the 'reorientation' of gay men and lesbians are not in compliance with the professional standards for counselors."

In denying NARTH permission to reprint the article, Mr. Comlish further said that NARTH's use of the article would "misrepresent" the ACA's position, and stated that the outside field editor who originally accepted Mr. Donaldson's article was no longer employed by their organization.

"Counselor Bias in Working with Gay Men and Lesbians," the article by Mr. Donaldson, was critical of the reverse discrimination commonly directed at religious clients whose values prohibit a homosexual lifestyle. The belief that homosexuality is desirable is not an "objective" or "scientific" point of view, Mr. Donaldson said, but a philosophy. "The question is not, do we have bias? but, to which bias do we ascribe?...Is it the mental health counselor's place to undermine the religious belief system of the client?" Bias cannot be avoided, he said, but therapists must be aware of their biases and capable of dis-

cussing both sides of the issue with the client.

Mr. Donaldson also wrote a letter-to-the-editor which appeared in the August 1998 issue of *Counseling Today*. It says in part:

Recently the ACA Governing Council passed several resolutions submitted by the ACA Human Rights Committee that essentially established an official philosophical position of the ACA on homosexuality. In this view, homosexuality is promoted as a natural and healthy alternative to heterosexuality, and thus homosexual marriage is encouraged, and reparative or conversion therapies are condemned. Most shocking is, first, the gross intolerance of opposing views, and second, lack of scientific integrity.

In a tolerant society, it is essential to tolerate views different from one's own, as opposed to cohering everyone to accept the same view. Some members of ACA view homosexuality as a normal and healthy alternative to heterosexuality. Underlying this view are the assumptions that homosexuality is inborn and unchangeable. *It is important to note that science cannot support these assumptions.* This does not mean they are wrong, just that they cannot be supported scientifically. In other words, it is philosophical speculation...It is deeply disconcerting to me that one group's philosophic position can become the official position of ACA, and be imposed on the other members when neither view can be substantiated scientifically.

...There are two consequences of the passage of these resolutions that I believe are detrimental to ACA. One is that we immediately alienate all counselors and clients that hold an opposing view... Second, we degrade our scientific integrity by becoming a political organization...Let us live up to our stated values of tolerance of diversity, including diversity of opinion, and scientific integrity.

### Foes Denounce Conference on Homosexuality

*(Excerpt of a syndicated column by Don Feder, November 3, 1998)*

"You killed Matthew Shepard," a woman shrieked at me as I walked into a Claremont Institute conference in Los Angeles a week ago. The emotion contorting her face did not approximate compassion.

The conference--"Making Sense of Homosexuality," cosponsored by the National Association for Research and Therapy of Homosexuality (NARTH)--was unanimously condemned



*Steven Donaldson, M.A.*



by the L.A. City Council, picketed by rabid protesters, who invaded its forum at the Biltmore Hotel, and driven from its original venue at the Beverly Hilton.

...The conference was indeed a fearsome affair. Speakers included three MDs, five Ph.D.s, lawyers, legislators, a member of the California advisory panel to the U.S. Civil Rights Commission, and me.

Another "dangerous demagogue" heard from was Eleanor Durham, a Seattle attorney and mother of a second-grader, who explained how activists got a "gay-affirming" curriculum into the city's schools.

...The left is determined to squeeze the last ounce of advantage out of the tragic murder of Shepard. "The constant degrading of homosexuals in exacting a toll in blood," Jonathan Alter writes in *Newsweek*.

...If the city council and hysterical demonstrators are right (and my hands are bloodstained), how could I have saved Matthew Shepard? By abandoning deeply held beliefs? By rejecting objective evidence, and denying reality? By engaging in self-censorship?

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### NARTH Brochure to be Translated into Russian and German

Seeking to promote accurate information on homosexuality, the German Institute for Youth and Society has asked (and been granted) permission to translate NARTH's brochure describing the "Three Myths about Homosexuality" into Russian and German. A representative of the Institute will be distributing our literature in both of those languages, as well as English, at the World Council of Churches Conference in Zimbabwe in December.

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### More on "Gay Gene" Research

"Any human behavior is going to be the result of **complex intermingling of genetics and environment**. It would be astonishing if it were not true for homosexuality."

—Dennis McFadden, University of Texas neuroscientist, whose research found that the inner ears of some lesbians respond differently to sounds than do the ears of heterosexual women (as reported in *The Charlotte Observer*, "Scientists Challenge Notion that Homosexuality's a Matter of Choice," 8-9-98).

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### Teachers Dressed in Drag: Schools Unable to Set Standards Other than "Tolerance"

"The push for gay rights in schools is strong and growing. Gay propaganda is prevalent, and some counties employ openly homosexual school guidance counselors. State laws protecting sexual orientation have fostered the entrance of transsexuals into schools.

"David Neilson, a staff member at Southwest High School in Minneapolis, began coming to work last year dressed as a woman and calling himself 'Debra Davis.' Teachers were informed by the District's Human Resources Department that 'he has the right to do this according to the law.' He also insisted on his 'right' to use the women's bathroom. Those who are uncomfortable with the situation have been invited to apply for positions elsewhere.

"Wayne Wilhelmi decided to wear a dress to his school job in Red Bluff, California. Principal Joe Pelaconi says they must be 'neutral' to this issue and accept Mr. Wilhelmi as a woman. The school is providing a psychologist for students with 'questions.' "

—*Washington Watch*, "School: A Drag or in Drag?" Vol. 9, no. 10, p. 3

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### The Transgendered Demand Equality

An article in *Time* magazine (7-20-98) describes the growing political empowerment of the people who feel like members of the opposite sex—the transgendered—"the newest group to demand equality."

"Even Teletubbies, a show for toddlers, features Tinky Winky, a boy who carries a red patent-leather purse," *Time* reported. "In the early 1990's, transgenders starting forming political groups, mostly street-level organizations, which picketed the American Psychiatric Association, for instance, for using the gender-identity diagnosis...One state, Minnesota, has a law protecting transgenders from job and housing discrimination [and] cities all over the country have passed similar legislation."

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### A Steady Gay Relationship Increases Promiscuity?

One of Germany's leading sexologists, the university lecturer Dr. Martin Dannecker (himself a gay man), completed a study of 900 male homosexuals living in a "steady" relationship. Of those men, 83% said they had had frequent homosexual contacts outside of their primary relationship during the past 12 months.

Dr. Dannecker commented: "In this context, we must point out the clear differences in the manner of sexual gratification that exists between homosexual men living in a steady relationship, and those who do not...Of those who were in a steady relationship at the time of the survey, the average number of homosexual contacts per person was 115 in the past year...homosexual men *without* a steady relationship, on the other hand, only had an average of about 45 homosexual contacts."

—Martin Dannecker (1991). *Der Homosexuelle Mann im Zeichen von AIDS*. Hamburg, Germany: Klein Verlag.

## NARTH Helps "Make the Bridge"

A member wrote us as follows:

"Thank you for the opportunity to work with NARTH as a referral therapist.

"I was a practicing pediatrician for almost seven years when I became interested in psychiatry. I completed a psychiatry residency at the Karl Menninger School of Psychiatry in Topeka, Kansas and a child and adolescent psychiatry residency at the same institution. I am very familiar with child, adolescent and adult development as a result of extensive training in pediatrics and psychiatry.

"I became aware of NARTH via an article in a psychiatric newspaper several years ago. Until that time I could not reconcile the mainstream view of homosexuality with my faith and upbringing. I was extremely pleased to find a professional organization that knowledgeably makes that bridge.

"NARTH provides a tremendously valuable service to a large population mostly neglected by mainstream mental health professions."

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### The Irving Bieber Memorial Library

NARTH is planning a library and we want your support! Our plan is to create a permanent archive at the NARTH offices where researchers and students alike will have access to a centralized source of information on the causes and treatment of homosexuality. Please send us any out-of-print or current books, papers or monographs to help start our collection.

Your contribution will be tax deductible; please consult your accountant. Send your donated items to:

### The Irving Bieber Memorial Library Fund

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### Gay Medical Association Grows

Membership in the Gay and Lesbian Medical Association is now "booming," with about 2,000 medical personnel on the rolls. Founded in 1981, its membership has quintupled and, according to its leadership, that is only the beginning. "We have grown enormously and are now on the cusp of a whole other level of influence," said executive director Ben Schatz.

Among the group's more recent policy imperatives is an attack on psychotherapists who treat gender-identity disorders in children, "using aversion therapy and other techniques" to alter the behavior of effeminate boys, or of girls exhibiting tomboy traits.

"Children are being submitted to medical abuse, pure and simple, and it has to stop," said Dr. Horberg.

(*American Medical News*, October 19, 1998, pgs. 37-38)

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### Study Subjects Solicited

A study attempting to document damage purported to be caused by sexual-reorientation therapy is being conducted by Drs. Ariel Shidlo and Michael Schroeder of New York City.

The intentions of the study are not entirely clear. Dr. Shidlo claims to be open to documenting all experiences--positive and negative. But ads for the study posted in gay and lesbian publications read, "Help us document the damage of homophobic therapies."

NARTH strongly encourages individuals who have experienced positive changes from sexual-reorientation therapy to contact Dr. Shidlo in order to provide a balanced perspective.

Contact information:

Telephone —

E-mail —


Address —

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Visit our Homepage  
[www.narth.com](http://www.narth.com)

# NARTH

National Association for  
Research and Therapy of Homosexuality



Welcome to the National Association for  
Research and Therapy of Homosexuality  
(NARTH) - a non-profit, educational  
organization dedicated to research, therapy  
and prevention of homosexuality.

NARTH, founded in 1991, is composed of  
psychoanalysts, psychoanalytically-informed  
psychologists, certified social workers, and  
other behavioral scientists, as well as laymen  
in fields such as law, religion, and education.

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## A Mother's Letter to NARTH

A NARTH member recently wrote us a letter describing her efforts to understand her gay son, as well as the family dynamics that might have contributed to his sexual identity. Seeking to also be aware of the gay-affirming side of the issue, she has been attending the monthly meetings of P-FLAG (Parents and Friends of Lesbians and Gays), an organization which affirms homosexuality. These meetings are held at a local mainline Protestant church.

### Ex-Gay Ministries Offer Truth and Hope

She reports: "There is no comparison to the support and nurture given to gay men and women and their families in the *Exodus*-related [ex-gay] support groups and seminars... when contrasted to the dead-end hopelessness of the P-FLAG meetings. I have attended the Exodus support group in my city for the past eight years, as a parent of a 30-year-old son who told my husband and me that he was gay thirteen years ago, when he turned seventeen. We were devastated. Our marriage became dysfunctional. My husband and I were prominent in our community, and this contributed to our total inability to deal with this revelation for five years."

She continues, "As Christians, we took our son to a Christian psychiatrist in our city when he first told us. Tragically, the psychiatrist was totally unsympathetic to the NARTH position and gave our son and us *no* hope for change. We were told we would have to accept the homosexual condition as "God's second best." We did not learn of Exodus until 1990, and we learned of NARTH in 1992.

"We have now learned from the NARTH and Exodus materials and programs about some of the root causes of homosexuality and our possible parts as parents in creating the family dynamics that set up our son for gender confusion. Our family system was the classic detached, emotionally absent father and over-involved mother enmeshed with the children. We are trying to change these dynamics through counseling and use of NARTH and Exodus materials.

"We are, also, learning to express our love for our son and his partners and gay friends unconditionally, while not giving our blessing to their homosexual behaviors and unions. This is the hardest 'tightrope' either of us has ever tried to walk."

### Pastor Moves Congregation Toward Gay-Affirming Position

Her church's pastor had "married" a gay couple a year ago

(one member of that couple, she notes, since contracted AIDS and recently committed suicide), and the P-FLAG group had gathered to express their anger that the "marriage" had not been on church grounds, but in a private home. The pastor clarified that his parishioners were not ready for such a church-based ceremony, but said that his mission was to gradually prepare his parishioners to accept future same-sex marriages. Having the P-FLAG meetings on church grounds was part of that gradual education process, he informed them.

At one P-FLAG meeting, the group agreed to raise funds for "making schools safe" so that gay-affirming programs could be established in them. They showed the film, "It's Elementary," which, as she said, "targets children as young as first grade to de-sensitize them" against the idea that heterosexuality is the norm.

### "Attitude Adjustment" Requires an Acceptance of the Bizarre

She describes another P-FLAG meeting: "The group members were sharing positive feedback, and one single mother of a 29-year-old son, who had full-blown AIDS, shared with great pride that the next night her son would be performing 'drag' for the first time at a gay bar near our city. She had obviously grown into this attitude of pride after months of being encouraged into this posture by fellow group members who had 'worked' with her attitude of becoming totally accepting and encouraging of her son's 'drag' behavior."

### The Battle is Fought with Support—and Information

"Our son is currently totally disinterested in the NARTH or Exodus information. However, the information provided to us as parents and as influencers of policy in our families, communities, work, church and government has been life-changing for us. I pray for the emotional strength and wisdom to sensitively inform the local P-FLAG group that another option of healing and wholeness is available to all persons struggling with gender-identity issues, and this information needs to be given to youngsters in our school systems as well. I hope to offer NARTH's information book entitled, "School Sex-Education Guidelines: Teaching about Homosexuality" to the pastor leader of our local P-FLAG group for use with his teen support group and with P-FLAG, as P-FLAG contacts our local school boards. I wonder if he and P-FLAG will extend to me, and to the NARTH materials, the same high degree of tolerance which is expected of me at P-FLAG meetings." ■

# Indoctrination 101

## Professor lifts the veil on the radical takeover of liberal arts classrooms and curriculum

*(Reprinted by permission from The Real Issue, vol. 17, no. 1, September/October 1998, available by calling 972-713-7130. We have excerpted only a portion of the original article here.)*

*The following article is taken from an interview with an English professor at a major research university, who wishes to remain anonymous.*

*This professor no longer receives any merit raises from her university because of her conservative viewpoints, and she fears further reprisal if she speaks out publicly against the system. She has observed the increasingly radical trends seeping into the university and her discipline in particular. Here, she lifts the curtain for us on the radical takeover of the classroom:*

When you read "Women in Literature" as a course heading, you would expect the course to include books about women, and that's usually what it is, except from a feminist slant. However, the special topic next term for this course is female sexuality. These days, when you read "female sexuality" you have to translate that as "lesbianism." Here is the course description for "Women in Literature: Female Sexuality":

We will read works written by a diverse group of women in order to explore ways in which women's sexuality has been represented in literature and culture. Although our emphasis will be on female sexuality, especially so-called "transgressive" sexualities such as lesbianism, we will also pay close attention to race, class, (dis)ability, and other aspects of identity and society that affect women's erotic experiences. We will ultimately attempt to ask, as have many queer theorists, how female sexuality might be reconfigured, once we decenter heterosexism as the defining standard of sexuality.

Notice, it's taken for granted here that we're going to "decenter" heterosexuals.

This course is for juniors and seniors, and what I find really ominous about this, is our pre-education majors in English *have to include* a course in Women's Studies of some sort. So all our pre-ed majors really *must take this course* since it's the only Women's Studies course offered for an English major. That means all of our potential high school teachers are going to wind up in courses like "Female Sexuality."

When I started my graduate work, the really awful things had not hit yet. Sometimes when I saw the latest radical ideas in journals, I would laugh. In fact when I first got to [my present position], the first four years seemed fine.

Occasionally I would "crack-up" at a staff meeting when somebody would talk about one of these radical ideas, thinking it was a joke.

*Then I discovered it was not a joke.* Around 1988 or 1989 I suddenly realized what was happening... I started seeing a trend toward such radicalism more and more in my own department. Now, my department has been completely overrun. I've let almost all my journal subscriptions lapse because it's all just "porno-Marxism." It has gotten very, very bad. In fact some of my students refer to their courses as "Indoctrination 101."

### The New "Logic"— The Lived Experience of Members of a Victim Group

English is a kind of "soft" discipline...a lot of it is open to interpretation, and once a person is free to say, "Well, here's what I think it's supposed to mean," without requiring any hard evidence, then feelings and emotion become more important than logic.... This is where it gets so fuzzy today. Logic itself, according to modern thought, is a "patriarchal" concept; it's described as "linear thinking" and "phallo-centric." These days we're supposed to depend on our feelings and experience. Logic is taught to be irrelevant and sometimes even harmful. All we're supposed to use now is lived experience—but it has to be the lived experience of the group to which you're assigned: a victim group of some sort, like homosexuality...

Those who flocked to the soft disciplines are now senior faculty and administrators; they are the protesters of the late 1960's. These radicals handpick their disciples from among the graduate students, and they train them...

These radicals don't have any fear of reprisal for what they espouse. But if you disagree with [the radicals], you have to fear revenge. You're declared a racist, sexist, homophobe...that's the new Holy Trinity; you have to say those three words together.

### "I used to think I was a liberal..."

There's no suspicion in my department that I'm different because it's always been known—which is funny because I've always thought of myself as a liberal, but suddenly I discover I'm a "right-wing fascist wacko."

The real trouble for me started when I was interviewed by a reporter about political correctness. As I was leaving the

interview I commented off the record, "Sometimes I get discouraged with the field. But like I tell my students, I stay here to hold the line against the barbarians." The reporter printed that. Then the barbarians came out of the woodwork after me.

I not only started receiving hate mail from my colleagues, but one of them tried to have me fired. This colleague sent a letter all the way up the chain of command to the president of the university. The letter attacked my character, my credentials, and especially my teaching—said I was a terrible teacher, my students hated me, and no one wanted me. It is ironic that was the year I won the arts and sciences "Outstanding Teaching Award."

That was a pretty horrible year. That year I stopped getting merit increases. I didn't get a merit increase the year I won the Outstanding Teaching Award, I didn't get one the year one of my articles was reprinted in "The Year's Best Shakespeare Studies," and I didn't get one the year I won the John Donne Society Award for Distinguished Publications.

Last year, I finally went to the dean with a paper trail of all of my accomplishments including all of my peer group's comparative publications and comparative salaries—by this time I had dropped to the third-lowest paid associate professor in the department—and I managed to get an equity raise. But I don't anticipate getting any more merit raises; every five years I'll have to go through this again.

### The Safest Course: Say Nothing

It is dangerous to speak up, and I've learned not to complain officially. When the "Give Us Your Children: What We Can't F—, We Eat!" poster appeared on a professor's door, I brought it to the attention of the secretaries. They looked at it and complained. Also, about 20 people called into the department, apparently mostly students, complaining about the poster.

Finally, the chairman asked the people who posted it to take it down. They took it down for a day or two, and then promptly put it up again with a sign saying that the department was full of homophobia. The chairman had to go talk to them again because the complaints kept coming in, but by this time the term ended and the problem went away.

But the chairman still sent everyone in the department a letter about this uproar in which he apologized *not for the flyers, but for the necessity of taking them down* for two days. He spent two pages going around and around the bush saying "we have to understand that what is one person's favorite poster is someone else's offense," and "we are dedicated to academic freedom here," and he just waffled about the whole thing.

Incredibly, nobody felt able to say, "This is disgusting. This is not a matter of whether it's homosexual or heterosexual—it's child-abuse. It has no place here." No one had the courage to say that.

I don't think this is an isolated case. It's rampant throughout the discipline. The scholarly publications are proof that everybody has to teach and research and write in either Marxism or "queer theory"—I call the whole thing "porno-Marxism;" it's all either Marxist or pornographic.

I don't want to communicate that I'm the only one not doing porno-Marxism; there are some places where decent scholarship can get published. There are still some people working on traditional things, but the field is flooded with the others, and of course they are the most vocal—and they get the biggest raises.

### A Warning to Parents: The New Orthodoxy

But there's something more dangerous that parents ought to be aware of. At the university we are flooded with the notion that everything is a matter of emotion, and there is no objective reality. We are not supposed to make judgments any more, except about the religious right, of course.

We cannot make any canon of good literature as opposed to other literature, because doing so is a very "eurocentric" and "patriarchal" exercise. Simply the whole idea of making judgments is taught as discriminatory. Everything is now on the same level: comic books, advertising, graffiti, Shakespeare. Our own experience is our guide.

Writing assignments tend to be about one's own experience. Feelings are all. The goal is to keep students from making the assumption that there is objective reality. Even when the teacher is trying to be non-biased, this insidious relativism creeps into everything.

If you attempt to defend your beliefs by reason, logic and evidence then you are just showing how "eurocentric" you are. So you can't win.

I've seen students pick up the lingo without thinking about what they're saying: to object to any kind of sex outside marriage, but especially homosexual sex, is to be "homophobic." Students feel apologetic, as though they have no basis for their beliefs; their beliefs have just become another form of experience.

And yet there is such a hunger for the grounding in reality they had before they came to the university. There's something in the back of their mind that tells them there *is* an objective reality. ■

sports weren't appealing to me. I didn't understand anything about that world. I got involved in wrestling at one time, but when it came time to be in the competitions, I just backed out—I just got scared.

Joe: You couldn't relate to the sports world.

Jerry: I couldn't relate to it. It wasn't my personality, but I didn't know that, at that time. It just made me feel like, "So *that's* what boys are supposed to do, and supposed to be. I don't feel anything like that, so there has to be something wrong with me."

Joe: Science hasn't found any "gay gene," but psychologists *do* believe that certain boys might be more temperamentally predisposed to develop homosexually—which is to say, gentle, introverted, artistic, more timid—and like you say, relational. Sensitive to other people's feelings.

Jerry: Right. I like Dr. Satinover's analogy of the basketball player. There are certain genes that make it more likely that a person will be a basketball player—height, quick reflexes—but no gene will *make* any man a basketball player. There, also, must be *certain triggering conditions* in the environment. I thought that explained homosexuality very well. Just because I have these qualities of sensitivity, nonaggressiveness, and relational interests, it doesn't mean I'm necessarily *going to be gay*.

Joe: Exactly. So if a boy is born with that temperament, into a family where certain dynamics exist—in this case, intimidating, aggressive brothers—he will be vulnerable to homosexuality. Freud said many years ago, and I have never seen an exception to this: If a homosexual has an older brother, he has a feared, hostile relationship with him. Freud was right on. But tell me also about your relationship with your mother.

Jerry: I remember following her around a lot, and her even saying, "Stop following me around!" I just think it was really comfortable for me. You describe that as the "kitchen window boy"—the boy who'd rather be inside with his mother, looking out at the other boys, than trying to fit in with them in their aggressive play. I would look out the window and say, "I wish I could do that...I wish I could be like them...I wish I had a body like them...I wish they would tap me on the butt like that...I wish they would invite me to come out and play." At times, I would try to get involved, and I remember them telling me, "Go sit on the curb, you're too small."

Joe: Were you small for your age?

Jerry: I was smaller than my brothers were, not because they were older, but because they were huskier. I was more slender and slightly built.

Joe: Were you sick as a child?

Jerry: No.

Joe: We sometimes see homosexual men who had chronic childhood illnesses, like asthma, that made them want to stay close to their mothers and away from other boys. They are often left with a feeling of masculine inferiority. But it was your relationship with your brothers that had the most devastating effect on your sense of masculinity. You don't have any deep resentment toward your father.

Jerry: No, never did, except there is another dynamic, though. I'm not angry with him, but he just wasn't "tuned in" about the psychological stuff that was going on with me. He just couldn't relate to it. He was supportive of me in whatever I did, but basically he only knew about sports. That's how he had related to his first three boys. But when I came along and got involved in my interest of theater—a

parent can't go to rehearsals. You go to a performance just once. There's no real opportunity for involvement. So he just goes to the performance and he hugs you and he's proud of you and...that's it. He didn't discourage my acting, but he didn't encourage it either. It was "OK."

Joe: So many pre-homosexual boys get into theater and acting.

Jerry: Acting's relational. It's safe. It's non-threatening.

Joe: We see a lot of interest in acting and role-playing in the gay world. I believe the gay identity, itself, is a role—a place of hiding from the challenge of a gendered world. Acting can provide a role through which to hide.

Jerry: That young, I don't know if I was even thinking I was homosexual.

Joe: Oh, no. It's not that you were thinking you were homosexual. You were thinking, "I feel different." That's the point here. Gay advocates would say that first you were gay, because you were born that way; and *because* you were gay, you felt different. I would say, first you *felt different*, and that difference **made you believe you were gay**. Homosexuality is the final outcome of feeling different and estranged from men.

Jerry: Right. It absolutely was, with me. I think part of my problem was that instead of meeting the challenges I faced when I was growing up, I tended to *avoid* whatever activity or challenge caused that feeling of inadequacy, of being different, of being "less than other men." I would avoid all of those things, which meant all of the things my brothers did. I'd avoid my *brothers themselves*, and their whole masculine realm. But in the theater realm, I was comfortable.

Joe: This is what I see repeatedly, the theme with the clients

**"Just because I have these qualities of sensitivity, nonaggressiveness, and relational interests, doesn't mean I'm destined to be gay."**

I work with, which is, "I always felt different. I never felt like one of the guys." There was a sense of differentness.

Jerry: Right. It was not because I was born homosexual or gay, it was because of this gender inadequacy and inferiority. The feeling of "not matching up."

Joe: All right. So from there, did you go into the gay world at all?

Jerry: Unfortunately, at the age of eleven I was molested by an older boy.

Joe: How old was he?

Jerry: He was four years older than me, already past puberty.

Joe: So he was 15.

Jerry: Yes. He was of an age where he knew what he was doing.

Joe: Many other boys like yourself had the same experience. There is a high correlation between homosexuality and early sexual experience with an older male.

Jerry: He was of that group of boys that I *admired* but *hated*. You see, there is another dynamic that comes in here. I hated those boys because of my defensive detachment from them. If you hate them, your feeling of isolation won't hurt as much.

Joe: You hate them, but you admire them. That kind of same-sex ambivalence is exactly what you see in so many gay relationships. It is spoken of as love, but there is almost invariably an element of envy and anger.

Jerry: I admired this older boy because he had the physique, he had the trophies, he had the position, and he had the male friends that I didn't have. I really wanted to be friends with him the same way the other boys were friends with each another, but we never had that kind of real relationship.

Now, there was also in my contempt and envy a *hatred* and *bitterness* because my childhood effeminacies had stuck with me. For one thing, this is because I had been modeling myself after girls, since I was simply more comfortable with them. Role-playing house—I liked that; it was relational, it was social. I realized that these sissy-like qualities really offended this group of males—and so I actually began to flaunt these qualities to make a mockery of the masculinity of the other boys.

Joe: That's interesting, because now the relationship becomes masochistic. To get back at them, you act effeminate. But to act effeminate is to put yourself down.

Jerry: It also creates a greater chasm, by putting me out of

relationship with them even further.

Joe: Again, we see this today in gay pride parades; the marchers flaunt their effeminacy and their outrageousness as a way of showing their anger toward conventional society. But in doing so, they are putting themselves down.

Jerry: Putting themselves down, and yes, to make a mockery of masculinity. I think it is really out of anger. They are saying, "I don't want masculinity. Your masculinity sucks. It stinks. It's foolish." That's what was going on with me.

Joe: But at the same time, you were envying it and wishing you could have it.

Jerry: Right. I wanted that physique, and to have those close male relationships, and to do those things boys did together.

Joe: And so you see the ambivalence there is toward masculinity in the gay world. On the one hand you see that kind of in-your-face, caricatured, "campy" behavior--yet at the same time, the single most highly valued trait in the gay world is still masculinity. As much as gay advocates say, "We've evolved *beyond* gender distinctions; we don't care about gender," whenever you read the personal ads in gay papers, you see "Wanted: straight-acting guy."

Jerry: Yes, I think that is the root, there. When I see that, I think, wow—if I was still pursuing that lifestyle, I could really see myself doing some of those wild things, too. That was where I was, back then.

Joe: So what happened next?

Jerry: That relationship with the 15-year-old lasted for almost seven years.

Joe: The one you started when you were only eleven?

Jerry: Right. It wasn't violent, it was seductive. It just went on. I just got hooked on the behavior. It was every week—maybe sometimes once a month, but it was frequent and regular. I wanted it; we both wanted it, whatever. I finally weaned myself off that at about the age of 17.

Joe: How could this happen without your parents finding out about it?

Jerry: We'd meet anywhere where there wasn't anybody around.

Joe: I see. I understand.

Jerry: So then, at age 23, I was in a show. A guy in the show appeared and was giving me a lot of attention, and I was really becoming sexually attracted to him. Up to that point, I had been like two different people, but finally, I

**"It was like claws had been sticking in my back, holding me down, and they just *lifted* when I put my feet in the sanctuary."**

was really more consciously admitting to myself that yes, that part of me really existed.

Joe: There had been that split-off part. "I go and do it, and it feels good, but when I walk away from it, I'm a different person."

Jerry: Right. Absolutely. Before, I didn't think about it, and certainly didn't talk about it. This 15-year-old kid and I, we'd been the only two people that ever knew about what was going on.

Joe: Yes. And I'll bet he is happily married now, with ten kids.

Jerry: Happily married—he is, yes, and with kids. So this time, a friend of his came up to me and said, "Joe's gay and he likes you. Are you gay?" And I remember a long pause and I remember saying, "I don't know." That was the first time I had ever let that idea come out of my unconscious—all this suppression of this sexual behavior with this other guy, and these feelings I had been carrying around with me for a long time. Finally, I was letting that conflict out.

So immediately, after that I said two things to myself. I said, first of all, "I'd better find out what's going on within me, before I do something that I'm going to regret for the rest of my life." Then the second thing I said, was...here's where it gets a little spiritual. I said, "God, if you say it's OK to go gay, I'll go gay. If not, I won't."

Those were two things I had to find out for myself, from that point.

So I went back to the Catholic high school which I had graduated four or five years ago, and I went to the counselor there who was one of the deacons, and said, "I think I'm homosexual." He was a great listener, a wonderful friend, and is my friend today, but he did not know how to help me. Then I told my mom, and then I told my dad. It was extremely difficult, but I'm glad I went to my parents.

Joe: Yes.

Jerry: My mom, all I remember is she had a blank look on her face. That's all I remember. I remember trying to start to tell her about ten times, taking a breath; almost about to say it, and I couldn't say it. I tried again, and finally I told her. That's all I remember. But I was even more afraid to tell my dad, because I thought, "Maybe he might throw me out."

Joe: You were 23 at this time?

Jerry: Right. So finally, I just asked him for health insurance so I could see a psychologist. I said, "Just trust me. When the time is right, I will tell you what's going on, but for now, just trust me and let me do this." So they gave me

the insurance. I went to a Jewish woman psychologist. So my goal here was to find out if I was homosexual, and I did. I found out that I was.

Joe: Oh, is that what she said?

Jerry: No. She was really non-directive. I was so talky. As I was talking, I was basically coming out to myself. "I had this sexual relation with this guy. I felt this way." It was just admitting to myself, "I'm homosexual." She didn't necessarily name me that way; I don't recall that. But at least I'd admitted it to myself, and so I gave her a call and I said, "I'm done with you now, because I found out what I wanted to know, which is if I'm homosexual or not." She didn't say, "Yes you are," or "No you're not," or "Come back." Although she did say, "I'd like to talk to you first," but I said, "No. It's OK."

Joe: You see, that's the problem. I want to put something in right there. We're living in a culture that has created an artificial dichotomy — "Are you gay or are you not gay?"

A sexually confused kid comes in asking that very question: "Am I gay, or am I not gay?" So he sits down and the therapist doesn't have to say a word, because as the kid just talks, his strongest feelings are about guys, which therefore means—inevitably it seems—"I must be gay." But just because these feelings are strong and intense and there is a big preoccupation

with them, doesn't mean a gay lifestyle is inevitable for this young kid. You have to teach the client the *meaning of these feelings*. This is a *reparative drive* — "You're trying to connect with the masculine." Just a mere *description of the phenomenon*, without any attempt at deeper understanding, would tell him he's gay...but going beyond the surface to the meaning of the feeling, of the drive, we can see that he's really trying to *repair a deficit in male identity*. He's trying to connect with the masculine, but he doesn't know how else to do it, other than sexually.

We're living in a culture today that sets up the parameters of the question: "You're either gay, or you're not gay." But those are false parameters. A better way to ask the question would be, "Maybe you think you're gay because you have unmet needs for male attention, affirmation and affection...?" So really, the therapist needs to be educated.

Jerry: Right; because I would go and I would talk, and in that whole process, the conclusion seemed to be inevitable: "I'm homosexual." So then I came out to one of my friends that was gay, and he took me to my first gay bar, my first gay party.

Joe: What was that like for you?

Jerry: A little bit scary but..

Joe: Exciting?

**"I began to discover, Oh my gosh...I really *am* like other men, and they really *are* like me."**



Jerry: Yes. I was in it for somewhere between three to six months. The gay parties, gay communities and gay organizations.

Joe: Only a few months?

Jerry: That was enough.

Joe: You thought, "Whatever I'm going to see, I've seen it by now."

Jerry: Right, that's the way I felt. And what I saw was a lot of promiscuity, a lot of backbiting, and a lot of gossip.

Joe: A lot of bitchiness.

Jerry: A lot. I saw men acting like women, and women acting like men, and even though I was effeminate, it was just way beyond anything I would... It was like, "Something's wrong here." I would ask them questions like—remember, I was on this quest— "Could it be okay with God?"

Joe: That's right...You were still waiting for God's answer.

Jerry: Right, and I was also thinking, I've got to find out what's going on with me before I do something I'll regret for the rest of my life. Any questions I had in my mind, I wanted to face them, right then and there.

I was pretty bold, because I wouldn't accept the package being offered to me by the gay community. I felt like when I went in, I was handed this pretty little present in a box that said, "Everything is taken care of for you. You just talk this way. You just do these things. You go to these places. You sleep with these many men."

Joe: It's a package deal. It's like you were putting on a new coat.

Jerry: Right. "Here it is." And I was like, "No. If this is so right, if you believe this is so true, if this is so valid...then why can't we discuss this honestly and thoroughly?" I would ask questions, such as, "Our bodies, they don't really work together...What do you think about that?" No answer, or they just didn't want to talk about it.

Joe: Gay advocates just don't want to talk about it. There are two principles essential to being a gay affirmative therapist. Number one, "You're gay *because you're gay*." Period. No more discussion. No thinking or talking about developmental factors. Number two, "Everything you experience negatively in your life *is the result of homophobia*." What you need to be a gay-affirmative therapist is these two, uncompromising principles.

Jerry: I am so glad for whatever was within me to help me see the truth...whether it was my personality, my faith...I had lived so long in denial. Denial of my wants, denial of my feelings, denial of my same-sex attraction, and denial of the molestation, for years. It was extremely frightening and traumatic for me. It was like there was *another person*

who was homosexual, who had been molested for years, and now I was just getting to know that person, and it was ugly...and it was me. I was traumatized by this split—this homosexual self, a victim, a person who had been involved in sexual activity with this guy for six or seven years; and then, there was just *me*, Jerry—you know, who was just this everyday, normal, good, social, kid. Oh my gosh, you know. I was going through a psychological flip-flop.

Joe: Let's get back to when you said you were in the gay world and here is this little package delivered to you, but you can't get into any meaningful discussion, because the answers you get are always shallow.

Jerry: Right. I would ask the question, "You know, God says in the Bible about a husband and wife and their relationship, but it doesn't talk about a husband and a husband. What do you think about that?" No answer. They didn't want to talk about it. It was glaring.

I still had the morality in me even though I had had this sick, closeted relationship before, so I decided I was not going to sleep with another guy—not until he tells me he loves me, or he'll marry me—and they just couldn't understand it. They said "Stop screaming 'gay' if you're not going to put out." I was told that, in just those words. "Stop screaming 'gay' unless you're going to put out."

Joe: It's true. So many thoughts are coming through my mind. Whenever I work with young men—I'm sure you've had the same experience in your ministry. Whenever you see a 17, 18, 19, 20, 21-year-old kid, they all say, "I'm looking for love." When you speak to somebody in his 30's who has been in the gay world for a while, he's finally given up on that. At first, they really do believe they are going to find it. But a monogamous relationship is just not out there—and gay literature supports that statement. Two men may stay together as friends and housemates, but they're not faithful.

Jerry: So next I went to Dignity, the Catholic group that affirms men in being gay. At that time, it was what you would call "a gay bar, only without the alcohol." Dignity's message was not about purity, not about celibacy, not about faith, and it was not about relationship with God. Neither was it about Catholicism. It was about, "OK, pick up your picket signs. We're going down to City Hall. What bar are we going to after this meeting? You're new here? Come with me, I'll show you." I felt crude. I felt sick. It was terrible.

Because I was Catholic, I felt *worse* after going there than I did at the gay bar.

Joe: So what happened next, when you became disillusioned?

Jerry: I didn't actually get involved in a relationship, because I didn't want to do something I was going to regret for the rest of my life. Still, this molestation thing was something I had to understand and deal with.

*continued on next page*

Joe: So what happened?

Jerry: I fell into a depression because I thought, "If this is what being homosexual means, if this is all there is, I don't want it! It's not for me. I'll just go back inside of myself. I'll push this all back down. But, oh, my gosh...I can't." And then the thoughts started going to my head. "Just take your life. You're going to be unhappy. If you go back inside yourself, you're going to be unhappy. Just take your life right now."

I told some people about it, including the counselor at my high school, and he saw the depression and he said to me, "Would you want to join a prayer group?" And I said, "Anything. I'll try anything." I didn't know what to do...I was getting conflicting answers. Some straights were telling me it's OK to be gay, some were telling me it's not. As for religious people—likewise, some were saying it's OK, some were saying it's not. And of course, gays were telling me it's OK. I still hadn't found my answer from God. I was so depressed...

So I went to the small Catholic prayer group, and there were a lot of spiritual encounters. I'll tell you about one. I know you are more interested in focusing on the psychological aspects than the spiritual aspects, but I have to tell you—just for the spiritual wonder of it.

I walked through the narthex of the church and I was going through the doors of the main sanctuary. I opened up the door, and I put one foot in, and then I put the other foot in. Right then, there was a little voice that spoke inside of me that said, "*You're home. The war is over, and you're finally home.*" It was almost like claws sticking in my back that had been holding me down for so long, and I hadn't even known they were there. And they just *lifted* when I put my feet in the sanctuary. I walked over to that small little prayer group, and an enormous weight came off of me, and a lot of things happened.

It was in that group that I met Jesus as a real living, active, involved person, at a time when I was really a mess, and a real sinner. He was the answer. I gradually made him the Lord of my life, and then the turning-around started to begin. The healing was through that small group that didn't really know anything about me. I just decided to follow the principles and the directives of being a Christian, which are so therapeutic.

Receiving forgiveness *heals*. In renewing your mind and going after your goals and dreams, and in building healthy relationships with men, and women, and family. All of those things that the faith said to do, I did, and oh my gosh...so much happened.

Joe: It worked.

Jerry: It changed my *feeling* and my *identity*.

Joe: We need more men and women like you to come out and tell your story. That's the only way we're going to win this battle. Because for thirty years, gays have been

telling what I call "the generic coming out story." It's said to be a story of *liberation, with a happy ending*, and this is what makes it so attractive. Out of the desire to be understanding and compassionate, people just accept that story at face value, without looking at it any further. But there's so much more to the story than that statement, "I'm gay and I'm happy." This is why your story and others like it are so important.

Jerry: I'm very willing to share it, because I've heard the cry of thousands of men and women who are acquiescing to a life that they *don't want*, but they don't believe they *can possibly have anything else*. There has to be this option presented, just like it was presented to me. Let people choose, and give them support in making that choice!

Joe: Absolutely. Now you're married. How long have you been married?

Jerry: Been married over four years.

Joe: What were the critical steps, or plateaus, or turning points that got you to where you are today? Besides the religious experience, what comes to mind?

Jerry: Well, you know it is psychological, but it's also spiritual. I remember it was "*Jesus, you're the first man I'm trusting enough not to hurt me*, so I'm going to let you love me."

Now, that relationship can be a platform to then say, "You know, if he loves me and accepts me, then I have no reason to be afraid of another man, or feel intimidated by him." So he gave me a platform, and I could begin to take risks and be in relationship with other men. Finally, I could let other men in. Before, I had kept them out because they were hurtful, but I began to say, "*They can't hurt me because my relationship with Jesus has taken the power away from them. They don't hold the keys to life; I don't need their affirmation; I don't need them to make me feel okay.*"

I remember weeping on my living room floor, pounding my fists, because I had been accepted into my first professional ballet company. I got into the Cincinnati-New Orleans City Ballet's *Nutcracker*, and I was the *Nutcracker*. I thought to myself, "Boy oh boy, now my brothers will think I'm great. Finally I've lived up to them...even surpassed them."

But the problem was, I just didn't get it. I wept. I said, "Jerry, you *want* your brothers' approval but you don't *need* it." It was from that day on that I understood, "Christ gave this approval to me, now I can give to to myself, and therefore I can move before men feeling as capable and as adequate as they are." I began to discover, "Oh my gosh...I really am like them, and they really are like me."

Joe: And knowing that, takes away the sexual attraction.

Jerry: Yes--experiencing identification with men.

Joe: Because if you develop that brotherly feeling, there's

no place for eroticism.

Jerry: Right, there isn't. It's so satisfying at that level, as equals, as men. Then I don't need sex.

Joe: Now let me ask you—a lot of people who come out of the gay life will say, from time to time they still have some fleeting attraction, while some, on the other hand, will say, "I have absolutely none." What would be your answer today regarding any homosexual feelings?

Jerry: I know an attractive man when I see one. And like most people, I have the capability within me to take part in a lot of different sexual behaviors. I could have sex with a group of people; I could act in a porno flick; I have the capability of having sex with anybody.

But I don't allow myself to, and it's at the point in my life where it's no longer a struggle. I'd have to go through a lot of barricades—psychologically, spiritually and emotionally—to get to the point of acting on any temptation. I am very fulfilled in my life. I don't want homosexuality.

Joe: One of the things that ex-gay counselor Richard Cohen said was very good, I thought. We did a TV show together and the host asked him, "Richard, you mean to tell me now that you're married, you have no more homosexual attractions?" And he said, "When I have a homosexual attraction it's a signal to me that I'm not taking care of myself. In other words I'm not maintaining my connection with my wife, or I'm not connecting with my male friends, or I'm stressing myself out at work."

Jerry: For myself, I say, "I know what's *really* going on to

motivate this feeling." And then I have to look at that. Also, I have to remind myself that I had six to seven years of regular conditioning of my psyche and my body biochemically, to respond sexually to another male.

Joe: Totally. It's in the brain, in the pathways—the neurological pathways. You can never erase that, although you can imprint new experiences on top of the old ones.

Jerry: Yes, I can...and my family and friends are a fantastic new way of living!

Joe: Are you sexually attracted to your wife?

Jerry: Absolutely.

Joe: It's a satisfying emotional and sexual relationship?

Jerry: Emotionally, sexually, absolutely; we both love sex.

Joe: That's great.

Jerry: Yes. It is. We're blessed. Sometimes we cry after we make love. It is very good.

Joe: She knows your whole history.

Jerry: She knows it better than anyone.

Joe: You have a lot to say; a lot of insight. Jerry, I want to thank you very, very much for sharing these very difficult and personal thoughts. I also want to thank you for giving hope to the other guys who are struggling. People need pictures, and you provide the picture of a man who has "been there, done that," and then walked out. This is especially important for all the young kids who think there is no other option. ■

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*NARTH Conference, continued from page 1*

against gays and lesbians...the Council is making a fool of itself and revealing just how closed-minded its members are. The very core of American democracy is a belief that the free and open discussion of ideas will lead people to sort out the sense from the nonsense....Suppressing free and healthy debates on topics as divisive as sexual preference, race, abortion, or any other topics, for that matter, is about as anti-democratic as one can get....The people of Los Angeles are more than capable enough to decide for themselves what to read and what to think about things."

### Protesters Controlled

On the second day, gay protesters stormed the door of the conference and were removed by police, who escorted

them outside the hotel, where they continued to wave placards such as one which read, "NARTH—National Association of Repression, Tyranny and Hatred." Hotel security measures proved flawless, and security personnel led the conference registrants through the kitchen and back corridors of the hotel to a private dining room so that they never needed to walk through public areas of the hotel, thus avoiding potential confrontations.

"In spite of the disruption, the conference went well and there was a sense of collegiality and support for the therapists who were presenting their papers," said Dr. Nicolosi. "But it is outrageous that the City Council has the right to put a black mark on NARTH's reputation by condemning us." ■

# Attempts to Modify Sexual Orientation: A Review of Outcome Literature and Ethical Issues

By Warren Throckmorton, Ph.D.

*This article appeared in the October 1998 issue (volume 20, pages 283-304) of the Journal of Mental Health Counseling. It is reprinted here, by permission of the American Mental Health Counselors Association, in slightly shortened form, with italics, some subtitles, and bold print added. Authors wishing to quote portions should consult the original article, available by writing the American Mental Health Counselors Association, 801 North Fairfax Street, Suite 304, Alexandria, VA 22314, or call 800-326-2642.*

Dr. Throckmorton is immediate past president of the American Mental Health Counselors Association. He was named Counselor of the Year in 1991 by the Ohio Mental Health Counselors Association, and is currently Director of College Counseling at Grove City College in Grove City, Pennsylvania. He will offer a continuing-education seminar on January 9th in Little Rock, Arkansas entitled, "Sexual Orientation and Counseling Therapy: Is Change Possible?"

## Abstract

In light of the American Counseling Association's (ACA) recent resolution expressing concerns about conversion therapy, this article reviews the effectiveness and appropriateness of therapeutic efforts to change sexual orientation. The concept of sexual orientation is briefly reviewed, and found to be of limited clinical use.

The article reviews successful efforts to modify patterns of sexual arousal from psychoanalytic, behavioral, cognitive, group, and religious perspectives. An ethical analysis of the ACA resolution is presented. The author concludes **that efforts to assist homosexually oriented individuals who wish to modify their patterns of sexual arousal have been effective, can be conducted in an ethical manner, and should be available to those clients requesting such assistance.**

Since 1972, the mental health professions have been assessing and reassessing the status of homosexuality in mental health. During the last three decades, homosexuality has been conceptualized as a *disorder*; a *possible disorder* in the case of the DSM-III ego-dystonic homosexuality; and most recently, as *neutral* as it relates to the mental status of an individual (Rubinstein, 1995).

Recently we have seen the emergence of *opposition* to any form of counseling to attempt to change the sexual orientation of a client from homosexual to heterosexual. Davison (1976), Martin (1984) and Haldeman (1994) have suggested that psychotherapeutic efforts to change sexual orientation are unethical.

In 1997, after nearly two years of debate and study, the

American Psychological Association (APA) passed a resolution expressing concern that clients may request conversion therapy due to "societal ignorance and prejudice about same-gender sexual orientation" and "family or social coercion and/or lack of information" (APA, 1997; Sseek, 1997). In March 1998, the American Counseling Association passed a similar resolution at its annual convention in Indianapolis (ACA, 1998).

## Recent Threats to Practice

The ACA resolution was proposed by the association's Human Rights Committee, and the motion to accept was made by the representative of the Association for Gay, Lesbian and Bisexual Issues in Counseling (AGLBIC). The resolution was titled, "On Appropriate Counseling Responses to Sexual Orientation" and **proposed to place the ACA in opposition to any form of conversion therapy.**

The proposed resolution originally read, "be it further resolved that the American Counseling Association *opposes the use of so-called 'conversion or reparative' therapies in counseling individuals having a same-gender sexual orientation*; opposes portrayals of lesbian, gay, and bisexual youth as mentally ill due to their sexual orientation; and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about same-gender sexual orientation." (ACA, 1998, p. 1-2).

During debate over the resolution, the association's governing council deleted the phrase above, concerning opposition to conversion therapies (ACA, 1998). Thus, the opposition was maintained if the conversion therapy portrays "gay, lesbian or bisexual youth as mentally ill," or a counselor spreads inaccurate information or has "unfounded beliefs" about sexual orientation (ACA, 1998, p 1-2).

As it stands, the resolution's impact is difficult to gauge. The resolution seems to discourage efforts to promote a shift from homosexual to heterosexual orientation, but comes short of clear opposition. **If passed as originally proposed, the resolution would have had enormous impact on practice.** Mental-health counselors would have been constrained to tell clients who want to modify their

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## A Word about Sexual Orientation

sexual arousal patterns that **such an objective is faulty**. Mental-health counselors who believe homosexuality can be modified would be in danger of being charged with a violation of the ethics code. Even counselors outside of the membership of ACA would be at risk, since most states adopt the ACA code of ethics in their counselor licensing statutes.

Since most states automatically adopt subsequent revisions of that code, mental-health counselors performing activities deemed unethical based on a reading of the code would be in danger of review by state licensing authorities.

This ACA resolution, along with a companion resolution supporting same-gender marriage, created immediate controversy (Lee, 1998). The association's Western Regional Assembly voted to request that the governing council rescind the motions, and the Southern Regional Assembly requested the issue be reexamined (Gerst, 1998). Given the impact on counselors practicing conversion techniques and the controversy surrounding the issue, an examination of the major issues raised by the resolution is needed.

### Is Conversion Therapy Ethical and Effective?

The ACA resolution opposed conversion therapy on the grounds that such therapy is both **ineffective and unethical**. This article will examine the effectiveness and ethicality of helping clients redirect their sexual orientation. First, I will examine the concept of sexual orientation, followed by a review of the literature concerning the modification of sexual orientation. Finally, I present an ethical analysis of the ACA resolution concerning conversion therapy.

In reviewing the literature concerning sexual orientation change, several terms have been used. Reparative therapy has been popularized by Joseph Nicolosi (1991, 1995), a psychologist who believes that a gay or lesbian adjustment is never a satisfactory resolution of sexual identity. Thus, counseling is "reparative" in that it helps restore the client to a more appropriate sexual adjustment.

Conversion therapy is a term used to designate therapy designed to effect a shift in sexual preference. Some behavioral counselors speak of modifying patterns of sexual arousal (Barlow & Durand, 1995). For the purpose of this article, mental-health counseling approaches that attempt to effect a change in patterns of sexual attraction and arousal will be referred to as conversion therapy. Conversion implies a profound change, which is certainly true when someone modifies sexual orientation.

Haldeman (1994) suggested that before questions of change in sexual orientation are considered, clinicians and researchers should examine "the complex nature of sexual orientation and its development in the individual" (p. 222). I agree with this caution and submit that before opponents of conversion therapies attempt to eliminate sexual reorientation as an acceptable therapeutic goal, they must confront the same issue.

As Haldeman (1994) asserts, sexual orientation is not a well-defined concept. There are many suggestions in the literature concerning the proper method of defining sexual orientation. The point of departure for defining sexual orientation is often the work of Kinsey (Kinsey, Pomeroy & Martin, 1948). Kinsey suggested that sexual orientation ranges along a continuum from exclusively homosexual (Kinsey rating "6") to exclusively heterosexual (Kinsey rating "0") (House & Miller, 1997). Gonsorick, Sell and Weinrich (1995) recommended assessing "same- and opposite-sex orientations separately, not as one continuous variable." (p.47). They suggested treating each orientation as a *continuous* variable.

For clinical purposes, such scales would be interesting but not terribly helpful to assess the impact of efforts

to modify sexual orientation. Why? There are no norms or points along each continuum where clinicians may designate a given sexual orientation. Since researchers are mixed as to where on the continuum to declare a client "truly gay" or "straight," how can clinicians know if they are aiding clients to change from one sexual orientation to another?

Gonsorick et al (1995) noted that the most common means of assessing sexual orientation is via self-report. However, they also noted that "there are significant limitations to this method." (Gonsorick, et al, 1995, p. 44). The most obvious problem is the subjective nature of self-assessment. Being homosexual means different things to different people. Some define their sexual orientation by their behavior or attractions or fantasies or some combination of each dimension. After summarizing the difficulties in defining sexual orientation, Gonsorick et al (1995) stated, "Given such significant measurement problems, one could conclude there is serious doubt whether sexual orientation is a valid concept at all." (p. 46).

Concerning the potential for assessing change of orientation, Gonsorick et al (1995) noted, "Perhaps the most dramatic limitation of current conceptualizations is change over time. There is essentially no research on the longitu-

**Counselors must respect  
the dignity and wishes  
of all clients  
-- Even those who seek  
conversion therapy**

dinal stability of sexual orientation over the adult life span." (p. 46). *If there is no research concerning change, how can professional associations be certain that sexual orientation cannot change?* Thus, defining sexual orientation as a concept is a work in progress. Counselors ought to articulate this lack of certainty in an unbiased manner.

In absence of any sure way to define sexual orientation, assistance for questioning individuals should not be limited. Even if one accepts the presumption that sexual orientation cannot be changed, *how does one know* when a client's sexual orientation is settled? Without a more certain way to objectively determine sexual orientation, perhaps we should place considerable weight on the self-assessment of clients. Clients who want to change cannot reliably be told that they cannot change, since *we cannot say with certainty that they have settled on a fixed trait.*

### Sexual-Orientation Change Is Possible

If any conclusions can be drawn from the literature, it is that change in sexual orientation is possible. For instance, in their review of the literature on once-married lesbians, Bridges and Croteau (1994) found that 25-50% of lesbians in various reports had once been in heterosexual marriages. While heterosexual marriage alone may not be a complete gauge of sexual orientation, the reasons for the marriage should offer some insight into the sexual identity of the women at the time. Kirkpatrick (1988) reported that once-married lesbian women often married because they were in love with their husbands. In examining the reasons for the shift in sexual expression, Charbonneau and Lander (1991) found two broad explanations. One group felt they had always been lesbian and were becoming true to themselves. However, another group viewed their change as a "choice among sexual options." If counselors are not to assist clients in their wishes for a shift in sexual orientation, how would ACA's governing council wish for counselors to respond to such women wanting to become more settled in their choice of a lesbian identity?

More practically, I do not know with certainty if I have ever been successful in "changing" a person's sexual orientation since I do not know how to precisely define sexual orientation, or if it is even a valid clinical concept. However, I have assisted clients who were, in the beginning of mental health counseling, primarily attracted to those of the same gender, who declare they are *now primarily attracted to the opposite gender.* I fear that resolutions such as passed by APA and ACA will prevent such outcomes, which are viewed quite positively by the clients who have experienced them.

### What Studies Show Treatment Success?

From a gay-affirming perspective, Martin (1984) and Haldeman (1994) reviewed studies which claimed to demonstrate change in sexual orientation. Their view was that there were *no empirical studies* which supported the idea that conversion therapy can change sexual orientation. However, they omitted a number of significant reports, and failed to examine the outcomes of many studies which have demonstrated change.

Narrowly, the question to be addressed is: Does conversion therapy work to change unwanted sexual arousal? I submit that the case against conversion therapy requires opponents to demonstrate that *no clients have benefited from such procedures* or that any benefits are too costly in some objective way to be pursued, even if they work. The available evidence supports the observation of many counselors - that many individuals with a same-gender sexual orientation *have been able to change* with a variety of counseling approaches.

### Psychoanalytic Approaches

Beginning with Freud, psychoanalytic writers have proposed multiple explanations for the development of sexual orientation (Bieber, et al, 1963).

According to Bieber, Freud proposed a "continuum between constitutional and experiential elements" (p.3) as a broad explanation for a gay or lesbian adjustment. Thus, in certain cases sexual adjustment could result from mostly nature, and in other cases, nurture should be considered the prime factor. About same-gender sexual orientation, Freud wrote to a mother of a gay son, "we consider it to be a variation of the sexual function produced by a certain arrest of development" (Freud quoted in Bieber, et al, 1962, p. 275). According to Bieber, Freud believed the developmental arrest is stimulated by heightened castration anxiety. For gay men, females are avoided either to avoid the loss of the male organ via intercourse, or to avoid unconscious incestual feelings with mother which provoke fears of castration from father. Consistent with this view, Bieber interpreted his research and clinical findings concerning a gay adjustment as pointing to a "hidden but incapacitating fear of the opposite sex." (Bieber, et al, 1962, p. 303).

While Freud generally took a negative view of modifying sexual orientation, quite a number of psychoanalytically-oriented therapists who followed him, including his daughter Anna (Freud, 1951), exerted therapeutic efforts to explore change (e.g., Bieber et al, 1962; Fairbairn, 1952; Mayerson & Lief, 1965; Ovesey & Woods, 1980; Poe, 1952; van den Aardweg, 1986; Socarides, 1978; Sullivan, 1953; Wallace, 1969).

**We can never  
reliably tell a client,  
"You cannot change."**

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For instance, Bieber et al (1962) reported on the psychoanalysis of 106 gay men. Of the exclusively homosexual clients, 19% finished analysis totally heterosexual. Half of those considered bisexual were considered heterosexual post-treatment. Considering the entire sample of 106, **27% of the clients reported a shift to exclusive heterosexuality.** When one considers that about one-third of the sample *did not* express a desire to change their sexual orientation, the rate of change is even more impressive.

Bieber et al (1962) also found that 78% of the participants who became heterosexual wanted to realize this objective. However, six subjects who became heterosexual had not expressed a pre-treatment wish to change. Although motivation to change was clearly important to this effort, individuals may change patterns of sexual arousal without making such change a primary therapeutic goal.

Hatterer (1970) described a supportive, somewhat active, psychodynamic approach to treating gay males. He proposed a traditional environmental explanation for a gay sexual orientation including fear of women and detachment from male identity. He presented case information concerning 143 clients for whom an initial Kinsey rating of sexual orientation was conducted, and follow-up adjustment was assessed. Of the entire group, 49 (34%) were considered as having achieved a heterosexual adjustment, with 18 clients "partially recovered" and the remaining 53% unchanged. Breaking down the results, it appears that *client motivation* and *degree of identification with a gay identity* are keys. For instance, only 4.6% clients who were rated "exclusively homosexual" reported a heterosexual change. The vast majority of these men demonstrated no motivation to change. However, among the exclusively gay men who were highly motivated to change, 24% reported a heterosexual adaptation after counseling. Among 21 clients with a Kinsey 4 or 5 rating, the change rate was 57%. Each of these clients were at least moderately motivated to realize a heterosexual outcome.

Socarides (1979) reported that in his practice, 20 of 45 (44%) gay men seen in psychoanalytic psychotherapy between 1966 and 1977 achieved "full heterosexual functioning."

MacIntosh (1994) reported a survey of 285 psychoanalysts who analyzed 1215 psychoanalytic gay and lesbian clients (824 male; 391 female). The survey respondents reported that 23% of their gay and lesbian clients changed to heterosexuality. Also, the analysts reported their assessment that 84% of the clients reported significant benefits from analysis.

Recently a systematic approach to sexual orientation change has been advanced by Nicolosi (Nicolosi 1991, 1995). In his review of conversion therapies, Haldeman (1994) critiqued Nicolosi's theory of homosexual development, but failed to include an evaluation of the successful treatment results claimed by Nicolosi and his colleagues. Nicolosi's writings detail a multi-dimensional view of the

antecedents of homosexual arousal and a psychoanalytic approach to the treatment of individuals who struggle with unwanted same-gender sexual orientation. Nicolosi offered numerous case studies of clients who have moved from primarily homosexual identity to heterosexual adaptation. Concerning the function of same-gender sexual orientation in men, Nicolosi (1991) stated, "in many homosexual men, same-sex eroticism is used as symbolic reparation of a deficit in masculine strength" (p. 157). Because many gay men have traditionally feminine interests and behaviors as young boys, they often experience rejection from their fathers and male peers. This rejection leads to what Nicolosi (1991) called a "defensive detachment" (p. 57) from father. This defensive detachment leads the pre-gay male to reject masculinity as portrayed by the father, but to simultaneously long for a close relationship with a strong man.

Nicolosi and other recent psychoanalytic clinicians have demonstrated some success in assisting individuals attain heterosexual arousal. For instance, Nicolosi, Byrd and Potts (1998) reported the results of a national survey of 882 clients engaged in sexual reorientation therapy. At the beginning of therapy, 318 of the sample rated themselves as having an exclusive same-gender sexual orientation. Post-treatment, 18% of the 318 rated themselves exclusively heterosexual, 17% rated themselves as "almost entirely heterosexual" and 12% viewed themselves as more heterosexual than gay or lesbian. Thus, 47% of this sub-group went from the self-rating of a Kinsey 6 to less than a Kinsey 2 rating. Of the entire 882, only 13% remained either exclusively or almost exclusively gay or lesbian after treatment.

Countering claims that reorientation therapies are harmful, the survey also asked clients concerning psychological and interpersonal adjustments both before and after therapy. The survey respondents also reported significant improvements in such areas as self-acceptance, personal power, self-esteem, emotional stability, depression, and spirituality (Nicolosi, Byrd, & Potts, 1998).

In summary, psychoanalytic approaches report rates of change ranging from 19% to 44% of clients. Rates for some modification of sexual orientation are even higher in some of the reports. None of the reports document negative side-effects of such efforts, and indeed seem to show positive results for a significant number of participants, even those who do not change sexual orientation. Clients who have had some prior heterosexual experience, and are motivated to change, seem most likely to report modification of sexual orientation.

### Behavior Therapy Approaches

There are numerous reports of behavioral interventions which have resulted in modification of sexual arousal. While Haldeman (1994) primarily reviewed aversive therapies, a variety of other behavioral techniques have been employed, including covert sensitization, systematic desensitization,

assertiveness training and multimodal approaches.

Generally, behavioral counselors point to principles of learning to explain sexual behavior and attraction. A gay or lesbian adjustment is most likely to be established when such behavior is followed by physical and/or social reinforcement, and/or when heterosexual behavior is followed by negative events, such as punishment or humiliation. A chain of events which are reinforcing to one sexual orientation, and aversive to another, would lead to a greater likelihood to engage in behavior consistent with the positively reinforced sexual orientation (Greenspoon & Lamal, 1987).

Aversive therapies, beginning with Max (1935), were early behavioral attempts to change sexual orientation. Treatment results were mixed. For instance, Feldman, MacCulloch and Orford (1971) reported follow-up results of research conducted between 1963-1965 concerning 63 gay clients wishing to shift sexual orientation. Indicators of change were the cessation of homosexual behavior, only occasional homosexual fantasy or attraction, and strong heterosexual fantasy and/or behavior. As defined by these indicators, they reported that 29% of the clients who had no prior heterosexual experience had changed, while 78% of a group who had some prior heterosexual experience had changed, yielding a 65% rate for the entire group. Bancroft (1974), Thorpe, Schmidt, Brown and Castell (1964) and Larson (1970) also reported reorientation success with subjects using variations of aversive conditioning.

Callahan (1976), Kedrick and McCullough (1972), Mandel, (1970) and Segal and Sims (1972) describe successful reorientation outcomes with the use of covert sensitization. For instance, Callahan (1976) described the use of covert sensitization and assertiveness training applied to the case of 25-year-old single male who was sexually abused at age six by an uncle. The client had several same-gender sexual experiences through junior high school. He dated three girls in high school but felt little attraction for them. Callahan told his client that same-gender sexual arousal is learned and "can thus be changed, or accepted as a natural and normal human experience." (p. 235). The client regarded this explanation as support for his decision to supplant same-gender arousal with heterosexual arousal. Then the client was introduced to relaxation training and developed a list of arousing scenes. The covert sensitization technique involves pairing negative imagery with gay sexual fantasies (Callahan, 1976). After the intense phase of this treatment, the client "reported spontaneous sexual arousal to the sight of women for the first time." (Callahan, 1976, p. 242). At four-and-a-half year follow-up, the client was married, and reported good sexual adjustment with no same-gender sexual arousal.

Non-aversive classical conditioning techniques using sexually arousing materials have been reported. For instance, McCrady (1973) reported the successful therapy of a 27-year-old gay man who had occasional same-sex experi-

ences from age 16. However, "for both moral and practical reasons, when he entered therapy, he was highly motivated to increase his heterosexual behavior (and to decrease his homosexual behaviors)" (McCrady, 1973, p. 257). McCrady showed the client a nude female and then faded the image into a nude male. During the course of therapy, the client reported the onset of heterosexual fantasies. After the fifth session, the client began referring to himself by saying, "when I used to be homosexual." (McCrady, 1973, p. 260). Barlow and Agras (1973) reported similar techniques although in their procedure, the nude male pictures were faded into the nude female pictures. These researchers reported physiological measures of changed arousal which improved in a heterosexual direction at follow-up for all three subjects in their study.

Systematic desensitization has been used to facilitate a shift in sexual orientation (Bergin, 1969; Huff, 1970; Kraft, 1967; James, 1978; Phillips, Fischer, Groves & Singh, 1976; Ramsey & van Velzen, 1968). For instance, Phillips et al (1976) described a 31-year-old gay man who requested sexual reorientation. The authors note that "the gay world was losing its appeal" to the client (Phillips, et al, 1976, p. 226). The client experienced anxiety concerning heterosexual physical contact and was assisted through two desensitization hierarchies. He was then able to initiate heterosexual contact and at 18 months follow-up reported no same-gender sexual activity.

Many behavioral counselors advocate the use of a variety of behavioral techniques to achieve sexual reorientation (Barlow, 1973; Barlow & Durand, 1995; Bergin, 1969; Blich & Haynes, 1972; Freeman & Mayer, 1975; Gray, 1970; Greenspoon & Lamal, 1987; Hanson & Adesso, 1972; Marquis, 1970; Rehm & Rozensky, 1974; Stevenson & Wolpe, 1960; Tarlow, 1989; Wilson & Davison, 1974). For instance, Stevenson and Wolpe (1960) described the use of reeducation and assertiveness training in the successful reorientation of two gay men. In one case, the authors describe a 22-year-old gay man whose first same-gender sexual experiences began at age 14. The client had begun to consider himself exclusively homosexual and viewed counseling as his last possibility before accepting this conclusion. The counselor suggested to the man that he may have been "premature in assigning himself to the group of permanent homosexuals" and that the man's homosexual activity "was chiefly driven by a wish for friendly companionship with other men" (Stevenson & Wolpe, 1960, p. 738). After 10 sessions of encouragement of assertive behavior, the client terminated with plans to marry. The man reported heterosexual adjustment at a three-year follow-up.

In summary, behavioral approaches to the modification of sexual orientation progressed from a reliance on aversive approaches, to the use of sophisticated multi-modal approaches. Generally, the cases reported in the behavioral counseling literature support the efficacy of efforts to modify sexual orientation. The multi-modal approaches attempt to extinguish same-gender attraction and then provide a



variety of behavioral and supportive counseling techniques to facilitate heterosexual responsiveness. As Kraft (1970) noted, desensitization techniques are preferable to aversion techniques because they promote the incorporation of heterosexual activity. Greenspoon and Lamal (1987) suggested that the effects of office-based conditioning programs can be *undone* by lack of reinforcement in heterosexual functioning. They stress the development of social skills necessary in heterosexual situations through role-playing, homework and supportive counseling.

### Cognitive Approaches

In 1959, Ellis described the treatment of a gay man who was "one of the first clients treated with a special therapeutic approach which the therapist developed after many years of practicing orthodox psychoanalysis and psychoanalytically-oriented psychotherapy" (p.339). Ellis then described his "Rational Psychotherapy" which later became Rational-Emotive-Behavior Therapy (REBT). The client had not ever had heterosexual experience and had a great fear of rejection. Ellis made no attempt to rid the client of homosexual feelings, but rather wrote that the goal of therapy was to help the client "overcome his irrational blocks against heterosexuality" (p.339). Ellis reported that by the 12th week of rational psychotherapy, the client "had changed from a hundred per cent fixed homosexual, to virtually a hundred per cent heterosexual" (Ellis, 1959, p. 342).

Although he gave no precise rates of change, he stated about his new approach in 1965, "I have treated, in my private practice in New York City, scores of homosexual patients during the last 10 years, and I have found that the rational-therapeutic approach is much more effective...than was my previous psychoanalytic approach to therapy" (Ellis, 1965, p. 109;).

While Ellis no longer believes that same-gender sexual orientation is a sign of inherent emotional disturbance, he wrote in 1992 that people are free to "try a particular sexual pathway, such as homosexuality, for a time and then decide to practically abandon it for another mode, such as heterosexuality" (Ellis, 1992, p.34). The most recent indicator of Ellis' belief that client options should not be abridged was his membership on the Committee of Concerned Psychologists (CCP) (CCP, 1995). When the APA first considered a resolution to discourage the use of conversion therapies in 1995, an ad hoc group of psychologists opposed the motion. Ellis was one of more than 40 psychologists who signed a letter which urged the rejection of the motion and branded it as "illegal, unethical, unscientific and totalitarian" (CCP, 1995, p. 4).

### Group Psychotherapy Approaches

Rogers, Roback, McKee and Calhoun (1976) reviewed the group psychotherapy literature for a variety of therapeutic

outcomes. They determined that "homosexuals can be successfully treated in group psychotherapy whether the treatment orientation is one of a change in sexual pattern of adjustment, or whether a reduction in concomitant problems is the primary goal" (Rogers, et al, 1976, p. 24).

Birk (1980) reports probably the highest success rates of any therapist. Using a combination of behavioral-group and individual psychotherapy, Birk reports that 100% of exclusively gay men beginning therapy with the intent to change sexual arousal were able to attain a heterosexual adaptation. The other criterion for this subgroup of clients is that they remained in therapy for over two-and-a-half years, or had achieved their goals prior to this cutoff period. Of those 14 clients who had shifted, Birk reports that 10 of the 14 (71%) *were satisfactorily married at follow-up*. Contrary to Haldeman's supposition that the men in Birk's treatment group may have had "preexisting heteroerotic tendencies" (Haldeman, 1994, p. 223), one of Birk's criteria for inclusion in this analysis was that these clients were **exclusively gay** and had not experienced heterosexual intercourse (Birk, 1980). Birk pointed to **pretreatment motivation** as a major key in understanding the results. Of those clients not expressing any pretreatment interest in sexual orientation change, four out 15 (27%) reported a shift to heterosexual adaptation.

### Religiously Oriented Approaches

Religious affiliation often motivates gay and lesbian clients to seek a shift in their pattern of sexual arousal (Wolpe, 1973). Some clients have changed through religiously based interventions. Pattison and Pattison (1980) presented case studies of 11 white males who reported that they had changed sexual orientation through participation in a church fellowship. The group self-identified as gay at an average age of 11. Nine had pre-change Kinsey ratings of 6, with ratings of 4 and 5 rounding out the group. Following religious participation, five individuals rated themselves a Kinsey 0, three rated themselves a Kinsey 1 and three a 2 rating.

Many reports of change are testimonials produced by ex-gay ministry groups. For instance, the Presbyterian Church (USA) supports OneByOne, "a ministry which educates and equips congregations in the Presbyterian Church (USA) to minister to those people in conflict with their sexuality" (OneByOne, nd, p.1). In their booklet, *Touched by His Grace*, seven former gay men and four former lesbians describe their experience of gaining heterosexual adaptation and spiritual freedom (OneByOne, nd). Exodus International and Transformation Ministries are prominent support ministries for ex-gays.

As Haldeman (1994) documents, it is true that some ex-gays have become ex-ex-gays. However, the stories and research reports of those individuals who consider themselves former homosexuals should not be minimized. Clearly there are persons who have shifted their sexual orientation as an

aspect of following their religious beliefs (Davies & Rentzel, 1994; Saia, 1988).

### Summary of Counseling Approaches

While no consensus has emerged concerning the most appropriate means of pursuing sexual reorientation, the reports above demonstrate that modification of sexual orientation is possible for some clients. While offering differing techniques, the counseling approaches seem to agree that necessary counseling tasks include the following: (1) increasing assertiveness, (2) addressing a learned fear of relationship with the opposite sex, (3) and the development of heterosexual social skills. Each approach also emphasizes the role of motivation and social support for maintaining change.

The inconsistent rates of change may relate more to the relative lack of systematic research in this area, than to a hypothesized inability for humans to change sexual orientation. Further research and clinical study may assist mental health professionals to better focus such efforts for individuals who want to pursue change.

### Ethical Principles and Conversion Therapies: Another Look

The psychological literature seems unclear about the ethics of conversion therapy. While Haldeman (1995) portray such therapies as unethical, Garnets et al, (1991) in the *American Psychologist*, specify "biased, inadequate and inappropriate practice" and "exemplary practice" when clients present with sexual-orientation issues. As an example of an exemplary response, Garnets et al (1991) include this theme: "A therapist does not attempt to change the sexual orientation of the client without strong evidence that this is the appropriate course of action, and that change is desired by the client" (p.968). They presented as an exemplar of this theme the following comments by a survey respondent, "...I had a male client who expressed a strong desire to 'go straight.' After a careful psychological assessment, his wish to become heterosexual seemed to be clearly indicated, and I assisted him in that process" (Garnets, et al, 1991, p.968). This course is at odds with the proposed the APA and ACA resolutions which originally sought to deem conversion therapy unethical and therefore clinically inappropriate.

The ACA resolution begins by affirming ten principles concerning treatments to alter sexual orientation. The first is that homosexuality is not a mental disorder. While some writers who practice reparative therapy believe homosexuality is a developmental deficit (Nicolosi, 1991), it does not seem necessary to believe homosexuality is a disorder in order to offer counseling to modify sexual feelings. In fact, counseling as a profession has traditionally held that one **does not need to have a disorder** in order to profit from counseling. Thus, if a client requested such counseling, offering it would not require the counselor to view the

client as mentally ill.

### What Diagnosis Could Fit the Dissatisfied Homosexual?

Even if one asserts that offering a mode of treatment implies a disorder, there is a condition in the DSM-IV which would be the proper object of conversion therapies — Sexual Disorder, Not Otherwise Specified (NOS) (American Psychiatric Association (ApA), 1996). Though the diagnosis of ego-dystonic homosexuality was removed from the DSM-III, Sexual Disorder, NOS remains in the DSM-IV with several descriptors, one of which is "persistent and marked distress about sexual orientation." (American Psychiatric Association, 1996, p. 538). Certainly, many individuals who seek conversion therapy could be described in this manner.

The second principle is that counselors should not discriminate against clients due to their sexual orientation. Contrary to this principle, banning efforts to modify sexual orientation would require the ACA to *discriminate against those clients who want to change*.

### Should Sexual Arousal Take Precedence Over Moral Convictions?

The third principle is that counselors will "actively attempt to understand the diverse cultural backgrounds of the clients with whom they work." (ACA, 1998). Nothing in conversion therapy negates this principle. When such conflicts occur, what makes one set of loyalties more important than another set? If professional associations discredit efforts to modify sexual orientation, *they may be implying that sexual arousal is more vital than any conflicting personality variables or moral convictions*. I believe mental health counselors who practice conversion therapy **do** attempt to understand the cultural background of a client who presents in deep conflict over sexual impulses and deeply held moral convictions.

Principle four requires the counselor to inform clients concerning the "purposes, goals, techniques, procedures, limitations and potential risks and benefits of services to be performed." Nothing in this principle prohibits conversion therapy. As the above review of the literature demonstrates, it would be a *violation of this point* to say that *there is no empirical evidence of efficacy* of various conversion therapies.

The fifth principle states that "clients have the right to refuse any recommended service and be advised of the consequences of such refusal." This is true of nearly all mental-health treatments.

The sixth principle supports the availability of conversion therapies. The resolution quotes the ACA code of ethics, section A.3.b which states that counselors "offer clients freedom to choose whether to enter into a counseling relationship (ACA, 1998). It is my experience that clients *ask for assistance* with unwanted homosexual feelings. Clients should have the freedom to choose the approaches which

help them meet their goals. The availability of conversion therapy is supported by this principle.

The seventh principle states "when counseling minors or persons unable to give voluntary informed consent, counselors act in these clients' best interests." (ACA, 1998). Mental-health counselors engaging in counseling to modify sexual orientation have a duty to act in the client's best interests, whether a minor or an adult. Since it has not been shown that such counseling is intrinsically harmful, assisting a minor client who wishes to engage in such counseling does not violate this principle. When a parent's and child's counseling objectives differ, achieving a working alliance with the family requires skill in conflict resolution and family interventions no matter what kind of problem is presented.

### When the Values of the Religious Client are Denigrated

In the eighth principle, counselors are reminded to be "aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients." (ACA, 1998). But when conversion therapy is *opposed*, what does this say to clients? To clients who want to explore the possibility of change, it means that their wish is diminished, *not to be taken seriously*. For individuals who are morally opposed to homosexuality as a lifestyle, it means that the professions have *denigrated their moral convictions*. For individuals who have successfully changed, who now are heterosexual, it means that the professions have *criticized their accomplishments*. The most appropriate response when the client's goals and the mental health counselor's skills do not match is to refer to another mental health counselor.

### Should the Counselor Change the Client's Religious Convictions?

The ninth principle, related to the above point, is the statement from the ACA code of ethics (section A.6.a) that counselors "are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients." The counseling profession has been oblivious to a double standard concerning sexual orientation and religious conviction. While the ACA has opposed the modification of an individual's homosexual feelings, *there has been no movement to avoid the disruption of an individual's religious convictions*. For instance, Barret and Barzan (1996) in their article concerning spirituality and the gay experience suggest that "assisting gay men and lesbians to step away from external religious authority may challenge the counselor's own acceptance of religious teachings." (p.8). According to Barret and Barzan (1996), "most counselors will benefit from a model that helps them understand the difference between spiritual and religious authority." (p. 8).

The last principle requires counselors to "report research accurately and in a manner that minimizes the possibility

that results will be misleading." As noted above, **evidence exists for the efficacy of conversion therapies**. However, these findings have not been consistently reported in the counseling and psychological literature over the last two decades. A search of the *Journal of Mental Health Counseling*, *Journal of Counseling and Development*, *Counseling and Values* and the *Journal of Multicultural Counseling and Development* reveals **no articles on conversion therapy**. All articles concerning homosexuality espouse the gay-affirming approach to therapy. I think the information given in this article, previously unreported in counseling journals, should be widely distributed.

### Discussion

The purpose of this review has been to demonstrate that therapeutic efforts to help clients modify patterns of sexual arousal have been successful, and should be available to clients wishing such assistance. I believe the available literature leaves no doubt that some degree of change is possible for some clients who wish to pursue it.

The literature on therapeutic assistance for unwanted same-gender sexual arousal suddenly came to a near halt in the early 1970s, but clients wishing assistance did not cease to come to counseling. *I personally have experience with clients who have wanted assistance to change their pattern of sexual arousal and due to their reports, believe such change is possible*.

As stated above, sexual orientation as a concept has limited clinical utility. Since the definition of sexual orientation is somewhat arbitrary, I submit it is inappropriate to tell a client that it cannot be changed or modified. Bell and Weinberg (1978) in their large study of homosexuality in the San Francisco area, defined a homosexual as anyone with a Kinsey rating of four or higher. In the literature cited above, rates of change for individuals with Kinsey ratings of 4 and 5 were in the 57-78% range (Feldman, MacCulloch, & Orford, 1971; Hatterer, 1980; Mayerson & Lief, 1965). Thus, defined in the manner of the Bell and Weinberg study, an impressive majority of clients were able to modify sexual orientation. Whether one can say that sexual orientation is being changed depends on how narrowly one defines sexual orientation, or if it can be defined at all.

So what should mental health counselors do when confronted with clients who request sexual reorientation? I propose the following guidelines:

1. Neither gay-affirmative nor conversion therapy should be assumed to be the preferred approach. Generally, gay-affirmative therapy, or referral to such a practitioner, should be offered to those clients who want to become more satisfied with a same-gender sexual orientation. Conversion therapy or referral should be offered to clients who decide they want to modify or overcome same-gender patterns of sexual arousal. Assessment should be conducted to help clarify the strength and persistence of the client's wishes.

*continued on next page*

2. For those clients who are in distress concerning their sexual orientation and are undecided concerning reorientation, mental-health counselors should not assume what approach is best. They should inform clients that many mental-health professionals believe same-gender sexual orientation cannot be changed, but that others believe change is possible. Clients should be informed that some mental-health professionals and researchers dispute the concept of an immutable sexual orientation. Mental-health counselors should explain that not all clients who participate in gay-affirming therapy are able to find satisfaction in a gay adjustment, nor are all clients who seek sexual reorientation successful. When clients cannot decide which therapeutic course to pursue, mental-health counselors can suggest that clients choose a therapy consistent with their values, personal convictions and/or religious beliefs (Nicolosi et al, 1998).

3. Since religion is one of the client attributes which mental health counselors are ethically bound to respect, counselors should take great care in advising those clients dissatisfied with same-gender sexual orientation due to their religious beliefs. To accommodate such clients, counselors should develop expertise in methods of sexual reorientation, or develop appropriate referral resources.

Finally, mental health counselors have an obligation to respect the dignity and wishes of all clients. ACA and other mental health associations should not attempt to limit the choices of gays and lesbians who want to change.

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## Psychiatric Association Rejects Reorientation Therapy

On December 11th, the American Psychiatric Association issued a statement similar to the American Psychological Association's earlier resolution, stating its opposition to sexual-orientation conversion therapy.

The Psychiatric Association says it opposes treatment "which is based upon the assumption that homosexuality *per se* is a mental disorder, or based upon a prior assumption that a patient should change his/her homosexual orientation."

The Association based its stance on the fact that it no longer considers homosexuality disordered; and on the Association's belief that a therapist who shares society's "prejudices" about homosexuality will increase the patient's self-hatred, anxiety, and self-destructive behavior.

The Association left one loophole in its statement, saying that "in the course of ongoing psychiatric treatment, there may be appropriate clinical indications for attempting to change sexual behaviors." They did not define what those appropriate indications might be, nor did they specify that the "change in behaviors" might include the reduction of homosexuality and development of heterosexual responsiveness—that is, the work of conversion-type therapies.

Nevertheless, they were clear in their conviction that a therapist who conducts his therapy based on the assumption that homosexuality represents a disorder, risks lowering the patient's self-esteem.

At the time the *Bulletin* went to press, NARTH officers were at work on a response to the Psychiatric Association.

### New Workbook for Homosexual Strugglers

There is very little self-help literature written for men or women struggling to understand and overcome their same-sex attractions. Recently, however, Evergreen International—an independent support group for members of the Church of Jesus Christ of Latter-Day Saints—published a comprehensive self-help "Workbook for Men" written by Shirley Cox, LCSW, David Matheson, M.A. and Doris Dant, M.A.

This workbook makes some references to LDS scripture which will not be relevant to a broad readership. However, if the reader is willing to look beyond this particular focus, he will be well rewarded with the discovery of a top-quality, information-packed and highly readable reference which is otherwise of universal applicability to any man seeking self-insight on this subject. The book encourages the reader to probe his past and present experiences in order to gain insights into his family relationships, motivations, self-image, and those self-defeating thoughts and behaviors that perpetuate his unwanted feelings and behaviors. Simply put, this book is one-of-a-kind and first-rate.

There are sections on "Understanding Where You've Been," "Developing a Support Network," "Problems in Your Past Relationship with Your Mother and Father," "Exploring Your Childhood and Adolescent Friendships," "Assessing Problems in the Development

of Attachments," "Biological Factors," and "Considering Relationships that Inhibited Your Masculinity." Other sections address "Pathways into Homosexuality," "Understanding Your Longings for Attachment," "Considering Your Values," "Making a Commitment to Change," and "Seeing Yourself Without Homosexuality--Taking a Wider View of You."

Another section studies the means of developing satisfying same-sex friendships, removing oneself from abusive relationships, letting go of shame and guilt, and building one's life on true beliefs rather than misconceptions or rationalizations. There are valuable suggestions for further reading, as well as numerous spaces set aside for personal, journal-style entries and checklists.

Throughout, the workbook comes alive through the liberal use of quotations and interesting personal testimonies.

The authors mention that this book is a supplement—not a substitution—for counseling and support groups. According to one of the authors, David Matheson, the workbook may be revised into an additional version which would be secular or ecumenical in approach.

To order, contact Evergreen International



—Reviewed by Linda Nicolosi

### Beliefs About Homosexuality

As one of my group members put it, "I think that a man and a woman are biologically *supposed* to go together, but my gay friends say that's all just propaganda. They say that I'm really gay, and that liking other men is just the same as liking women. I get so confused, I don't know how to even think about myself sometimes!" These kinds of confusing gay beliefs about sexuality can be now be openly discussed and examined with the other members of the group. It is not surprising that beliefs about homosexuality are one of the most frequently discussed issues in the group, as well as how the group members see and identify their own sexuality.

Gay-affirmative therapists like Richard Isay have influenced the belief that anyone with homoerotic feelings is *de facto* a homosexual, whether his fantasies are *consciously* homosexual or not. As Isay has stated, there are men "who may not even have conscious access to their homoerotic fantasies because they repress, suppress, or deny them... and I also consider them to be homosexual" (1).

### Seeing The Patient From A Position of Technical Neutrality

Taking a therapeutic position of technical neutrality allows the patient to speak for himself and better identify and define his own sexual and gender identity as it really is. In my own work from this position, I find that group members begin to question their old view of themselves as "gay" or "homosexual," and start to see their own masculine identity in clearer and deeper ways than ever before.

This way of seeing our patients is supported by the view of Otto Kernberg, President of the International Psychoanalytical Association. Three years ago I heard Dr. Kernberg give an address on homosexuality in Santa Monica, which he summarized by asking the following question: "Are there homosexuals who can be analyzed and who will change their sexual orientation? Yes, very definitely. Can we predict? I would say no, and on the contrary, we can only say that the prognosis for psychoanalysis improves, the better the personality structure; but that the final orientation has to be left open in the analyst's mind, and he has to proceed from a position of technical neutrality. Is the ego-syntonicity of the homosexuality an indication of whether the patient is going to remain a homosexual or not? No, because that ego-syntonicity may change throughout the analysis. The character structure is really the crucial prognostic element. I think that Isay's attack on psychoanalysis, saying that we... 'don't tolerate that our homosexual patients remain homosexual' is an ideological statement, and we should be able to stand up to politically correct thinking" (2).

### Patients are Men First, Not "Homosexuals"

Kernberg supports taking a position of technical neutrality

with our patients, from which they can then identify and work through their own core relational problems and conflicted identity. Men's groups offer a similar experience to their members, where the members are not seen as homosexuals, but as the unique individuals and men that they are. In the company of other men, they begin to see that masculine qualities which have been repressed or renounced—such as aggression, competitiveness, and autonomy—can now be experienced and integrated into their identity and way of relating.

### Welcoming "The Deep Male" Within

One of the overall tasks of an effective men's group is to help men deepen their connection with their masculine gender. I think that Robert Bly describes this process well in his book, *Iron John*, which I recommend to my male patients.

Iron John is a character that is all male, all hairy, and lives at the bottom of a lake. Bly says:

"In the seventies I began to see all over the country a phenomenon that we might call the 'Soft Male.' They're not interested in harming the earth or starting wars. There's a gentle attitude toward life in their whole being and style of living. But many of these men are not happy. You quickly notice the lack of energy in them. What I'm suggesting, then, is that every modern male has, lying at the bottom of his psyche, a large, primitive being covered with hair down to his feet. Making contact with this Wild Man is the step the Eighties male or the Nineties male has yet to take. When a man approaches what I'll call the "deep male," he feels risk. Welcoming the Hairy Man is scary and risky, and it requires a different sort of courage. Contact with Iron John requires a willingness to descend into the male psyche and accept what's dark down there, including the nourishing dark" (3).

The requirement that Iron John makes on the boy in this story is an essential part of this process. In order to set the Wild Man free, he must first steal the key out from under his mother's pillow. Bly's use of this story gives rich symbolism of the resolution of the oedipal stage.

Helping men to make contact with their "deep male" is one of the primary functions that a men's group can offer its members. Giving support to each other to "steal the key out from under their mother's pillow" is also a significant function of a group, which we will discuss later.

### The Emperor's New Clothes

While Iron John helps men to better identify with their masculine selves, I believe that the story, *The Emperor's New Clothes*, by Hans Christian Andersen, helps to illustrate how men's groups can help men take off their old, false identity of being "gay" and see their real masculine selves.

continued on next page

While reading the story, I think you will see how the emperor's narcissism and need for group approval and idealization reflects a common experience in gay relationships. Following the story, I will discuss how my own group specifically addresses many of these problems. But first, to better illustrate my point, I am going to slightly change the title of the story to, "The Emperor's New Gay Clothes."

Here is the story:

Many years ago there was an emperor who was so fond of new clothes that he spent all his money on them. He had a costume for every hour in the day.

One day there came along two rascals who presented themselves as weavers and said that they knew how to weave the most exquisite stuff imaginable. Not only were the colors and patterns uncommonly beautiful, but the clothes had the peculiar property of becoming invisible to every person who was unfit for the office he held, or who was exceptionally stupid.

"Those must be valuable clothes," thought the emperor. "By wearing them I should be able to discover which of the men in my empire are not fit for their posts." So he paid the swindlers a handsome sum of money in advance, as they required.

As for them, they put up two looms and pretended to be weaving, though there was nothing whatever on their shuttles.

The emperor thought he should like to see it himself while it was still on the loom. So with a company of carefully selected men, he went to visit the crafty impostors.

"What!" thought the emperor. "I see nothing at all. This is terrible! Am I a fool? Am I not fit to be emperor? Why, nothing more dreadful could happen to me!" He said aloud, "Oh, it is very pretty! It has my highest approval."

At last, the weavers said, "Now the clothes are finished." The emperor took off his clothes, and the rogues pretended to put on first one garment, and then another of the new ones they had pretended to make. "How well the Majesty looks in his new clothes! How becoming they are!" cried all the courtiers in turn. "Well I am ready," replied the emperor. So the emperor went along in the procession, under the splendid canopy, and everyone in the streets said, "How beautiful the emperor's new clothes are! And how well they fit!"

"But he has nothing on!" exclaimed a little child.

And one person whispered to another what the child had

said: "He has nothing on! A child said he has nothing on!"

"But he has nothing on," cried all the people.

The emperor was startled by this, for he had a suspicion that they were right. But he thought, "I must face this out to the end, and go on with the procession." So he held himself more stiffly than ever, and the chamberlains held up the train that was not there at all.

### **Are Psychotherapists, Too, Pretending to See the Emperor's "New Gay Clothes"?**

Surely there are parallels between the weavers in this story, and gay activists who call anyone in political office or the

psychological profession unfit for office, or stupid, if they don't see the gay view of sexuality---the "new gay clothes." Slandering one's opponents in order to silence them is a very old---and desperate---tactic. And surely there are parallels between the emperor's peers and many of us in the psychotherapy profession. We feel shamed into pretending we see nothing problematic in our patients' homosexuality.

**The need to belong  
is so great, that  
many gay men  
refuse to see the truth  
about the gay community.**

### **"Fitting In" and the Attraction of the Gay Community**

But I want to focus here on the power of, and need for, group belonging and identification, as the emperor so clearly demonstrates. This is especially important for those with a narcissistic personality structure, and for those who have felt unaccepted by their peers. This need to belong and to be seen approvingly can be so strong that an individual will deliberately deny even his own view of reality in order to fit in.

Even when some gay men have a suspicion that NARTH is right about homosexuality, they will often (like the emperor) "follow their own procession out to the end," once they have committed themselves to their gay beliefs and the gay community. I think that they, also, believe that they could never find a sense of belonging elsewhere.

Men's groups can therefore provide a powerful place for men with ego-dystonic homoerotic feelings to find belonging, and to be seen and heard in ways that they often have never before experienced in their lives.

As one man put it, with the rest of the group in agreement, "This is the best group that I have ever belonged to in my life. I finally feel understood and accepted by this group. My gay friends don't accept me, and many churches don't either, because I don't believe in their view of homosexuality---which is that I should just accept that I am gay."



Family and friends may also be uncomfortable or upset about talking with them on the subject of homosexuality. So when these men come into a group of other men who also want to grow in their masculine sexuality and identity, they feel like they have finally *come home*. As one member expressed, "This group is the home I've never had. I've belonged to both gay support groups and church fellowship groups, but this is the first group where I feel that I can really be me."

### Call It A Men's Group

So what do we call this kind of men's group? I think this is a very meaningful question for the group to process in its beginning phase together.

When the group first began, one member related that he had seen another member of the group in a restaurant—but didn't approach him because he didn't want to tell the other person with him about the "kind of group" they were both in. My response was to ask him, as well as the whole group, to *define* what kind of group they thought we were in.

This discussion helped to clarify that this isn't a "gay" or "homosexual" group. It isn't a "reparative" group or a "non-gay homosexual" men's group, although these signifiers are in fact legitimate (I myself actually use the non-gay term to advertise my group). Men who came from Exodus-associated groups have used terms for themselves like "homosexual strugglers" or "sexually broken." But I think that all of the above signifiers distort or miss seeing these men as they really are. My view is that the primary signifier to use for these men is that *they are men*, and that the accurate term to describe the group is a "psychodynamic men's group."

I actually run two men's groups in my practice. While one group deals with homosexuality and the other does not, they both have the same goal of maturing in the real self, and deepening their relationships with others.

Of course, while homosexuality is unique to one group, the focus of that group is not and cannot be primarily on sex. When the group members process areas such as feelings of inferiority, fears, anger, and grief, then it becomes clear to the whole group that the focus of the group is not just about sex, but about *deeper and unresolved needs or conflicts* within each man's life. To focus on sexual behavior each week will only serve to reinforce the misconception that their primary issue is about sex. That sounds like something we've been hearing out of Washington D.C. lately...that it's "Just about sex!"

### Group Process

In order to better describe the process of my group, I will now discuss several of the major issues that have been significant in the group process. These include *fears of aggression;*

*separation conflicts with mother; fathers and manhood; and feelings of inferiority around men.*

### Facing Fears Of Masculine Aggression

Fears of aggression and power are not unusual for men with a poor sense of their masculine self, and a group is a great place to face these fears. Since aggression was often not allowed for them as boys, assertiveness and power have become both *desired* and *feared* at the same time. One member related how it was acceptable for his mother to always be angry, but his father demanded that he always be nice to her, always wear a smile, and never argue with her.

Another member said his mother never let him play with toy guns, or play on the monkey bars or climb trees, because she didn't want him to get hurt. Of course, the irony is that the boy was in fact hurt by her *not allowing him* to get hurt! Now even as men, they find conflictual and painful situations something to avoid at all costs, instead of something that they can confidently face.

One man talked about playing with his rubber knife when he was eight, only to have his dad get angry, take the knife from him, bend it in half, and tell him to never point that at anybody again. When another member related that other boys in school called him emasculating names like "faggot" and "fairy," all the other members said they had experienced the same thing as well.

While processing these emotional and physical childhood assaults on their lives in group, the men began to feel more powerful as they expressed their anger at their attackers, instead of re-living their old feeling of being afraid of them. Through the support of other group members, the men could now find empathy and respect from others that they didn't get when they were young.

Another effective way for the group to address these fears of confrontation is to confront one another, and me. One example of this happened when one group member had to quit the group because of financial problems, but he didn't want to tell me because he was afraid that he would be disrupting the group. As we addressed these feelings in group, he discovered that I didn't react the same rageful manner that his dad would always react, and he was now able to experience confrontation in a new and less threatening way.

### Coming Out From Under Mother's Skirt

Another issue where the group has been helpful to one another is in resolving their separation process with their mothers, or in "stealing the key out from under their mother's pillow." Mothers that are overly protective, possessive, and dependent on their sons to meet their own emotional needs make it difficult to separate from her and her gender without feelings of fear and guilt. All of the

men in the group related to this kind of difficulty.

As one man put it, "My mom had a very big skirt, and it wasn't easy to come out from under it." Another group member said his mother had moved her own bed into his bedroom when he was twelve, because she was unhappy with his father—and she *stayed* in his room until he moved out at the age of 21.

Another member then related with shame that his mother took baths with him until he was twelve. Still another talked about his mother telling him that he should not be interested in girls, because they would just cause problems in his life. One member summed up the exasperation he felt of being so smothered by mother that he yelled at her at the age of ten, "You have got to let me go!"

In many tribes and cultures around the world, boys don't have such a difficult time in separating from their mothers, because the men of the tribe physically took each boy away from his mother around the age of puberty. For boys without strong enough fathers or adult men around him, the ability to separate from mother can be virtually impossible. Now with the support and sense of belonging to other men in the group, the old fear of stealing the key out from under one's mother's pillow can be faced and overcome.

### Fathers And Manhood

Another important relationship for men to address is that with their fathers, because fathers hold a singular role in a boy's development into manhood. Fathers affect whether a boy will identify or dis-identify with manhood. The common problem the members relate is feeling ashamed that they had never measured up to dad's expectations. As the men talk about how their fathers shamed and failed them, the group can provide valuable feedback and empathy for each member.

One member related a story about his father, who was prone to rage; and while playing catch one day as a twelve-year-old, he threw the ball over his dad's head. In front of all the other neighbor kids, the dad yelled at him at the top of his lungs: "You play baseball so much like a sissy, that I wish you would have been born a girl, so then I wouldn't be so ashamed of you." Other men talked about being severely beaten by their fathers, or being ignored or resented by them. With the support from the other men in the group, these experiences of being shamed and rejected can now be worked through together.

Talking about fathers can lead the group into discussing their views and definitions of manhood. By discussing with each other their views of mature manhood, they can replace an older, negative view of their father's manhood with a new and positive definition of manhood that they can pattern their own lives after. The positive dynamic of a group is that the men are already doing something that

most of their fathers would have never done themselves. Sitting down with other men with such trust and vulnerability in order to intentionally grow in their manhood is something that they just didn't do with their fathers.

One of the guys said, "I always envied my dad playing golf with his same friends for 25 years, but it just dawned on me that while they had fun playing golf together, they really never talked about any personal issues with each other. Maybe Dad really wasn't that close to other men after all." Men's groups can especially help men discuss what it means to be a man, their ideals of manhood, and how they see themselves as men.

### Identification With Other Men, And Becoming One Of The Guys

The last issue that I want to address is how groups help men to feel more identified with other men. All of the men with homoerotic feelings that I have ever worked with have said that *they have never felt they were "one of the guys."* In fact, one member related that when he had recently been in a group of women friends, he started to leave when they began to talk about menstruation. Their response to him was, "You don't have to leave, you're one of the girls!" This statement only reinforced the old feelings experienced from boyhood to adolescence of not being completely male, and feeling different and inferior to other boys.

When a boy doesn't feel like he belongs with his male peers, the toll on his emerging masculine self can be devastating. One place where this has often happened is on the playing field, where you either compete, or feel you can't compete. One man said he had always hated to play basketball as an adolescent. During one game, the ball was passed to him at the very end of the game—and he dribbled down the court as fast as he could, and *made a basket!* The humiliating part of it was that *it was the wrong basket!*

To this guy's surprise, another member quickly related that he had done the very same thing when he played basketball also! Instead of feeling ostracized and inferior, these men could now feel empathy from other males, and now even laugh together about their past athletic hardships.

### How To Start A Group

For those interested in starting a group, I would like to offer some practical guidelines such as interviewing new members, and determining both group size, and type of group process.

I interview each new member for three or four 30-minute sessions, without a fee, in order to evaluate their readiness for a group experience, and their likely fit with the rest of the group. Members that are already in individual therapy tend to make the best members because they have already done work toward identifying their issues, talking about their issues, and knowing what they want

from a group.

I think that the best group size is five to seven members, with seven being preferable, because all of the members are not able to come to every session. The type of my group is psychodynamic, meaning that we process whatever issues the members bring with them, or that come up during the course of the session. Usually, one member will bring up an issue that resonates with other members, and then the whole group will process the issue further. Though groups are often not that easy to start, I encourage therapists to keep trying, because the experience for both the group members and the therapist can be very rewarding.

### Conclusion

When men have been seen as inferior, incompetent, unmasculine, gay, homosexual strugglers, or just ignored and not seen—then a men's group can help them to find and develop their real selves. Like the child in the story of the emperor's new clothes, the members of a men's group can *speak the truth to each other* about their sexuality and their real selves, and discover that the old gay beliefs about themselves can gradually disappear. Some men may decide to continue in the gay procession and identity, but others will eventually come out of this false construct because they find their masculine identity is growing from within.

Seeing our patients as the men they are, while addressing

the unresolved conflicts within them that first derailed their masculine identity, can help to bring real growth and change in their lives. For "what you see" is indeed "what you get" —and what our clients need is to be *accurately seen and mirrored* as the men they really are. ■

### Endnotes

- (1) Isay, Richard (1989). *Being Homosexual: Gay Men and their Development*. New York: Farrar, Strauss and Giroux, p.11.
- (2) "Contemporary Controversies Regarding Psychotherapy of Homosexuals," sponsored by the Psychoanalytic Center of California, January 7, 1995.
- (3) Bly, Robert (1990). *Iron John*. New York: Addison Wesley, p 2-3, 6.

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*Yarhouse articles, continued from page 6*

and behavior. Psychologists certainly refrain from decrying chemical-dependency programs because someone experiences cravings following treatment."

When a client decides to pursue gay-affirmative therapy, he says, he should be aware of those factors associated with a gay lifestyle—increased rates of depressive symptomology, alcohol and drug use, suicidal ideation, and widespread use of sexual practices which increase the risk of physical harm and disease (for which he cites the 1994 book, *The Social Organization of Sexuality* in reference).

Acknowledging a client's right to choose sexual-reorientation treatment "affirms their right to dignity, autonomy, and agency, as persons presumed capable of freely choosing among treatment modalities and behavior," as well as the client's right to his own cultural and religious values.

Dr. Yarhouse's second article, "When Families Present with Concerns about an Adolescent's Same Sex Attraction," similarly stresses the importance of respecting the client's

cultural and religious values. He states that no one theory, in and of itself (biological or psychological) can completely explain the origins of homosexual attraction, but that both do have some empirical support.

He questions the ethicality of the gay-affirmative approach, which aims to change the client's attitudes and values about homosexuality, and says it borders on using the professional relationship to further the therapist's own interests. Instead, he advises using a comprehensive type of informed consent which fully advises the client of all his options. If religious or social values are central to the family's concerns and are in clear conflict with those of the therapist—or the therapist believes he may ultimately attempt to impose his own values on the client—then the therapist should refer him out to a clinician whose values are compatible.

Dr. Yarhouse can be contacted at Regent University, School of Counseling and Human Services, 1000 Regent University Drive, Virginia Beach, VA 23464. ■

## Collected Papers

The Collected Papers from our 1997 NARTH Conference are available. Suggested donation is \$15, postpaid. (Outside U.S. and Canada, \$20--in U.S. funds only, please)

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- #1 Is There a Gay Gene?
- #2 The Problem of Pedophilia
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To those NARTH members have been sending article reprints and news clippings for our use, we thank you for keeping us informed. Even though we have not responded to you individually, please be assured of our continuing appreciation.

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## Paper Available from NARTH

This detailed historical description reveals the behind-the-scenes proceedings that resulted in the deletion of homosexuality from the Diagnostic Manual. "Sexual Politics and Scientific Logic: The Issue of Homosexuality," by Charles Socarides, M.D., originally appeared in the *Journal of Psychohistory* (Winter 1992). Suggested donation: \$10.

## Reviewers Wanted

NARTH has review copies of some excellent books relevant to gender issues, innate sex differences, and counseling. We need capable and willing reviewers who can **summarize the useful material** in these books, as well as some journal articles, for our readers. Please contact us if you are willing to donate some time to the production of the *Bulletin*.