

# NARTH BULLETIN

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## On the Right to Self-Determination



*The American Psychiatric Association recently cancelled a debate which was to explore the ethics and effectiveness of reorientation therapy.*

*In protest, approximately 45 ex-gay ministry leaders flew to Chicago from around the country—some walking with their spouses and children at their sides—to protest the debate's cancellation. Their message was, "We have a right to define who we really are."*

*NARTH's President Joseph Nicolosi and Vice President A. Dean Byrd, Ph.D. appeared at a press conference outside the A.P.A. meeting alongside Robert Spitzer, M.D., on the day of the cancelled Psychiatric Association debate. The group defended the right to therapy and self-determination.*

*Dr. Nicolosi called for the A.P.A. to help dissatisfied homosexuals "pursue their own personal dreams," exactly as gays have. The following are Dr. Nicolosi's comments to the media:*

My name is Dr. Joseph Nicolosi. I am a California State licensed clinical psychologist and President of the National Association for Research and Therapy of Homosexuality. NARTH is a professional scientific organization, representing several hundred licensed psychiatrists, psychologists and counselors around the country who are professionally committed to assisting individuals who are transitioning out of homosexuality.

As mental-health professionals, we have organized ourselves under NARTH to protect our right to assist persons dissatisfied with their same-sex attractions.

More importantly, we are committed to protecting the **client's own right to self-determination**. We are defending his right to choose professional support and assistance toward fulfilling the goal of sexual reorientation—a right that is now increasingly under threat from our professional associations.

## A.P.A. Says It Will Reconsider A Debate

Following the picketing of the American Psychiatric Association meeting in May, NARTH sent a copy of its most recent *Bulletin* to each of the A.P.A. trustees, along with a letter calling for a debate on the ethics and effectiveness of reorientation therapy.

In response, the Chairman of the A.P.A. Ethics Committee, Dr. Richard Malone, wrote NARTH to explain that A.P.A. "certainly supports the concept of free and open debate on scientific matters within the A.P.A."

"I have asked the Scientific Program Committee to consider your concern," Dr. Malone said, "so that attention may be given to your request for an open scientific debate."

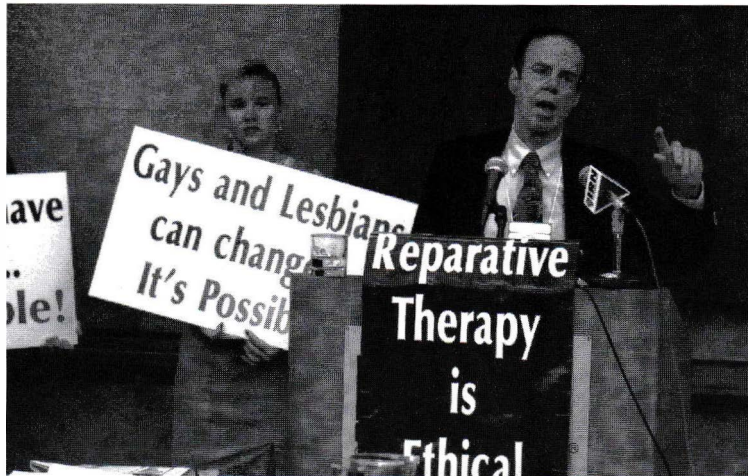
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## NARTH Press Conference at APA Annual Meeting

(Continued from page one)

Gay activists, I believe, are blocking the patient's right to self-determination because they feel threatened by the voices of men and women who have come out of homosexuality.



At the press conference, Robert Spitzer, M.D. defended the possibility of sexual reorientation.

But we say to them: We would hope that with your own recent gains in public acceptance and political recognition—which we recognize as your right—you will feel secure enough in your own successes to allow these men and women—who don't want to be gay—to pursue their own personal dreams, just as you have.

Granting ex-gay men and women the right to self-determination doesn't mean diminishing your right to pursue a different lifestyle.

There are many psychiatrists, psychologists, and other members of the mental health profession who stand with NARTH in support of struggling men and women whose dream it is to move away from behavior that displeases them, and to fulfill their desire for marriage, family and conventional lifestyle, in keeping with their own values and traditions. But the Psychiatric Association is making it increasingly difficult for such therapists to help them.

So we are making an emotional appeal to the psychiatric

community: "Get to know these men and women. Find out: Who are they? What are they trying to accomplish for themselves? How can our profession help them?"

The A.P.A. can't just keep offering every patient a "one-size-fits-all" philosophy, which is "Accept your homosexuality—and keep working on getting rid of your homophobia." This is not psychotherapy. *These may be your values, but these are not their values.* This is not a problem of homophobia; it is a question of their right to autonomy and self-determination.

The picketing we are seeing here today at the American Psychiatric Association Convention is a repeat of the appeal made to this very same association in 1973—involving the same issue, same tactics—but this time, you are seeing not gay men and women, but EX-gays. And they are making

more than a simple emotional appeal for the freedom to define themselves. They, and we at NARTH, are also making an intellectual appeal, asking you to look at the research—look into the data.

We came close to getting the evidence out for open discussion, because Dr. Robert Spitzer had scheduled today—this morning!—an open forum on the ethics and effectiveness of reorientation therapy. After the debate had been formally put on the meeting schedule, the two gay-activist psychiatrists who were debating in the opposing position dropped out and shut down the forum.

Our challenge is to the A.P.A. Board of Trustees: Look at the data. It's either one way or the other: If people *do* change, then you have a responsibility to change your policy. If they *don't* change—that is, no behavioral or identity shift is

accomplished, and they leave therapy feeling worse about themselves than when they came in—then we really *are* doing harm to our patients.

We're ready to open the debate; let's put the evidence on the table.



At the APA Convention in Chicago, 56 ex-gay ministry leaders from around the country gathered to protest the APA's cancellation of the debate on reorientation therapy.



# NARTH Signs On to Full-Page Newspaper Ad

On May 17<sup>th</sup>—the same day as the cancelled American Psychiatric Association debate—NARTH signed on to a full-page advertisement in USA Today. The ad, which urged the Psychiatric Association to reopen this debate at a future time, featured photos of ex-gays and their families.

In addition to running in USA Today, the advertisement was reprinted in a Focus on the Family publication which reaches 1.7 million subscribers. The ad said:

This week, the APA holds its annual convention in Chicago. Unfortunately, they cancelled today's scheduled debate on this issue of therapy to homosexuals. Why? Perhaps it's all in the name of political correctness. Sure, people want the right to live any way they choose. Who's denying that? We're just wondering, why does the APA seek to deny the rights of struggling homosexuals who want help? Shouldn't people searching for help out of homosexuality be able to find it? Yet the APA is moving in a direction to **silence the dialogue**—and the hope.

Psychiatrist Robert L. Spitzer, M.D. was a key player in the original 1973 decision to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders. He was moved to rethink the issue of sexual-reorientation therapy when a group of former homosexuals picketed a 1998 APA meeting. Since then, Dr. Spitzer has talked to numerous ex-gays and has had a radical change of mind regarding the possibility of change. During an interview with Dr. Laura Schlessinger on January 21, 2000, he said, "I'm convinced from people I have interviewed, that for many of them, they have made substantial changes toward

becoming heterosexual...I came to this study skeptical. I now believe that for many, these changes can be sustained."

Indeed, thousands of people have succeeded in changing—with and without therapy. Don't others have the right to hear about this kind of success?

The APA refuses to recognize this kind of reorientation therapy as ethical and effective. This is scientifically indefensible. When psychiatrists dismiss the honest and deeply-held values of their patients, these doctors are actually demonstrating a *disregard for diversity*, and a refusal to respect the patient's right to dignity, autonomy and self-determination.

On the issue of coming out of homosexuality, Americans deserve to know the truth: Freedom from homosexuality is possible.

Homosexual activists rightfully demand that we respect their

right to define themselves as gay. So, what about the men and women who define themselves as *ex-gay*? Many homosexuals have found themselves dissatisfied with the gay option and seek professional assistance. Don't they have the right to pursue their dream of heterosexual singleness, or conventional marriage and family? Many have. And their joy is great.

And they say all this  
**joy**  
is dangerous?

There's Irresponsible Joy in Freedom

Thousands of men and women have found irrepressible joy in becoming unsexually homosexual. And countless others have been brought back to the straight line of life by the same joy. For change is possible for those struggling with same-sex desire. Yet a small minority of psychologists and other in our country claim that we should not. In fact, the American Psychiatric Association (APA) claims that "clinical" conversion therapy to reverse from being people who are LGBT is unethical because this can be harmful and cause depression, etc. Do you think depression?

We Refuse to be Silent About the Truth

This week, the APA holds its annual convention in Chicago. Unfortunately, they cancelled today's scheduled debate on this issue of therapy to homosexuals. Why? Perhaps it's all in the name of political correctness. Sure, people want the right to live any way they choose. Who's denying that? We're just wondering, why does the APA seek to deny the rights of struggling homosexuals who want help? Shouldn't people searching for help out of homosexuality be able to find it? Yet the APA is moving in a direction to silence the dialogue—and the hope.

We Believe in Giving Americans a Choice

On the issue of coming out of homosexuality, Americans deserve to know the truth: Freedom from homosexuality is a reality for many. Homosexual activists rightfully demand that we respect their right to define themselves as gay. So, what about the men and women who define themselves as ex-gay? Many homosexuals have found themselves dissatisfied with the gay option and seek professional assistance. Don't they have the right to pursue their dream of heterosexual singleness, or conventional marriage and family? Many have. And their joy is great.

Today at the McCormick Place Convention Center in Chicago, Ill., at 9:00 a.m., we are sharing this message and demonstrating for our civil rights in opposition to the APA's position.

FOR MEDIA INQUIRIES:  
CRAIG SILVER & ASSOCIATES  
1-800-336-5800

## Signers of the ad:

NARTH  
Exodus International North America  
Focus on the Family / Parents & Friends of Ex-Gays  
Evergreen International / Transforming Congregations  
International Healing Foundation  
Jews Offering New Alternatives to Homosexuality (JONAH)  
New Life Clinics

# Two NARTH Research Studies Published

In April, the peer-reviewed professional journal *Psychological Reports* published NARTH's survey of 206 sexual-reorientation therapists.

In June, *Psychological Reports* published NARTH's survey of 882 dissatisfied homosexuals. A press release announced both studies.

## What the Therapists Reported

The first article, entitled "Beliefs and Practices of Therapists Who Practice Sexual-Reorientation Therapy," was written by Joseph Nicolosi, Ph.D., A Dean Byrd, Ph.D. of the University of Utah, and Richard W. Potts, M.A., of Utah Valley Regional Medical Center.

"We wanted to conduct this survey in order to better understand what members of our psychotherapist community believe about conversion therapy and their treatment of dissatisfied homosexuals," the authors reported.

The authors emphasized that the study was not a random survey, but it specifically sought out therapists who conduct reorientation therapy. Most surveyed therapists said they believe the 1973 decision to remove homosexuality from the psychiatric manual was politically, and not scientifically, motivated. Most believed that homosexuality is not genetically determined, but is instead a primarily developmental phenomenon which results from a combination of nature and nurture.

The therapists surveyed said that reorientation therapy is not appropriate for all clients. They agreed that clients have a right to pursue a gay lifestyle, and change-type therapies should not be imposed on a client who is not receptive.

## Two Types of Coercion

Yet there is an opposite type of coercion commonly being practiced, Dr. Nicolosi said; clients who seek change are being told that change is impossible, that their real nature is homosexual, and that they should grow more fully into a

gay identity—which for them may be ego-dystonic.

"Therapists have an ethical obligation to respect their client's right to dignity and autonomy," Dr. Nicolosi stressed. "They have no right to tell clients that their religious convictions should be discarded, they were created homosexual, and that the client's only problem is lack of self-acceptance."

A significant minority of the therapists surveyed by NARTH (26%) were themselves ex-gay men and women.

## What 882 Subjects Reported

The second study, titled "Retrospective Self-Reports of Changes in Homosexual Orientation: A Consumer Survey on Conversion Therapy Clients," was written by the same three authors as the first NARTH study. Joseph Nicolosi was the Principal Research Investigator, and analysis of the data was performed by a group of statisticians at Brigham Young University.

The study surveyed 882 dissatisfied homosexual people, of whom 726 had received therapy from a professional therapist or pastoral counselor.

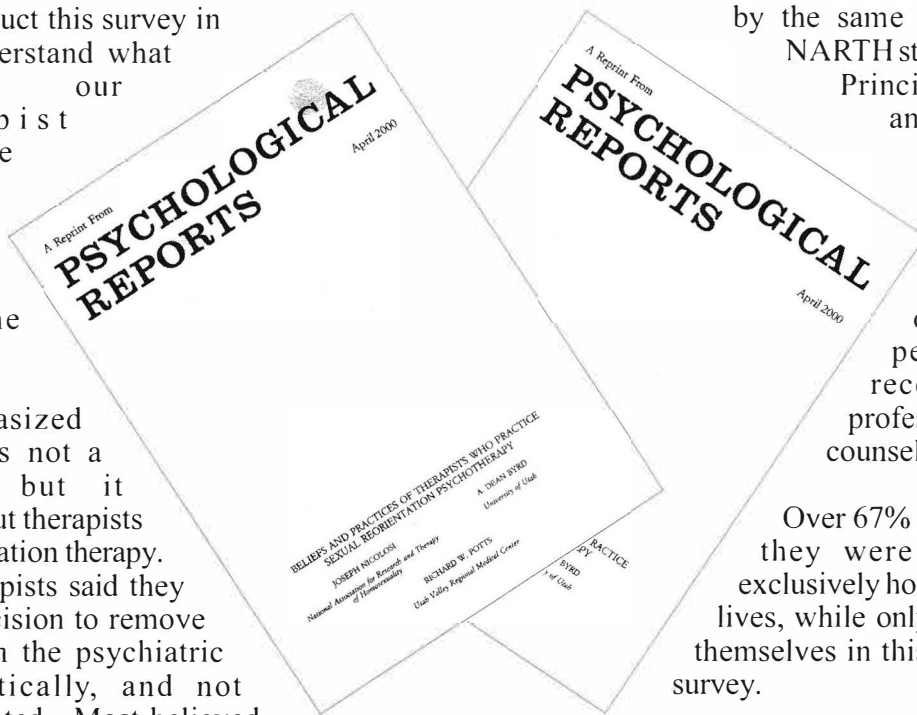
Over 67% of the participants indicated they were exclusively or almost exclusively homosexual at one time in their lives, while only 12.8% of them perceived themselves in this manner at the time of the survey.

Significantly, 45.4% of the exclusively homosexual participants reported having made major changes in their orientation.

On the other hand, 35.1% of the participants were unsuccessful in making significant changes.

Those participants who were successful reported statistically significant reductions in the frequency of their homosexual thoughts and fantasies. They also reported significant improvements in other important areas of their lives—particularly, their psychological, interpersonal, and spiritual well-being.

Copies of both published articles are available from NARTH for a cost of \$5 each. ■





# Our Response to “Just the Facts about Sexual Orientation and Youth”

Recently, a coalition including the National Education Association and American Psychological Association issued a pamphlet called “Just the Facts” to every school superintendent.

The coalition’s aim was as follows:

- 1) to advise schools against sexual-reorientation therapy.
- 2) to warn administrators that gay clubs must be accepted;
- 3) to caution schools about scientific literature that presents heterosexuality as the norm.

The following is NARTH’s response, which will soon be available in pamphlet form.

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**“Aren’t gay-affirming school programs necessary because they keep schools safe?”**

Without question, the aim of gay-affirmative counseling programs is humanitarian. They are responding to a problem of scapegoating which schools must address.

But the problem is, while claiming only to discourage scapegoating, gay-affirming programs do much more. In reality, they promote a particular worldview which equates homosexuality with heterosexuality.

Students are expected to adopt this *new* belief system lest *they* become scapegoats. These programs promote the value systems of a particular social group and denigrate the views of another, while at the same time, distorting the findings of empirical science.

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**“But doesn’t science tell us that homosexuals are ‘born that way’?”**

The pamphlet “Just the Facts” implies that there is a distinct population of gay, lesbian and bisexual students who were “born that way” and cannot change. But there is no evidence that shows that homosexuality is simply “genetic.”

“Gay gene” researcher Dr. Dean Hamer (himself a gay man) was asked by *Scientific American* if homosexuality was rooted solely in biology. He replied:

“Absolutely not. From twin studies, we already know that half or more of the variability in sexual orientation

is **not inherited**.<sup>2</sup>

Brain researcher and gay activist Dr. Simon LeVay—whose study of the hypothalamus in homosexuals made international headlines—now admits:

“At this point, the most widely held opinion [on causation of homosexuality] is that *multiple factors* play a role.”<sup>3</sup>

Concludes psychiatrist Jeffrey Satinover:

“There is no evidence that shows that homosexuality is genetic—and **none of the research itself claims there is**. Only the press and certain researchers do, when speaking in sound bites to the public.”<sup>4</sup>

Contrary to the “born that way” myth, scientific evidence links homosexuality to social and parental influences—including certain family patterns, same-sex relational problems, early seduction by older peers, and labeling by other children—combined in varying degrees with biological predisposition in some people.<sup>5</sup>

Homosexuality is not simply “genetic,” and it is subject to modification through counseling or psychotherapy. NARTH’s peer-reviewed study of 882 individuals clarifies that change is indeed possible.<sup>6</sup>

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**“So gay-affirming school programs aren’t neutral?”**

*Every voice* in the debate speaks from some sort of value system. There can be no “neutral” answers to most social issues.

Gay-affirming programs typically promote a value system which includes the following:

- a “sex-positive” approach that devalues self-restraint;
- the belief that marriage should be redefined beyond the model that has served civilization for centuries;
- denial of biologically rooted gender differences;
- support for gay adoption, with a refusal to recognize the proven importance of both mothers and fathers in child development;
- support for a child’s autonomy from the authority of both family and religious institutions—and also from the limits and norms these institutions place on children.

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The American Psychological Association's own value system is evident in its particular favored causes. Philosophies currently promoted by the A.P.A. include radical feminism, sexual liberationism, and gay activism—while marginalizing philosophies that promote the traditional family and respect for religious tradition.

The A.P.A. has even taken the position of encouraging its members to fight Defense of Marriage (DOMA) legislation—legislation that would preserve marriage as between one man and one woman—a political action which would effectively usher in gay marriage.

Because these scientific groups do not clarify that their positions represent social and political *philosophies*, the public erroneously believes that these positions are *science*.

### **“Gay youth suicide is epidemic. What should we do?”**

Gay activist Paul Gibson first promoted the idea that gays account for 30% of all youth suicide. Although this figure has since been discredited as seriously exaggerated,<sup>7</sup> it is still used as justification for “making schools safe” by introducing gay-affirming school programs.

The gay-affirming pamphlet “Just the Facts” correctly points out that there are particular problems facing the adolescent experiencing same-sex attractions, and scapegoating and teasing can be cruel and destructive. Indeed, family problems and suicidal ideation *are* more common among sexually confused teenagers. But NARTH believes that early self-labeling as “gay” will not solve the problems facing the sexually confused teenager.

Early self-labeling creates a **public-health risk** through an increase in high-risk behaviors. The premature sexual behavior which accompanies gay self-labeling is potentially life-threatening for gay males, and educational programs have not resolved the unsafe-sex problem.

The gay subculture into which such teenagers are directed has a high rate of depression, substance abuse, alcoholism, anonymous sex, and unsafe sex practices. Few teens possess the judgment and self-control to make wise decisions in such an environment.

According to one estimate, by the age of thirty, 30% of gay men will be HIV-positive or dead of AIDS.<sup>8</sup>

The National Lesbian and Gay Health Association (NLGHA) reports that gay men acquire sexually transmitted diseases—*other than AIDS*—at a rate 2.5 times higher than heterosexual men.<sup>9</sup>

Rather than affirming teens as gay, NARTH believes counselors should affirm “questioning” teens as individuals,

but encourage them to wait to adulthood to make choices about sexuality.

Most parents hope to have their child grow up heterosexual. This attitude finds support when we realistically assess comparative lifestyles. In its 1999 report, “Health Implications Associated with Homosexuality,” the Medical Institute for Sexual Health finds an alarmingly high rate of the following health problems associated with homosexual practice:<sup>10</sup>

- STDs
- HIV/AIDS
- Traumatic rectal/intestinal injury
- Hepatitis
- Human Papillomavirus/genital warts
- Herpes
- Other Viral and Nonviral STDs
- Gonorrhea

As the Medical Institute's report reveals, both gay men and lesbians have a higher rate of substance abuse (alcohol, tobacco and drugs) than do heterosexuals. Gay men have a greater number of lifetime sexual partners. Significant numbers of gay men and lesbians are victims of physical violence, and both homosexual men and women are over-represented among groups with certain psychological problems.

### **“What do psychotherapists say about sexual-orientation change?”**

The pamphlet “Just the Facts” fails to reveal that many respected professionals *disagree* with the pamphlet's point-of-view. And “Just the Facts” fails to acknowledge *the importance of self-determination and choice* in counseling.

The professional membership of NARTH (**The National Association of Research and Therapy of Homosexuality**), confirms that *change is possible*. NARTH asserts that clients—including teenagers—have the right to consider all the options. The following professionals have expressed support for the client's right to self-determination:

**Robert Spitzer, M.D.**, the psychiatrist who is known as the “architect of the 1973 diagnostic manual” that normalized homosexuality, recently expressed serious concern about the movement against sexual-reorientation therapy. He cites findings from his own research:

“I'm convinced from people I have interviewed...many of them...have made substantial changes toward becoming heterosexual. I came to this study skeptical. I now claim that these changes can be sustained.”

About exclusive homosexuality, he conceded, “I think, implicitly, there is something not working.”<sup>11</sup>

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**Dr. Raymond Fowler, CEO of the American Psychological Association**, says that his interpretation of the APA's position on reparative therapy is that those who wish to explore developing heterosexual feelings or behavior have a right to do so *on the basis of their right to self-determination*.<sup>12</sup>

**Dr. Brent Scharman, former president of the Utah Psychological Association**, considers himself a "typical" psychologist—not an activist on either side of the homosexual issue—and he says that all homosexual individuals should have the right to pursue change. It is *the client*, he says, who should determine the direction of the treatment.<sup>13</sup>

**Dr. Warren Throckmorton, immediate past president of the American Mental Health Counselors Association**, studied a broad cross-section of research on sexual-orientation change. He says such treatment has been effective, can be conducted in an ethical manner, and *should be available* to those clients requesting such assistance.<sup>14</sup>

**Dr. Martin Seligman, 1998 President of the American Psychological Association**, cites research in his book *What You Can Change and What You Can't* that is optimistic about change for those who have had fewer homosexual experiences and/or some bisexual feelings.<sup>15</sup>

In a recent paper in the premiere academic journal *Psychotherapy*, and again in the *American Journal of Family Therapy*, **Dr. Mark Yarhouse of Regent University** made a powerful case for such therapy:

"Psychologists have an ethical responsibility to allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction. . .not only because it affirms the clients' right to dignity, autonomy and agency. . .but also because it demonstrates regard for diversity."<sup>16</sup>

Effective counseling evolves from a *shared value system* between client and counselor. But when gay activism labels the desire to change orientation *illegitimate*, it imposes its own views and values on a dissatisfied homosexual, and takes away his right to self-determination.

### ***"What does the gay community think about reorientation therapy?"***

One would assume the gay community's attitude would be, "If another man wants to change, that's his business," because of the community's promotion of the ideals of tolerance, diversity and respect.

But within the gay community there is actually great animosity *against* the *ex-gay* movement and the right of other homosexually oriented people to receive therapy of

either a secular or a religious type which is directed toward change.

### ***"Is there any recent study which suggests that sexual-orientation change is possible?"***

In 1997, NARTH surveyed 882 individuals who had experienced some degree of sexual-orientation change.<sup>17</sup> Before counseling or therapy, 68% of the respondents perceived themselves as exclusively or almost entirely homosexual. After treatment, only 13% perceived themselves as exclusively or almost entirely homosexual.

The respondents were overwhelmingly in agreement that conversion therapy had helped them cope with and reduce their homosexual attractions. Many perceived their homosexual behaviors as an addiction.

A large majority said their religious values and spiritual beliefs played a crucial, supportive role in overcoming their homosexuality.

### **Areas of functioning in which the respondents report significant improvement:**

- Self-acceptance and self-understanding
- Sense of personal power and assertiveness
- Sense of clarity and security in gender identity
- Diminishment of loneliness and depression
- Improvement in emotional stability, self-esteem and maturity
- Better ability to resolve interpersonal conflicts
- Diminishment of homosexual thoughts, feelings and behaviors

Some typical comments by respondents to that survey:

"I wasted 14 years in therapy with therapists who had a 'you're gay, get used to it' mentality—which I find incredibly unethical."

"A lot of people think they are okay being gay. But I never had peace of mind until I started to change."

"I believe we were designed and created to be heterosexual, and therefore I will never be truly satisfied with anything else."

"My desire to develop my masculinity was never realized. Since treatment, it has developed in its own way, resulting in tremendous personal transformation—an enormous increase in personal worth, self-esteem, and the ability to take action."

"I am delighted to have found reparative therapy—it feels healthy, and I feel honest for the first time in my life."

*(Continued on next page)*

“There may be those who are comfortable with being a homosexual—but I never was one of them.”

“I was deceived for a number of years into believing that there was nothing I could do to change my sexual orientation...I tried counseling, but was simply told to stop fighting the homosexual feelings and accept who I was. I became trapped in the compulsion of cruising, going to the gay bars, and getting involved in a number of empty relationships...The greatest freedom came when I discovered that I could move away from the addiction of homosexual behavior, and began to see myself differently.”

“Throughout these 16 years since I chose to pursue a heterosexual lifestyle, the rightness of my choice has only been confirmed again and again. I feel whole and true to my real self.”

“Armed with knowledge, hope and direction, change can be deliberate and planned. This is true for everyone and for any difficulty, not just homosexuality.”

The pamphlet “Just the Facts” acknowledges that “sexual orientation develops across a person’s lifetime.” This being true, it is clear that competent professional counseling can encourage that evolving process.

### ***“But shouldn’t public schools affirm the value of sexual diversity?”***

It is not the domain of schools to teach its students what sexuality to *value*. Teaching respect for homosexually oriented *individuals* is appropriate and right. However, demanding affirmation of a *homosexual orientation and behavior* goes beyond the ethic of tolerance, and in fact violates the value systems of many families.

Racial and ethnic prejudice discriminates against an *unchangeable and morally neutral* aspect of another person’s nature. But disapproval of some types of sexual behavior is not the same as being “prejudiced,” “bigoted,” or “hateful” toward people because of their race.

Disapproval of homosexual behavior is not “hatred” as long as it does not imply rejection of the individual. Most families who do not value homosexuality still *accept and love* a gay family member.

### ***“Then the teen years aren’t the best time to ‘come out’?”***

Confusion about sexual orientation is fairly common during adolescence, and it is risky to label teenagers “gay,” “lesbian” or “bisexual,” before they have the wisdom of adulthood and the opportunity to make a fully informed choice.

Life decisions requiring wise and mature judgment are best reserved for adulthood, at a time when they will be based on more than drives and emotions. Says Dr. George Rekers, professor of neuropsychiatry and a specialist in psychosexual disorders at the University of South Carolina School of Medicine:

“No service is done to our children by offering them lifestyle options before they are properly...able to...make informed choices about them.”<sup>18</sup>

Counseling of a sexually questioning teen need not encourage premature self-labeling. Initially, it is sufficient to acknowledge the student’s experience of same-sex attraction; later, *how to proceed* in counseling should be determined by the student and his parents, after all the options are realistically offered.<sup>19</sup>

### ***“Are there other reasons to delay decisions about sexual identity?”***

When schools label some teenagers gay, there is a serious risk of **mislabeled** a portion of sexually confused students. A 1992 study of 34,707 Minnesota teenagers published in *Pediatrics*<sup>20</sup> reported that 25.9% of 12-year-olds are uncertain if they are heterosexual or homosexual. (In contrast, only about 2 to 3% of adults will self-identify as homosexual.)

This means that almost 24% of these “sexually questioning” teens could *erroneously be identified as homosexual* if they are affirmed as gay by a school counselor or an on-campus gay club.

Another study showed that early self-labeling as homosexual or bisexual is one of the top three risk factors for homosexual teen suicide attempts. The risk of suicide *decreases* by 80% for each year that a young person *delays* homosexual or bisexual self-labeling.<sup>21</sup>

The author of a recent book, *Beyond Gay*, talked about his youthful struggle with homosexuality. He says he was fortunate *not* to have been influenced by gay on-campus clubs or counseling programs before he had a chance to meet the “wise and loving friends” who would later give him a broader perspective. “For this,” he says, “I am deeply grateful.”<sup>22</sup>

Many factors can lead a “questioning” youngster into homosexual behavior—including curiosity, a feeling of not fitting in, the experience of earlier molestation, and a desire for attention and a sense of belonging. In particular, gender-nonconforming boys tend to idealize their male peers due to a sense of masculine inferiority. The teen years serve as a transitional phase when affectional, emotional and identification needs can easily be eroticized.



We believe that students and their parents have a right to **all the facts** in order to make a truly informed decision about sexual identity.

### Endnotes

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## **Psychiatric Association Issues Expanded Statement on Reparative Therapy**

The A.P.A. Trustees has endorsed an expanded position statement on sexual-reorientation therapy which reiterates the association's view that homosexuality is not a mental disorder. Any effort to view it as such, the A.P.A. says, stems not from scientific evidence, but from a political and moral effort to discredit the growing acceptance of homosexuality in society. This latest statement strengthens and expands the A.P.A.'s 1998 statement against reorientation therapy.

The new statement claims that "there are no scientifically rigorous outcome studies to determine either the actual efficacy or the harm of 'reparative' treatments." What literature does exist, they say, takes the form of "anecdotal reports of individuals who have claimed to change, people who claim that attempts to change were harmful to them, and others who claimed to have changed, and then later recanted those claims."

The A.P.A. warns therapists not to influence the course of therapy even subtly toward the choice of sexual-reorientation therapy. "Ethical practitioners," the statement says, "refrain from attempts to change individuals' sexual orientation." After 40 years of studies on sexual reorientation, the A.P.A. claims, there is no evidence of efficacy.

NARTH's president Joseph Nicolosi strongly disagreed. "A scientific debate won't be settled through arm's length discussion," he said. "Let's open up the debate to dissenters, and look at the evidence scientifically. There is indeed a body of evidence in the literature supporting the reality of change, and NARTH's ongoing research continues to build on that prior evidence."

"Instead of studying reorientation therapy by listening to both sides, the A.P.A. cancelled a debate at its Chicago meeting which would have looked at the ethicality and effectiveness of treatment," he added. "We're challenging the A.P.A. to dialogue with us and to listen to people who have made the shift. Instead, they're simply shutting out their voices."

Calling reparative therapy the "laetrile of the mental-health professions," prominent gay psychiatrist Jack Drescher, M.D., said reparative therapy should be treated like that now-debunked cancer treatment. Dr. Drescher was one of the psychiatrists who crafted the latest A.P.A. statement.

Dr. Nicolosi said the new A.P.A. statement is evidence that gay activists have positioned themselves as spokesmen for the psychiatric profession. "Naturally," he said, "this issue is of great political and personal importance to gay activists. But science can't be led by the interests of any one group on any divisive issue. Nor can our profession allow that group to shut down a broader discussion." ■

## ***Making Schools “Safe” Means “Refashioning Values” in Massachusetts***

*The following pages are a transcript of an audiotape, “The Homosexual Agenda in Massachusetts Schools,” courtesy of Parents’ Rights Coalition, email [office@parentsrightscoalition.org](mailto:office@parentsrightscoalition.org) or PO Box 541612 Waltham, MA 02454*

*The two speakers on this portion of the tape are Michael Chuisano and Brian Camenker, the parents’ rights activist who was interviewed in our last Bulletin issue.*

*The two men describe school programs which devalue sexual self-restraint, tradition, and the authority of adults mentors in the teenager’s life. An inner-directed decision-making process is favored, and children are invited to consider the rejection of their parents’ values.*

*At the same time, most such programs encourage children to test out a broad range of sexual options, and to base their judgments about those options on a combination of health considerations and personal feelings. Such programs are typically introduced as essential for **making schools safe**.*

*(To order copies of this tape, which also feature ex-gay Anthony Falzarano and researcher Brian Burt, call 781-433-7106.)*

### **Introduction by Michael Chuisano, Concerned Parent:**

My name is Michael Chuisano; I own a small business, have a wife and two children, and live in a suburban community in Massachusetts. Several years ago, I stumbled onto something strange that was happening at my daughter’s public school.

Our family was sitting around the dinner table, and quite without guile or any particular intention, my daughter—then age 13—told my wife and me about mandatory assemblies she had attended, without request for my permission, as part of “Homophobia Week” activities. In these assemblies, gay men described their political goals and agendas and how they wished to have the right to marry and adopt children.

A Catholic priest had been brought in on the last day as a pretense to balance, but he was almost booed off the stage—so effective had been the pro-gay speakers.

My daughter mentioned that perhaps I “was homophobic,” if I did not agree with the gay activists’ goals.

During the next few months, I took a “crash course” in homosexual political activism. This was a world that I did not think existed. To me, homosexuality was a behavior pattern on the fringes of society, not something to be introduced to teenagers at the onset of their sexual maturity. I soon discovered a vast network of homosexual-activist groups, ranging from elite Washington-based lobbyists who have the personal ear of the president, to such bizarre groups as “Digital Queers,” who are homosexual computer programmers who donate their time and expertise to homosexual activism.

Perhaps most troubling of all was the group, “GLSEN” (Gay/Lesbian and Straight Education Network). GLSEN started as a group of gay teachers, but is now a nationwide network of activists dedicated to advancing homosexual ideology within public schools—and largely succeeding, I might add. Keep in mind that we are talking about groups which are targeting children.

Despite their public pronouncements to the contrary, the goal of homosexual activists is not tolerance for themselves, or even tolerance of children who declare themselves gay or lesbian—whatever that can mean in the case of unfocused teen sexuality.

### ***Targeting the Next Generation***

No, the true goal is saturation and conversion, leading to a redefinition of sexual norms and a world of gay celebration and affirmation. Because adults are not likely to change their views, these gay activists know that their best chance of succeeding is to change the hearts and minds of children, largely by undermining the values taught by their parents. Therefore subversion, not tolerance, is their goal.

Our first speaker is Brian Camenker, a father of two who has himself seen the power of homosexual activism in public schools.

### **Speech by Brian Camenker, Citizen Activist:**

During the past fifteen or twenty years, we’ve been seeing things happen that I don’t think have ever been seen before at any time in history. In the public schools, what we’ve called “the homosexual agenda” has become particularly distressing to parents.



I know myself, because I have a sixth-grade little girl in the middle school in Newton, Massachusetts. I had to take her out of Health Class because one of the class's goals was to help the children understand and appreciate their sexual orientation. I felt that maybe for a sixth grader, this is a little too much, but I got an argument from the principal. He said that he believed in this approach, but if I had a religious reason, maybe he would consider letting me pull my little girl out. I said I didn't think I needed a religious reason; so I said, "She will be showing up at your office tomorrow instead of going to class," and that was that.

But the situation has gone far beyond that, if we look at just a small percentage of the kinds of things we've seen throughout Massachusetts over the last few years. Take a Jeff Jacoby column published on March 7, 1995 that talks about Ashland's middle school. There, children were assigned gay roles for a play on discrimination.

Two boys had to pretend they were a homosexual couple seeking to adopt a child. One boy's line was, "It's natural to be attracted to the same sex." Two girls in the class were told to hold hands and act out the roles of lesbian partners. Parents learned of this only when their children mentioned it afterwards.

### ***Test Period of Gay Sex Suggested for "Early Teenagers"***

At Silverlake High School in Kingston, Massachusetts, the ninth grade textbook teaches that "sexuality is a matter of trial and error and personal choice," and among its lessons is as follows:

"Testing your ability to function sexually and give pleasure to another person may be less threatening in the early teens with people of your own sex."

"You may come to the conclusion that growing up means rejecting the values of your parents."

Homophobia Week at Beverly High School featured guest lecturers from a gay and lesbian speakers' bureau; students heard presentations in support of homosexual marriage, and the right of gays and lesbians to raise children...and it goes on and on.

### ***"But are You Really Heterosexual?"***

One of the things we see a lot are surveys. For instance in Framingham, students were asked the following:

"Is it possible that heterosexuality is a phase you will grow out of?"

"Are you heterosexual because you fear the same sex?"

"If you've never slept with anyone of the same sex, how

do you do know you wouldn't prefer it? Is it possible you need a good gay experience?"

Such a survey was given to teenagers at the high school in Framingham, Massachusetts and the principal said, and I quote, "This was not advocacy—just thoughtful and constructive lessons in tolerance."

As part of the same sensitivity curriculum, students were taught that oral and anal sex are "methods of birth control that preserve the concept of virginity."

### ***The Reshaping of Social Mores***

In Amherst, Massachusetts, they had an exhibit for young children that featured photographs of homosexual households—part of the current effort to reshape what people think about marriage and family.

And a school committee member agreed that parents should not be able to keep their children from seeing this; they said it would be a direct insult to lesbian and gays.

So much of this has been supposedly to create "safe schools," but it always seems to involve something more than that.

In Brookline High School during Gay and Lesbian Awareness Month, students were invited to "tell someone about your homosexual fantasies or experiences." They were asked to wear pink cardboard triangles imprinted with the word, "ally." This was supposedly to help children who were confused.

### ***Sexual Identity Confusion is Common***

These are children, by the way, who are naturally confused—because adolescence is inevitably the most confusing time of a person's life.

I have in front of me here the homeroom questionnaire presented at Dedham High School. It says, "Do you know anyone who is gay, lesbian, or bisexual? Should they be allowed to serve in our military? Should they be allowed to marry?" and on and on and on. "Do you feel comfortable with them?"

And again, another survey that was handed out in a Massachusetts high school: "When and how did you decide that you were heterosexual? Is it possible that heterosexuality is a phase that you will grow out of?"

Imagine children being questioned this way, over and over again.

Last year throughout Massachusetts schools, there was a photo exhibit widely circulated called "The Shared Heart," from the Governor's Commission on Gay and Lesbian

Youth. It was an exhibit of so-called homosexual teenagers, in order to reinforce the idea among children that homosexuality is another natural part of life. This exhibit was sponsored by the State and went through high schools throughout Massachusetts. It was exhibited in the State House with quite a bit of fanfare.

What's behind a lot of this? Over and over again we see this group called "GLSEN" (the Gay, Lesbian and Straight Education Network), which is a national organization that has been very, very active in the public school system, and has been the recipient of a lot of state funding.

### ***Gay Clubs Seek Confused Students to Give Them a New Identity***

Some of the programs that have gone through dozens and dozens of public schools through GLSEN are gay/straight alliance clubs where students are encouraged to celebrate their homosexuality. We see confidential homosexual counseling, surveys, speakers, gay history where famous figures from history are described as actually having been homosexual, gay library collections, and proclamations by politicians.

These gay clubs, in particular, I have found to be very, very distressing. These clubs meet after school and are run often by people who are not involved with the school system—essentially, young gay adults. The meetings are encouraged to be confidential, they are very well funded, and they often sort of "go after" or try to bring in children who are on the edge who are going through a confused time in life, and they bring them in and give them an identity.

Now who runs all of this? Massachusetts Governor William Weld established the Governor's Commission on Gay and Lesbian Youth several years ago, and through its activist administrator, David La Fontaine, it has blossomed into dozens and dozens of schools. La Fontaine first came into prominence as one of the group of gay demonstrators that screamed profanities and threw condoms at priests in a church during a Catholic ordination ceremony. He was also arrested at the State House for disrupting a press conference on the subject of homosexuality.

During a televised debate where I personally debated him, La Fontaine said that in these confidential homosexuality counseling courses, they take a child they feel is confused about his sexuality and without his parents' knowledge and consent, they bring him to a homosexual counselor to help him talk through this. In fact, on the tape, he told me that he defends this practice, because parents' values need to be improved upon.

David La Fontaine has also said things that are very uncomplimentary to religion and to religious people. And this is the person who continues to run the state of Massachusetts'

programs!

I am told that when the city of Holyoke, Massachusetts' school board saw this tape, they discontinued their gay programs.

Now, exactly what is the Governor's Commission on Gay and Lesbian Youth? As I said, it is extremely well funded. They put out a book on the topic of "making school safe"...everything is supposed to be part of that effort to "make safe schools."

But safe for what? Safe for things like children whose dress does not conform to gender expectations? In their opinion, it should be a crime to be bothered by children dressing in opposite-sex clothing!

The Governor's Commission is also developing numerous types of courses, of methods of coming into various schools. They offer techniques showing how to confront a school committee, how to confront parents, how to bring the message to schoolchildren in Massachusetts. And if you look at their recommendations, it's pretty frightening stuff.

This is a public commission that recommends conducting confidential surveys with students, doing outreach into the schools, and numerous things that are essentially more of what I already talked about.

And then, of course, there's their annual event—the Gay/Straight Youth Pride March—which starts at the State House, and is usually attended by several hundred of these gay/straight alliance clubs from around Massachusetts.

### ***Boston Mayor Sponsors Gay Prom in City Hall***

Last year I attended. They had some very, I would consider, inflammatory speeches. They marched down to the esplanade, and then they finished the evening with a gay prom, for which the mayor of Boston gave over the entire first floor of Boston City Hall. These children, often hand in hand, were led into these rooms—adults were not let in—and there was music and dancing.

One of the more bizarre parts of this was their head of Security, who we talked to for a bit. He was a guy with open sores on his face and a dog collar...I kid you not. And he talked about his having been homosexually raped as a young child, and he now was an active homosexual.

When you talk about the numerous high schools and groups that have become involved with this movement, and the kind of money that is going into this, it's really quite frightening. The Governor's Youth Commission actually proposes addressing the problem of anti-gay feelings beginning in grade school. It's gathered a momentum that makes



it almost unstoppable.

### ***Will Politically Incorrect Thought Become the Next Hate Crime?***

I was reading in the paper this week that Governor Celucci has now appointed a gay man to be the first Students' Civil Rights Director for the Governor's Task Force on Hate Crimes in high schools and middle schools. Now how do you suppose they are going to define hate crimes?

When you didn't think this thing could become more frightening, it has. Governor Paul Celucci has quadrupled, according to this article, Governor Bill Weld's appropriation to these programs. *They now have one million dollars to spend.* And I can tell you from what we've seen since August, that one million dollars is going a very long way. Everything we've seen in the schools has become more and more aggressive and more encompassing.

Governor Celucci is no stranger to the gay movement in Massachusetts. His photo is often featured in the gay press with statements describing how he feels that gay youth ought to be coming out. Here is his picture with David La Fontaine, who I discussed earlier. Here is his picture proclaiming May to be Gay/Straight Student Pride Month in Massachusetts...he's not your usual Republican governor.

Where's that million dollars going? Let me just discuss my local high school, Newton North High, which had "Be GLAAD Day" a little over a month ago.

What is "Be GLAAD Day"? Entire classes were led to anti-homophobia workshops. There was a transgender panel at the school which children were encouraged to attend. Transgender is a medical situation where people believe that they're of a different sex, and they have their bodies mutilated and changed to reflect that. This was in high school. There were teen panels on "how I came out and found my new identity."

### ***"Shaming" Is Used to Create Gay-Affirming Network***

I talked to some of the students who went through this, and it was a strange experience, even for them. At both main entrances of the school, kids were given pink triangle stickers, and the purpose was to show solidarity with the homosexual movement. And if you didn't have a pink triangle sticker, it was evident that you didn't show solidarity....and of course that was considered bad.

Entire classes were taken to these assemblies, and pamphlets were handed out and there were signs all over saying, "One in 10 people are gay."

In fact one pamphlet said, "More than that are gay—they just don't know it yet."

Again, another pamphlet: "How do you know you're not gay if you've never slept with someone of the same sex? You may like it."

Another said: "Homophobia is a disease."

And a little off the subject, "One out of seven wives is raped by her husband."

### ***Is Failure to Be Gay-Affirming Equivalent to Racial Bigotry?***

There was the constant theme that the persecution of gays in America today is exactly the same as that of blacks before the civil-rights movement.

There was a sign outside: "10% of all gay students in this school have been spat on," and it went on and on and on.

There was some more...another said, "If you've never kissed another man, you may not know what your real sexual orientation is."

"Be GLAAD Day" was actually repeated to a lesser degree in the junior high schools. A student from junior-high school told me about a history class where the teacher asked the following:

"Do you know someone who is gay? If so, move to the other side of the class."

"Have you ever thought about being gay? Then, move to the other side."

"Are you pretty sure you might be gay?...Move to the other side."

These are *junior high-school* kids.

This is become more aggressive, it's become more enveloping, and all of it, again, is under the excuse of "**making schools safe.**"

The average parent has to say, "What is going on here?"

For the "piece de resistance," we must look at the coverage in the school newspaper of this event. This is a school newspaper in a local high school.

Here's one article that starts out: "In kindergarten and first grade, the heterosexual mainstream begins its recruiting process— 'One day, class, you will grow up and marry someone of the opposite sex'" (meaning to do otherwise is wrong).

Then we have the whole spread on "Be GLAAD Day" describing the workshop on discrimination. Then "coming out to your children," where they brought supposedly gay

parents to describe their family relationships.

Here is a gay father in the student assembly, which is called "Transgendered People Discuss Their Insights." It says, "Students to give a wake-up call about homophobic language being insulting."

### ***Students Called Bigots for Not Affirming Homosexuality***

I heard many stories that, if students say anything at all that might be construed as being insulting to homosexuality, these people were screamed at and called bigots, and treated terribly for having the wrong opinion.

And of course there's the homophobic language seminar. ...

Here's an eighth-grader finding out that she's really gay, and writing about this.

And then we have the lesbian teacher who's an advisor and role model. Let me read this here: "Another facet of the teacher's contribution to the school is that she is an 'out' teacher and feels comfortable explaining to her schools that she is gay. 'Kids are naturally curious about teachers' lives,' she said. 'When I say on the first day of class, 'Who has questions?' they might ask me if I'm married. And I say, 'I can't be, because I am a lesbian.'"

And it goes on and on.

Governor Weld's million dollars has been an unbelievably effective tool for the gay movement. ■

## ***Parents' Rights Coalition Scores a Win: But Coalition's Brian Camenker Now Threatened by a Lawsuit***

The Parents' Rights Coalition was catapulted into the spotlight recently when its Executive Director went undercover to secretly tape a graphic seminar for teenagers which was sponsored by the Massachusetts Department of Education.

In an interview with the *Boston Herald*, a Democratic senator from Massachusetts, Edward Clancy, agreed that the instruction at the workshop would "politely be called salacious." The state's Education Commissioner agreed, saying the discussion was "prurient."

The Parents' Rights reporter who taped the proceedings had even stronger words about the conference, which provided continuing education credit to teachers. The seminar was, he said, a "shock that words can barely describe."

Sponsored by GLSEN (the Gay, Lesbian and Straight Education Network) the seminar included a workshop called "What They Didn't Tell You About Queer Sex and Sexuality in Health Class: A Workshop for Youth Only, Ages 14-21," during which gay and lesbian teenagers were taught in graphic detail the precise how-to's of engaging in "fisting." The students were told that fisting would be an enhancement to sexual intimacy.

### ***Educators Fired***

After transcripts of the tape reached the media, the two women instructors from the State Department of Education were fired for their role in the controversy. One of those educators was Margot Ables, a lesbian activist and HIV/AIDS educator who said the seminar was "typical" of others she has given with full knowledge of the Department of Education. After her dismissal, she gathered about 100 supporters to protest the firing in front of the Department of Education headquarters.

The third presenter was a self-identified gay man from the Department of Health.

"We've all seen people like this," said Parents' Rights Coalition's Brian Camenker. "We used to call them 'dirty old men.' They would love to sit around and talk dirty with young children. Now we pay them to do it, and we put them in our schools. If you listen to the tapes or look at the transcript, it is sickeningly obvious that these people were having a great time leading the kids into the discussions."

The *Boston Herald* reported that the controversy surrounding the secret taping of the conference "created a flurry of negative publicity" for the state's gay and lesbian education programs.

### ***Judge Issues Gag Order Against Camenker's Coalition***

In the wake of that unflattering publicity, GLSEN fought exposure of the content of the workshop, claiming that taping it was illegal. GLSEN was successful in obtaining a restraining order against Parents' Rights Coalition to prevent PRC from distributing the tapes or discussing the workshop's content.

"They do not want the public to hear this," Brian Camenker told *New York Post* columnist Rod Dreher. In retaliation, he said, GLSEN is "trying to ruin us personally and financially."

Americans for Truth is now distributing the audiotape. To obtain a copy, request at [info@americansfortruth.org](mailto:info@americansfortruth.org) or write to P.O. Box 340743 Columbus, OH 43234



# ***Psychoanalysts Ignore Developmental Factors, Accept “Gay Gene” Research***

*by Johanna Krout Tabin, Ph.D.  
NARTH Scientific Advisory Committee*

Members of NARTH might be interested in a brief discussion that occurred in an e-mail round robin of Section V (Psychoanalytic Psychotherapy) of Division 39 (Psychoanalysis) of the American Psychological Association.

One psychologist wrote that she was proud of guidelines she helped to write for the American Psychological Association to instruct the profession in how to perceive homosexual patients. Essentially, these guidelines follow the current political correctness of encouraging homosexuality. This attitude is based on the idea of homosexuality as a biologically-driven alternative lifestyle that should be respected as normal, unchangeable, and equivalent to a heterosexual outcome.

I responded with a succinct review of the scientific work on the biological research. Studies on male twins by Bailey and Pillard was one of those studies that helped to foster the current “politically correct” attitude. But as I explained, the data from that study actually *contradict even the modest conclusions* drawn by those researchers for a degree of heritability of homosexual behavior.

I further explained that gay activists and the media had seized

upon publication of this study, exaggerating the supposed influence of heredity to the point of making it seem to be the determining cause of a homosexual orientation. Furthermore, this misinterpretation of the data quickly became confused with civil-rights issues, which represent a different matter entirely.

The psychologist who helped to write the A.P.A. guide ignored my account of the facts, and simply pleaded with the other psychoanalysts for support of the guidelines, with its “biological and unchangeable” approach.

Two other experienced clinicians wrote in support of my view, saying essentially that the purpose of treatment was not just to *accept at face value*, but to *understand* behavior and the developmental factors that produced it. They pointed out that behavior develops not just from genetics, but in a broader psychosocial context. One of them gave an example of a patient of his whose developmental problems would reveal to any reasonable person why he struggled with sexual-identity confusion.

The membership did not respond further, apparently concluding, “enough said about this subject.” ■

## **Save the Date**

**NARTH’s Conference 2000  
“Treatment: Impact and Change”**

**November 17-18-19, 2000  
Washington, D.C.**

(Details to follow in the mail)

*Symposium on Reorientation Therapy to  
Be Held at Psychological  
Association Meeting*

The American Psychological Association will sponsor a symposium on sexual-reorientation therapy at its annual convention in Washington, D.C. Slated for August 7<sup>th</sup>, the panel—sponsored by A.P.A.'s Division 36, a group studying psychology and religion—will showcase four prominent speakers.

Mark Yarhouse, Ph.D., of Regent University, is the author of two recent articles which made a strong case for the ethicality of reparative-type therapies.

Dr. Yarhouse wrote "When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the 'Right to Choose' Debate," which appeared in the prestigious journal *Psychotherapy* (vol. 35, Summer 1998, no. 2, pp. 234-259).

His second article was published 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." He also co-authored "The Use, Misuse and Abuse of Science in the Ecclesiastical Homosexuality Debates," a chapter in the new book, *Homosexuality, Science, and the Plain Sense of Scripture*.

Warren Throckmorton, Ph.D. will present the empirical evidence in support of sexual reorientation. Dr. Throckmorton is past president of the American Mental Health Counselors Association and author of "Attempts to Modify Sexual Orientation: A Review of Outcome Literature and Ethical Issues," published in the October 1998 issue (volume 20, pages 283-304) of the *Journal of Mental Health Counseling*.

Taking the other side, psychologist Doug Haldeman, Ph.D., will make the case that reorientation therapy is unethical, along with Drs. Ariel Shidlo and Michael Schroeder, two psychotherapists from New York, who have been conducting a study to document the damage purportedly done by sexual-reorientation therapy.

According to panel participant Warren Throckmorton, the event will not actually be a "debate," but a presentation of papers.

"After the Psychiatric Association cancelled its scheduled debate in Chicago in May," said NARTH President Joseph Nicolosi, "this is a welcome event, which we hope to be the first of many." ■

## NARTH Notes

### *Social Workers Denounce Reparative Therapy*

The board of directors of the National Association of Social Workers (NASW) recently adopted a position statement condemning all attempts to change sexual orientation. Reorientation therapies, the NASW said, "cannot and will not change sexual orientation."

Exodus International, the umbrella organization for Christian ex-gay ministries worldwide, responded to the NASW through its Executive Director, Bob Davies.

"I challenge any social worker who thinks change is impossible to talk to our ex-gay leaders," Mr. Davies said. "Change is a daily reality for thousands of people, some of whom left homosexuality over 25 years ago."

### *Six Teachers Take a Stand*

In the name of safety, the magazine *Teachers in Focus* recently reported, "schools are telling students that gays can't change." But there are six courageous Portland, Oregon teachers who have called on their school to present the facts in a balanced manner.

Those teachers recently asked their school to balance its extensive gay-affirming library collection with a few copies of Dr. Jeffrey Satinover's *Homosexuality and the Politics of Truth*.

But the memo the teachers sent to school officials resulted in something they had not expected: a blizzard of negative local media attention.

Jose Solano, the group's leader, said his concern about the one-sided presentation of views on homosexuality began three years ago, when he attended a teacher's workshop as part of a district-wide effort to "make schools safe" for gays and lesbians.

The workshop leader introduced four gay and lesbian high school students. It was clear to Mr. Solano that some of those students were deeply troubled. One boy and one girl were clinging to dolls as they spoke, and the girl sucked on the doll as she addressed the teachers.

"These were hurting kids who needed some assistance, but these people were disorienting them even more," Mr. Solano said. Rather than really addressing the problem, he said, the school district was actually reinforcing it.

Although Mr. Solano was in full support of the creation of a safe school environment, he objected to the one-sided

*(Continued on next page)*



presentation, which encouraged sexually confused teenagers to adopt a gay identity.

Later, when the school created an extensive gay-affirming library collection and refused to stock any book about coming out of homosexuality, Mr. Solano galvanized the group of six concerned teachers to write the district a memo asking them to include *Homosexuality and the Politics of Truth*. Those teachers had no objection to the district presenting a gay-affirming perspective in the name of diversity, but they wanted that diversity to include a traditionalist perspective as well.

Their internal memo to school administrators not only earned them hostility from many other teachers and staff, but it was leaked to the media—which, to their dismay, landed them on the front page of the local paper. The paper ran a feature story quoting a lesbian student who complained that she felt “unsafe” in the environment created by the six teachers.

“When you take this stand,” said teacher John Ditmore, “you walk in the copy room and people shun you. They won’t look at you. Some call you a homophobe or hater.”

Yet other teachers have come forward to the “Portland Six,” in private, to tell them they support what they’re doing, although they fear doing so publicly.

To subscribe to *Teachers in Focus* (a publication of Focus on the Family), call Focus at 719-531-5181. The May/June issue features the above story.



### ***Sensitivity Training in the Workplace***

Family Research Council now offers material to help employees dispute their company’s required sensitivity-training sessions in the workplace. Call FRC in Washington, D.C. at 202-393-2100 to receive an information packet.



### ***“What If Your Son Was Gay?”***

In a soon-to-be-released film interview with the Reichenberg Fellowship, a ministry in Germany, psychiatrist Dr. Robert Spitzer made several interesting statements.

Dr. Spitzer is currently in the midst of a study of individuals who have changed their sexual orientation.

When asked what advice he would give if he had an adolescent son who thought he was homosexual:

“The honest answer would be...I would hope that he would be interested in changing. And if he would be, that he would get some help. If he were really not

interested in changing, I would hope that I would not pressure him.”

When asked about the American Psychological Association’s position statements that lean toward labeling reorientation therapy unethical:

“I think that is just absurd...because you know in speaking to those few people...they clearly have benefited from that therapy, and to say that is unethical, I think that’s just ridiculous.”



### ***“Thought Police” in California***

A new bill has passed the California State Assembly which would equip teachers to monitor children’s beliefs—detecting “at-risk” children who are developing discriminatory attitudes.

According to *Capitol Update*, a fax newsletter of Capitol Resource Institute, this bill will train teachers to discover children who are showing early evidence of “potentially prejudicial and discriminatory behavior” toward legally protected groups. If those bills pass, said *Capitol Update*, children who are raised to believe that same-sex relationships are wrong will be “labelled as hate-mongers.” Those children “can then be hustled off to counseling centers to correct their errant attitudes.”

*Capitol Update* is on-line at [www.capitolresource.org](http://www.capitolresource.org).



### ***The Definition-of-Marriage Debate***

In an *Insight* magazine editorial (6-19, p. 41), columnist Don Feder recently wrote that the debate over gay marriage has far broader significance than many people realize.

When the definition of marriage changes, he said, not only will the institution lose its meaning and significance, but the courts will have no philosophical rationale to deny other groups the same recognition.

Groups that are currently denied the right to marry—close blood relatives, bisexuals, and polygamists, for example—will soon follow after gays, he warns, to demand full inclusion under the law.

Mr. Feder offered some interesting corroborating evidence. An article in the *Milwaukee Journal Sentinel* tells of a cohabiting brother and sister couple with three children, who were taken away from by the state. In the pair’s defense, their lawyer essentially argued against the law’s prohibition of incestuous unions, with the explanation that the two “love each other.”

In Utah, Mr. Feder noted, the ACLU is currently engaged

in a legal fight to expand marital rights to polygamists. The ACLU's legal director compared the ban on gay marriage to the ban on polygamous marriage; both bans, the ACLU director claimed, should be overturned.

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### ***On The Problem of Loneliness***

In a recent article in *Regeneration News*, the newsletter of Regeneration Ministries, Alan Medinger has written a particularly insightful article called "The Pitfall of Loneliness."

He explains that loneliness is one of the primary factors that causes ex-gay strugglers, against their convictions, to fall back into a homosexual lifestyle.

Mr. Medinger identifies ways this problem can be overcome: find an outlet for your love; consider taking up a cause that will help give your life meaning and purpose; become attached to a family; ask yourself if there is something about your personality that causes you to be isolated; and don't blame your loneliness on the wrong things. He explains each idea in detail.

Alan Medinger's newsletter can be obtained by calling Regeneration at 410-661-0284. His organization also lists a comprehensive offering of the most useful books on overcoming homosexuality. To obtain a catalogue, call 410-661-4337.

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### ***More Trouble for Dr. Laura***

Canada's official broadcast watchdog agency (CBSC) has condemned radio talk show host Dr. Laura Schlessinger for taking a strong stand against homosexual behavior. The Canadian Broadcast Standards Council said the cumulative effect of Dr. Laura's comments may "fertilize the ground" for anti-gay violence. The CBSC said her views were "abusively discriminatory" and "unsustainable." The CBSC called gays' sexual practices "as much a part of their being as the color of one's skin."

As a result of that ruling, radio stations in that country will now have to censor out Dr. Laura's comments about homosexuality.

The Gay and Lesbian Alliance Against Defamation (GLAAD) applauded the ruling, saying Dr. Laura cites questionable science from NARTH and Family Research Council, while in fact both groups are simply advocating a political agenda.

In further problematic developments for the embattled Dr. Laura, several left-wing groups including People for the American Way placed a full-page ad in the *New York Times*

denouncing her, and calling for advertisers to withdraw their sponsorship from her television show.

The gay magazine *The Advocate* reported that Procter and Gamble, Xerox, and United Airlines all withdrew their sponsorship or declined to renew their support. Corporations reportedly also issuing orders to their media buyers to avoid the Dr. Laura Show were American Express, AT & T, Toys "R" Us, Kraft and Geico.

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### ***Gay Apologist Says the Scientific Debate Is Decided by Values, Not Science***

Writing in *The Journal of Homosexuality*, gay apologist D.A. Begelman explained why the mental-health profession changed its view of homosexuality. The profession did not do so because of new discoveries in science; rather, the change was due to a shift in its values and philosophy.

In other words, he said, the A.P.A.'s new philosophy about homosexuality essentially represented a change in worldview:

"Coming to regard homosexuality as simply another lifestyle, *in contrast to a disorder*, is merely to expand the criteria for the concept of acceptable behavior. This is not equivalent to learning something new about homosexuality—it is more equivalent to judging it differently, while in possession of the same old facts."

(From D.A. Begelman, "Homosexuality and the Ethics of Behavioral Interventions," *J. of Homosexuality*, vol. 2 [3], Spring 1977.)

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### ***A Helpful Information Source: Culture Facts***

The Family Research Council publishes an information-packed weekly e-mail or fax newsletter which keeps the reader up-to-date on cultural events related to many issues, including homosexuality and gay activism. Approaching its subject in a lively, although sometimes graphic manner from a traditionalist Judeo-Christian perspective, *Culture Facts* is available for a suggested annual donation of \$25. To subscribe, call 1-800-225-4008.

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### ***Can Prenatal Hormone Exposure Influence Gender-Identity Development?***

A NARTH member recently sent us an intriguing comment by physician John R. Lee, M.D. Writing in his book *What Your Doctor May Not Tell You About Menopause*, Dr. Lee described the possible role of prenatal hormones in influencing the later gender identity of a developing fetus. Speaking of xenobiotics—environmental pollutants which



have a hormone-like effect on the body—Dr. Lee said that when a pregnant woman is exposed to such chemicals, they may blur sex differences in her unborn child. The resulting gender distortions, he theorized, could account for some instances of homosexuality when the child grows to adulthood.

Dr. Lee noted an earlier, similar finding: mothers who took the synthetic hormone DES during pregnancy were more likely to have daughters who developed vaginal and cervical cancer, and a higher-than-normal proportion also became bisexuals or lesbians.

Theorizing that environmental contaminants could have the same effect, he concluded, “If xenobiotics can blur the distinctions between the sexes in seagulls and alligators at nanogram levels, how far-fetched is it to speculate that the same pollutants may be affecting humans in the same fashion?”



### ***The Boy Scouts: Will They Endure?***

Recently the Boy Scouts were ordered by a New Jersey court to accept an openly gay man as their leader—defying the Scouts’ longtime definition of what it means to be “morally straight.”

Meanwhile, University of Utah law professor Michael McConnell predicted that the Boy Scouts would win their case in the U.S. Supreme Court (which they did, in a decision announced in June). But that victory could be a hollow one, McConnell warned, because activist groups will pressure corporate sponsors and charitable groups to withdraw support from the Scouts on the grounds that the group is unfairly discriminatory. Thus activists will still achieve their objective by marginalizing the organization.

One day after the Boy Scouts won their case in the Supreme Court, as McConnell had predicted, the gay group GLSEN began to pressure schools that host troop meetings, challenging the “privileged access” the Scouts now enjoy in the schools. A GLSEN press release said it will “continue educating public-school administrators about the exclusionary practices of the Boy Scouts and the harmful effects these policies have on gay youth.”

The gay group P-FLAG also issued a statement condemning the Scout policy and calling on United Way to de-fund the Boy Scouts.



### ***New HIV Infections Rise Sharply***

Officials in San Francisco recently reported a sharp rise in new HIV infections, which they traced to an increase in

high-risk sexual behavior.

“We’re very concerned and we’re very worried,” said Dr. Willi McFarland, director of the city’s Department of Public Health. Gay men who report unprotected sex with more than one partner grew from 23% in 1994 to 43% in 1999.

San Francisco also reported a sharp rise in incidences of rectal gonorrhea, which have more than doubled in the most recent five-year period.

Similar findings in the nation overall were reported in an article in *Clinical Psychology and Scientific Practice* (“HIV Transmission Risk Behaviors of Men and Women Living with HIV-AIDS, by S.C. Kalichman, 2000, 7:32-47), which summarized 22 studies involving 4,000 men and women with HIV, and also discussed 25 related studies. Overall, the author found, 1 in 3 people currently infected with HIV are putting at least some of their partners at risk through unprotected intercourse.

The new statistics in San Francisco—known as the most gay-tolerant city in U.S.—are particularly relevant in the debate about homosexuality. Activists often claim that gay men risk unsafe sex because of pressures generated by society’s homophobia. However, the alarmingly high rate of infection in San Francisco suggests that unsafe sex practices do not diminish in a notably gay-tolerant environment.



### ***Mainline Churches Under Pressure: Gay Activists Arrested***

About 200 gay activists associated with Rev. Mel White’s group “Soulforce” were arrested at the annual convention of the United Methodist Church this spring. The group—wearing tee shirts that said “Stop the Spiritual Violence”—was objecting to the Church’s reaffirmation of its opposition to homosexual behavior. Some of the marchers were Methodist bishops.

One minister defended the demonstrators on the grounds that the church was rejecting them as persons. He said that by objecting to homosexual behavior, the church was telling gays that “*you* are not compatible with Christian teaching.”

In the mainline churches’ battle over the acceptability of homosexual acts, many people of good will are still “in the middle” and seek more information, according to the Louisville Institute, an organization that studies religion. The majority of religionists want to affirm the civil rights of individuals who are homosexually attracted, and to offer them acceptance *as people*, but they are unsure about the wisdom of theologically affirming homosexual *behavior*.

However, the Human Rights Campaign, a gay group,

reported that all of the mainline churches are steadily moving toward theological acceptance of homosexual behavior.

The Rev. Mel White vowed to bring Soulforce to other mainline Protestant conventions slated for later this year, and followed-up at the Presbyterian General Assembly in Long Beach, California in June, with another demonstration at which 80 protesters were arrested.



### *Who is the Reverend Mel White?*

The Rev. Mel White is often featured on television talk shows defending the objectives of the gay movement. Once a speechwriter for Jerry Falwell, he was married and a father when he decided that he could not live authentically unless he began his life anew as a gay man. He is now divorced, is a minister to a large gay church, and leads the group Soulforce.

A recent article in *Pastoral Care Ministries Newsletter* (Spring 2000) offers revelations into a side of Rev. White which is not seen on television.

Addressing a gathering of about 1,500 students in a college chapel, the Reverend was asked by a member of the audience if he struggled with pornography.

According to the ministry newsletter, the Rev. White told the gathering of students, "I don't struggle with pornography. I use it."



### *Creating New Kinds of Families— But Not the "Live-in" Variety*

In a *Newsweek* editorial, "Helping to Create a New Kind of Family," a New York gay man recently described his newfound longing to be a father. After ten years of cruising the streets, David Levinson explained, he realized he felt lonely and adrift and wanted something else in his life to ground him.

"Could this anchor be a child?" he wondered.

Levinson discussed the matter with a lesbian acquaintance who also wanted to be a mother. As it turned out, the kind of family he had in mind suited both him and her; she wanted him to renounce all his legal rights as a father, as well as his financial and parental responsibilities, and—"Truth told," he admitted, "I want a child, but not a live-in baby."

He explained why he would not want to be a full-time father to the child. Besides being unsure what effect this child would have on his own lifestyle, he admitted that he didn't know what kind of a father he would be. "Deep

down," he confessed, "I fear affecting this child the way my father affected me." In the meanwhile, Levinson is attending a support group of other single men—gay and straight—who are also creating alternative families.

"I think of this baby as a way out of a life that no longer suits me," Mr. Levinson explained.



### *What College Textbooks Say About Homosexuality*

College psychology and sociology textbooks used to offer a psychodynamic explanation for homosexuality. Today, that situation has changed. For example, in *Sexuality Today: The Human Perspective* (1998, a college textbook), we read the following:

"One of the traditional psychodynamic perspectives, popularized in the 1960's, was that family interactions caused same-gender orientation in males—the most typical background consisting of a close-binding, overprotective mother and a detached, absent or openly hostile father. **It is now known that this theory has no basis in fact.**...Same-gender sexual orientation is now accepted as a normal, mature developmental state."

However, the evidence contradicts the textbook. In the 1996 book *Freud Scientifically Reappraised: Testing the Theories and Therapy*, by Fisher and Greenberg, the authors conducted an exhaustive review of the literature and in fact found that the negatively-experienced father was indeed highly correlated with male homosexuality.

Continuing its discussion, the college textbook said, "The research that is available confirms that lesbian and gay families can indeed provide as healthy an environment as any family structure."

Yet the textbook ignored the vast body of literature that confirms the vital importance of both a mother and father in healthy child development, and also failed to mention that many of the studies of lesbian parents compared them to single-parent mother-headed families—which are intrinsically disadvantaged—rather than to intact families of a mother and father.



### *Three Gender-Identity Switches -- and You're Out*

In Boulder, Colorado, a law has been passed extending legal protection to transsexuals (known as "gender-variants") so that they will not be discriminated against in housing, public accommodations or employment. Transsexuals may have full access to public bathrooms which serve the sex of their choice.



At work, employees can change gender identity and dress as the opposite sex without fear of being fired—but only three times within every year-and-a-half. After that, their employer is permitted to fire them on the grounds of “gender inconsistency.”

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***California’s Assembly Says  
Cross-Dressing is a Legal Right***

California’s Assembly recently passed a similar measure, AB 2142, which—if it subsequently passes the Senate—will include “gender” as a new protected class, thus preventing companies from insisting that their employees wear clothing consistent with the person’s biological sex. The Legislature maintained that the bill protects Californians from “invidious gender stereotypes.”

*Capitol Update* had a different view of the measure. “If this bill passes,” the newsletter reported, “employers won’t even be able to tell the bearded, male employee who comes to work dressed in his wig, dress and high heels that he has to shave. The ridiculous part is that AB 2142 has already passed the Assembly.” California schools would also be affected by the measure.

Traditional Values Coalition noted that “businesses would be guilty of employment discrimination should they refuse to employ cross-dressers, transvestites, drag queens, and she-males.”

Groups which support this measure include the following: the ACLU, the California Teachers Association, the California AFL-CIO, the California Division of Planned Parenthood, and the California Child, Youth and Family Coalition.

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***Web Usage Grows Exponentially***

In March of 2,000, the NARTH website ([www.narth.com](http://www.narth.com)) registered its all-time highest usage, with 23,630 visits for an average of ten minutes, 55 seconds per visitor. That figure was more than double the figure for the same month, one year ago. About 10% of the visitors are from outside the U.S. In April of 2000, web usage was 23,520. In May, it was 23,189.

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***Gay Teens Found to be at High Risk for  
Emotional, Physical and Social Problems***

A study reported in the *Journal of the American Academy of Child and Adolescent Psychiatry* (38:3, March 1999, by James Lock and Hans Steiner) has found that gay, lesbian and bisexual youth are at greater risk than their heterosexual counterparts for mental-health problems and sexual risk-taking.

What was significant about this study was that it surveyed teenagers in a community-based setting, rather than homeless youth or clients at a mental-health clinic, where rates of mental-health problems would be expected to be high. Information was gathered through an anonymous, self-report survey in what was described as an affluent, educated, “generally tolerant” community.

“A variety of explanations has been proposed to explain the apparent increased risk for emotional and health problems among homosexual youth,” according to the report. “These include psychoanalytic, biological, and psycho-social theories...Others explain the emotional difficulties...as resulting from external sources.”

The authors of the study said they concluded that the mental-health problems and sexual risk-taking “may be due in part” to internalized homophobia.

However, they avoided further speculation on what those other influences might be. Discussion of intrapsychic factors in particular was avoided, with the authors calling for others to conduct “further research.”

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***P-FLAG Promotes “Apple Pie” Image***

A new fundraising booklet produced by Parents and Friends of Lesbians and Gays (P-FLAG) asks the question, “What does P-FLAG really stand for?” and answers it by saying, “Hint: Think Mom, Dad and apple pies.”

“What could be a more potent image of family love than apple pie?” the booklet asks. To underscore this message, the group says it plans to bake apple pies and deliver them to congressmen.

“What legislator,” they ask, “is going to slam the door in the face of someone offering up a freshly baked pie?”

Ironically, P-FLAG is the group about which NARTH reported in a *Bulletin* article a couple of years ago. We tracked down some of the books on a “Recommended Reading List for Teenagers,” and what we found was a message that was very far from the image P-FLAG is now cultivating.

The approach to child guidance we saw was consistently radical. Teenagers were encouraged to reject the advice of adults and use their feelings as a guide to sexual behavior. First-person stories aimed specifically at teens were told in sometimes pornographic detail, traditional religious practice was mocked, and pagan goddess rituals and witchcraft were portrayed sympathetically.

Had similar books been recommended by parenting groups for “straight” teenagers, they would have been considered

violations of community social standards.

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***The Role of Language  
in Political Persuasion***

Taking a tactically useful direction in the political debate, gay activists are increasingly referring to homosexually oriented men and women as “sexual minority” individuals. Technically, that term would encompass many other orientations than homosexuality, but of course, the intent is to use it only to include the GLBT (gay, lesbian, bisexual and transgender) people.

The term “sexual minority” implies that individuals who are homosexually inclined are a “people” in a manner comparable to race, and that any negatively critical discussion of the condition is tantamount to bigotry.

The Canadian Broadcast Standards Council’s statement that gays’ sexuality is “as much a part of their being as the color of one’s skin” is a reflection of this new way of viewing homosexuality. The Council recently ruled that even certain health-related criticisms of homosexual behavior were prohibited because they were equivalent to bigotry.

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***Some Trends in the Clinical Literature***

One recent and growing trend in the literature is toward the advocacy of open relationships (called “polyamory”) for gay and lesbian clients.

In gay and lesbian culture, such multiple relationships may “work,” therapists say, even though they may not work for heterosexual clients.

The counseling magazine *Family Therapy Networker* recently published a case history entitled, “Monogamy and Gay Men: When are Open Relationships a Therapeutic Option?” (Mar-April, p. 63-71) in which the counselor sought to help a monogamous but sexually bored gay couple stay together through engaging in group sex and bringing a third person into the relationship.

The author of the column, an instructor at Hunter College School of Social Work, said “I have grown to respect the fluidity and customized relationship forms that can work well for gay men.” (The instructor did not fully define what he meant by “work.”)

Another trend in the literature—quite a useful one for both gay-affirming and sexual-reorientation therapists—is to make a clear distinction between three distinctive aspects of sexuality:

1. sexual orientation (identified by the direction of one’s fantasies and attractions);
2. sexual identity (the self-concept an individual organizes around his feelings);
3. sexual behavior.

Research studying ex-gay individuals is now focusing on which of those three categories can be changed. Some say only behavior can be changed; others say behavior and sexual identity can be changed. To what extent one can change all three—behavior, identity and orientation—is more controversial.

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***Researcher Says Lesbian Sexuality Can be “Fluid”***

Another interesting focus in the literature is the growing acknowledgment of the “fluidity” of sexual identity, attractions and behavior for bisexual and lesbian women. In a recent article in *Developmental Psychology* (2000, vol. 36, no. 2, 241-250), author Lisa Diamond of the University of Utah says, “For sexual-minority women, non-exclusivity in attraction is the norm, rather than the exception.”

She concludes that there is a broad diversity of sexual identities and behaviors among non-heterosexual women throughout the course of their lives, with half of the 80 lesbian, bisexual and “unlabeled women in the study reporting at two-year follow-up that they had changed sexual identities more than once. Bisexual women were more likely to have made a significant shift in both identity and attractions. Some women claimed to have had heterosexual identities in adolescence, but later adopted bisexual or lesbian identities.

“Western culture expects sexuality to come in one neat package,” Dr. Diamond reported, “when often that is not the case.”

Dr. Diamond’s study, of course, contradicts the American Psychiatric Association’s recent statement that there is no evidence suggesting that sexual orientation can change.

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***Psychiatric News Reports Heavy Use of  
Mental-Health Services by Gays and Lesbians***

In a national survey of gay and lesbian individuals, 43% of 1,466 respondents said they had sought mental-health care in the past year. In contrast, only about 10-12% of the heterosexual population seeks mental-health care in a given year.

A psychiatrist quoted by *Psychiatric News* said that they heavy use of mental-health care could likely be attributed to homophobia.



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*Lesbian Activist Says  
She Now Loves a Man*

The fluidity of sexual orientation was demonstrated in a segment of the television show *20/20*, when activist Joann Loulan, who spent 22 years in a lesbian lifestyle, reported that she was involved in a two-year relationship with a man.

Ms. Loulan, according to an April 17<sup>th</sup>, 1998 segment of *20/20*, had been an “in-your-face” advocate for lesbian rights. Considered the “Dr. Ruth” of lesbian sex, she broke with her activist friends when at age 50, she began an affair with a 35-year-old man.

“For the first two months,” she admitted, “I didn’t even tell

my close friends...I thought, if I tell people this, they’re going to flip out.” She reported receiving hate mail because of the relationship. One letter said, “You wrecked it for thousands of lesbians.” Many of her lesbian friends abandoned her.

A psychotherapist, Dr. Paula Rust, told *20/20* viewers why she was the object of so much hostility. “It blurs the boundaries between being lesbian and being heterosexual. It calls into question the aspect of choice. It might imply that being a lesbian is a choice, and so that might subject other lesbians to pressure to choose heterosexuality.”

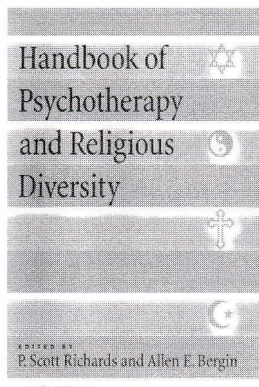
Concluded the show’s moderator: “As we got further into this story, we found that JoAnn’s situation is not so unusual.” ■

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*Book Review:*  
***Handbook of Psychotherapy  
and Religious Diversity***

*Edited by P. Scott Richards and Allen E. Bergin  
Published by the American Psychological Association, Washington, D.C.: 2000*

*Reviewer: Joseph Nicolosi, Ph.D.*



Demographic statistics suggest that the majority of people who present for psychotherapy are religious, and many of them devoutly so.

The authors of the **Handbook of Psychotherapy and Religious Diversity** recognize the need for a clinical encyclopedia of religious belief and custom which will help mental-health professionals work more effectively with clients of different faiths.

With the publication of books such as this one, psychology will be less likely, we believe, to justify its often dismissive attitude toward a client’s religiously based view of homosexuality. And as a publication of the American Psychological Association—an organization not known as friendly to religious diversity—this book marks a significant trend, one must hope, in a new direction.

NARTH Scientific Advisory Committee member P. Scott Richards tackles a new and very important project with the

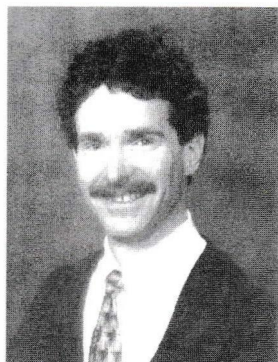
publication of this handbook.

Drs. Richards and Bergin report evidence of a number of professional articles reflecting psychologists’ growing openness to spiritual and religious experience. They are pleased that the American Psychiatric Association, American Psychological Association and the American Counseling Association now include religion as one aspect of diversity that their members are obliged to respect, and an area of study in which practitioners should seek competency.

Indeed, many who seek reparative therapy are influenced by religious convictions. When the practitioner views the client’s non-acceptance of his homosexuality as an “irrational fear” requiring “resolution” and eradication, he does not do justice to the totality and integrity of that person.

This highly readable sourcebook sensitizes the clinician to all of the major Christian and Jewish denominations, as well as Buddhism, Hinduism, and ethnic-centered spiritualities of African-American, Asian, Latino and Native American traditions. It should prove to be a valuable desktop reference. ■

## Questions and Answers about Same-Sex Attractions



Peter Rudegear, M.A.

**In this issue, psychologist Peter Rudegear of West Conshohocken, Pennsylvania answers our readers' questions.**

**Q.** *My daughter would like to marry and have a traditional family life. She feels some attraction to men, but every time she dates a man, she misses the "soul mate" bond she has when dating females. Why does she feel this way? What can she do to change?*

**A.** First, there is every reason to be hopeful because your daughter does experience attraction to men, and hopes to marry.

Usually, it is possible to identify an area of emotional pain or conflict which causes the same-sex attractions.

In women, the most common factor influencing homosexual attractions is a mistrust of male love. This lack of trust or safe feeling with those of the opposite sex usually results from hurts with the father or with other important males, or from observing the father mistreat the mother.

Since trust is necessary for complete self-giving, it would be important to determine whether your daughter becomes fearful in a dating relationship, and then reacts by retreating into female relationships in which she feels safer.

The second most common cause of same-sex attractions in women is a weak feminine identity. This can originate from a lack of warmth in the mother relationship, rejection by female peers when young, or a negative body image.

Both mistrust of male love and a weak feminine identity can be treated successfully. I would suggest that you explore these issues with her and recommend that she pursue therapy.

**Q.** *My daughter went away to a women's college seeming to be just like any other girl. But when she came home after the first year, she had become a militant feminist and a lesbian. Now I've found out that there is a large lesbian contingent at this school.*

*At my request, Mary saw a psychologist, and he told me that in the process of "consolidating their feminine*

*identities," many women go through a lesbian stage. I can't believe this is good for her.*

**A.** I agree that supporting homosexual behavior in a young woman in college is not in her best interest.

Numerous studies have demonstrated the significant emotional difficulties of those in the homosexual lifestyle including widespread promiscuity, substance abuse disorders, depression and hopelessness, and an inability to maintain commitment in a relationship. These studies are well documented in *Straight and Narrow* by Thomas Schmidt (Intervarsity Press, 1995) which I would recommend she read.

Homosexual attractions and behaviors arise in most individuals from a number of emotional conflicts. Your description of your daughter as a militant feminist and lesbian would raise the clinical issue of the possible role of anger in her life. Emotional hurts regularly give rise to both sadness and anger, and the anger can emerge strongly in a person's life even many years after a particular trauma.

I would suggest that you explore with a therapist first, and later with your daughter, any hurts and anger which she may have with men who may have disappointed her in a major way including her father, male relatives and peers, and with women also.

**Q.** *My 11-year-old son is different from other boys—more social, more sensitive, and more serious. We seem to have the same nature, and we've always been close. His father could never quite figure out how to relate to him, although he tried. I can see that my son has trouble making friendships with other boys, and he is often left out. My heart breaks for my son, but as a mother, what can I do? Will he be homosexual?*

**A.** Boys who are teased and rejected by their peers need special attention and help to cope with this pain, especially from their fathers. Peer ridicule leads to the development of loneliness, sadness, anger, and a weak masculine identity. The lack of eye-hand coordination which interferes with the ability to play sports, is one of the major reasons for peer rejection of boys in childhood. Since many fathers bond with their sons mainly through sports, fathers such as your husband regularly struggle with how best to relate to such boys.

Your son will not necessarily develop same-sex attractions later in his life. However, most males with



homosexual attractions report peer rejection and isolation when young, and many did not feel close to their fathers.

I recommend that your husband seek ways to bond with your son other than through sports, and that he try to find areas of common interest with him. Also, he should regularly affirm his masculine identity and minimize the role

of sports in masculinity.

Also, you and your husband should consider therapy to help strengthen the father-son relationship, to improve your son's masculine identity, and to help him cope with the pain of peer rejection.

## The New Finger-Length Study on Lesbians

by Neil Whitehead, Ph.D.

<https://mygenes.co.nz/index.html>

*A recent study found that lesbians are slightly more likely than heterosexual women to have male-type finger length patterns. Although the correlation was only slight, and although the researchers could not explain why some heterosexual women also had the same finger pattern, the study was quickly hailed as further evidence that homosexually-oriented people are "born that way."*

*Neil Whitehead, author of My Genes Made Me Do It! responds to the evidence.*

In an article in *Science*, Williams et al.<sup>1</sup> report on a study which measured finger lengths in heterosexuals, homosexuals and lesbians. They found that certain finger-length ratios in lesbians are significantly less than such ratios in female heterosexuals. This suggested a biological basis to lesbianism, with the further implication that sexual-reorientation therapy for lesbians would be difficult or impossible.

However, this claim is significantly misleading. I report on this study because it is already in the popular press, and has been widely misinterpreted.

### The Findings

Williams et al. compared the two ratios by a statistical test. They used a large number of interviewees. In such circumstances, although the mean finger lengths may be statistically different, they are often so close that it is not practically useful to say the difference is significant. That is what has happened in the present case.

The original normal distributions can be reconstructed from the researchers' data, and the results are shown in Figure 1. (With its two large overlapping curves, Figure 1 assumes that we are comparing an equal number of heterosexual

women and lesbians).

There is obviously a very large overlap in the two populations, and although the two means may be statistically different, **the difference is only 1%** — which is a small effect, and not diagnostically useful.

Within Figure 1 is also given the expected distribution of finger lengths for lesbians, assuming a United States nationwide prevalence of 1.7% (which includes bisexual lesbians).<sup>2</sup>

For any finger-length ratio chosen, the lesbians in the population at large are outnumbered by their heterosexual counterparts by approximately 60:1.

Figure 1 shows that there are large numbers of heterosexual women who have much more "masculine" finger-length ratios than most lesbians, but this is not considered by the researchers to be related to their sexual orientation.

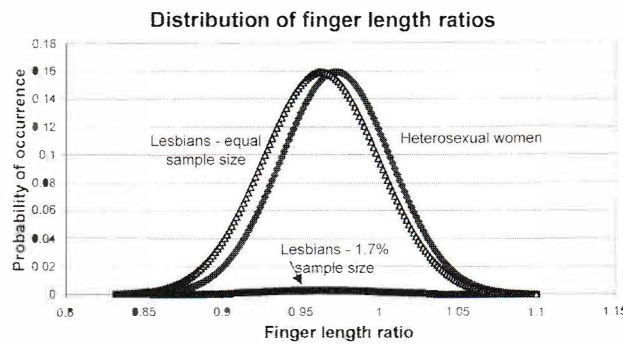


Figure 1. Distribution of finger length ratios

### Prenatal Androgen Exposure and Masculinity

Williams et al. invoke the idea of very high prenatal androgen levels (for which there is very scant evidence) to explain the difference in mean finger lengths which they find. But if this is indeed an explanation, it must rarely affect sexual orientation. This study is rather similar to many other reported links between homosexuality and some biologically based phenomena. Although statistical connections may be shown, only a small percentage of subjects with that biological feature actually consider themselves to be homosexual.

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# *When Dissent is Stifled: The Same-Sex Marriage and Right-to-Treatment Debates*

by Lynn D. Wardle, J.D.



Professor Lynn Wardle

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*The following article is an excerpt of his presentation at the 1999 NARTH Conference. The full text of this paper appears in the 1999 NARTH Collected Papers, where the reader will obtain footnoted references which were included in the original article.*

*In this paper, Professor Wardle outlines the problems faced by NARTH therapists in treating dissatisfied homosexuals, as well as the problems faced by advocates of traditional marriage within his own profession as a lawyer. He calls on NARTH members to have the courage to speak up for the silent majority—citing, by way of encouragement, a personal experience from his own youth during a stint in the Army.*

*“It is absolutely imperative that all of you accept, as your personal responsibility, the duty of writing and raising your voice,” Professor Wardle warns the reader. “You must not let these issues pass by uncontested. If you do, by your silence, you have assented to these positions.”*

*“Many of you will work in obscurity, unheralded, unsung, with little peer support among your professional colleagues,” he acknowledges. “But you will leave a magnificent legacy to your patients, to your posterity, and to your profession.”*

In many professions, including the law and therapeutic professions, there exists an intellectual taboo against expressions unsympathetic to gay-lesbian prerogatives.

It is simply unacceptable in many academic circles to openly oppose same-sex marriage or adoption by gay and lesbian couples. Tolerance of “gay rights” is a litmus test for academic credibility. Opposition to same-sex marriage is treated as proof of narrow-mindedness, dangerous fundamentalism, or an unprofessional mixing of personal moral/religious preferences and law.

In the current academic climate, it is difficult to engage in research about homosexual orientation or lifestyle consequences that does not start with an assumption and end with a result that supports gay/lesbian interests.

The consequences of publicly expressing arguments against gay-lesbian family status or similar social objectives, including same-sex marriage, can be very unpleasant and potentially damaging to scholars. Members of NARTH certainly understand the price one may have to pay.

And you are not alone. I can tell you from my own experience of some incidents that have been unpleasant.

## *Getting the Silent Treatment*

I was speaking at a meeting of the family law section of the American Association of Law Schools, an annual conference that draws about 3,000 law teachers every year. In this session, there was a panel discussion from a number of different points of view considering developments relating to the redefinition of the family. I was invited to participate to provide the point-of-view that same-sex marriage and family relations are not a good thing.

I raised concerns about same-sex parenting from the perspective of the children, and I questioned whether same-sex couples contributed as much to society as traditional married couples do, for the purpose of demonstrating that there was a justification for distinguishing between the two.

One lesbian law professor got up during the question period and began literally screaming at me. She and her partner were raising a child, and she was extremely angry at my point-of-view. I was surprised and disappointed by her behavior, but I was not intimidated. However, I can assure you that it had a very chilling effect upon the audience. After her embarrassing outburst, there was no one willing



to express a point of view critical of gay or lesbian marriage or child-rearing, for fear that they too would be subjected to that kind of outburst.

On another occasion, I was invited at a law school in the Midwest to a conference about new constitutional developments in family law. Again, I participated on a panel and again, when the question of same-sex marriage arose, I responded with a criticism. I said, "What do same-sex marriages contribute to society that is comparable to the tremendous contribution made by traditional marriages of a man and a woman?" That provoked quite a reaction from many of the gays and lesbians in the audience and from a couple of co-panelists who were gay or gay-sympathizers.

At lunch immediately after that session, I had the interesting experience of dining alone. That is, not a single other person in the conference would sit at my table. After about ten minutes, a conservative faculty member of the host institution came and sat by me and said, "Isn't this remarkable? There is an obvious effort to shun you. I'm sorry for it and apologize about it." Again, I wasn't intimidated by it and I thought it was really quite an interesting sociological phenomenon to observe.

When I came up to people afterward, they would avert their eyes, they did not want to make contact, and they did not want to talk to me. (Most were lesbians or lesbian sympathizers.) A friend of mine who is a respected family law professor, who was also invited to participate in the conference, came to me afterward in a darkened hallway and said "Lynn, I agree completely with what you had to say. Completely!" But he was unwilling to say that openly in the meeting for fear of the intimidation effect—particularly, the outrage and hostile treatment that I had experienced.

### ***Many Disciplines Are Affected***

Many people in other disciplines have had worse experiences than I have. Among family studies professors and those in the social sciences, I have the impression that the same kind of opposition is encountered. In a setting in which respect for minority views is less a part of the professional tradition, there is overwhelming support for same-sex marriage and same-sex family styles, and little tolerance for those who disagree.

Recently I participated in a three-day international conference at Queen's University in Ontario, Canada on the subject of same-sex domestic partnerships. There were leading scholars there from around the world, but of all the speakers who participated, I was the only speaker who asserted that same-sex domestic partnership was contrary to public policy. Every other speaker, except one, very strongly supported same-sex domestic partnership.

There is an even more blatant effort to suppress therapeutic professional services to gays and lesbians who seek to change their sexual orientation or behavior. For many years, advocates of gay and lesbian lifestyles have criticized the provision of such counseling. Recently, this has taken an ugly turn and now there are efforts to prohibit such professional counseling and to impugn the professional integrity and credibility of those who do, or even to punish them.

### ***Efforts to Discourage Treatment***

Even more ominous have been the efforts to professionally isolate and punish therapists, counselors and other professionals who offer services to aid persons desiring to escape homosexual lifestyles or attractions. For example, The Washington State Psychological Association published a policy statement "discouraging psychologists from any participation in sexual orientation conversion therapy."

Likewise, the Utah Chapter of the National Association of Social Workers has formally taken a position "discouraging social workers from providing treatments designed to change sexual orientation, and from referring to practitioners or programs that claim to do so."

The American Psychological Association reportedly adopted a resolution on August 14, 1997, that "warned psychologists not to dupe patients into thinking that being gay is sick." Deb Price, news editor at the Washington bureau of the *Detroit News* and a columnist published nationally, reported in 1997 that claims of damage done by reparative therapy "might lead the APA [American Psychological Association] to brand such therapy unethical . . . ."

An article in *Counseling Today* (December 1998) was entitled "Counselors say conversion therapy claims are groundless and prejudicial."

*Frontiers* published an article entitled "Silencing the Quacks." In England, Outrage!, a British support group for lesbians and gays, asked the Royal College of Psychiatrists to ban the use by its members "of all therapies that attempt to cure homosexuality."

### ***The Psychiatric Association Statement***

Probably the best-known example of professional pressure to suppress such mental-health services was the adoption by the Board of Trustees of the American Psychiatric Association in December 11, 1998, of its Position Statement on Psychiatric Treatment and Sexual Orientation. This was publicized nationally as a clear repudiation of professionals who offer services to aid persons desiring to escape homosexual lifestyles or attractions. Thus the *L.A. Times* headlined its story on December 12, 1998 as:

“Psychiatrists Reject Therapy to Alter Gays.” The lead sentence of that Associated Press story reported that the APA board statement said such treatment “can cause depression, anxiety and self-destructive behavior.”

In fact, the Position Statement on Psychiatric Treatment and Sexual Orientation adopted by the American Psychiatric Association Board of Trustees, December 11, 1998, is not nearly as harsh or definitive as some gay activists and their journalistic sympathizers suggest.

The first paragraph of this statement notes that homosexual orientation has been removed from the DSM. The next paragraph states that the association takes no position on treatment to help gays or lesbians change their sexual orientation, but notes that a study paper found no studies confirming that such therapies are effective. The third paragraph tries to be balanced by being schizophrenic. It notes “potential risks” of reparative therapy are “great,” notes that “many” gays have been told erroneously that they can never achieve satisfaction without changing, and condemns treatment based on the assumption that homosexual orientation is a mental disorder—but, significantly, it concedes that “there may be appropriate clinical indication for attempting to change sexual behaviors.”

In the final paragraph, the psychiatrists’ statement observes that other professional associations have “made statements against reparative therapy,” but it stops short of joining them. Rather, it notes that it has already expressed its opposition to discrimination, prejudice and unethical treatment with reference to sexual orientation.

### *Misinterpretations of the A.P.A.’s Position*

In fact, that is the key point; the key sentence in the statement affirms that treatment for gays or lesbians who want to change their sexual orientation *may* be appropriate. *But this point is buried* among many other sentences designed to placate and comfort gay and lesbian activists who bitterly oppose such treatments. Thus, sadly, the president of the psychiatrists’ group commented (inaccurately but politically correctly): “It is fitting . . . that this position opposing reparative therapy has been adopted on the 25th anniversary of the removal of homosexuality as a mental disorder from the DSM. There is no scientific evidence that reparative or conversion therapy is effective in changing a person’s sexual orientation.’ He added that ‘there is, however, evidence that this type of therapy can be destructive.’”

Likewise, *Psychiatric News* reported that the APA Board of Trustees had adopted a policy “that opposes therapeutic techniques some psychiatrists and mental health professional claim can shift an individual’s sexual orientation from homosexual to heterosexual.” The front-page story in that self-proclaimed “Newspaper of the American Psychiatric

Association” was deceptively entitled “APA Maintains Reparative Therapy Not Effective.”

The American Psychological Association has also taken a public position on the issue. In a brochure produced by the Office of Public Affairs of the American Psychological Association entitled *Answers To Your Questions About Sexual Orientation and Homosexuality*, readers are informed: “*Can therapy change sexual orientation?* No. . . . [T]here is no scientific reason to attempt conversion of lesbians or gays to heterosexual orientation . . .” However, this pamphlet goes further than the official statement of this APA. Among the eight formal Resolutions that the psychologists’ organization has adopted is a Resolution on Appropriate Therapeutic Responses to Sexual Orientation.

The concluding resolution is that the association opposes the portrayal of persons with homosexual orientation as mentally ill, and it supports dissemination of accurate information. Again, the hype about this association’s official statement condemning conversion or reparative therapies to help gays and lesbians who desire treatment is exaggerated. In reality, the association reaffirmed support for patient self-determination and autonomy in treatment matters, and merely condemned labeling same-sex attraction as a mental illness, and warned against false advertising.

### *The Unofficial View Leaves Latitude*

When questioned by a psychologist about the psychologist group’s statement, Dr. Martin Seligman, 1998 President of the American Psychological Association “said that he felt the media had misunderstood the intent of the statement. He felt a client had a right to request the type of therapy that he or she wants and receive it.” Likewise, Dr. Ray Fowler, Chief Executive Officer of the association suggested that “people need to re-read the statement, and that individual choice, whatever it is, must be respected. . . . If [the client’s] feelings are ego-dystonic and there is a desire to talk about changing, that is an acceptable choice and a psychologist may participate if he or she desires.”<sup>27</sup>

However, the statements of both associations clearly convey a demeaning posture toward provision of therapy to help gays and lesbians who want to change their sexual orientation. Neither statement claims that such therapies are *per se* harmful, or even dangerous to all patients, but both repeat allegations that there may be harm from the inappropriate use of such therapies.

The collaboration of both associations with the press-release and media barrage, and the failure of either association to affirmatively disassociate itself from the gay-generated misleading media hype, suggests their willingness to promote disinformation to the general public that is negative about treatment.



For example, either association could have adopted a resolution defending the right of its members to offer such treatments to patients desiring them. They could at least have issued a press release to correct misrepresentations about the associations' positions. Instead, each association has tried to convey the false impression that it has found such therapies to be ineffective, and that reputable therapists or doctors do not use them. Such conduct of the associations merely confirms their well-known political biases.

In an important respect, the statements of both organizations that discourage providing or even advising clients about the availability of such treatment options flies in the face of established ethical professional standards (if not the legal duty) to inform patients of all reasonable treatment options, and to respect and support the patient's treatment preferences. Others have demonstrated that the APA's advocacy policy regarding gay and lesbian issues "have led a purportedly scientific organization to misinterpret, overgeneralize, and distort the results of research . . ."

### ***Dr. Spitzer Enters the Controversy***

Even more significantly, in the months since the November, 1999, NARTH convention, there have been some well-publicized and important developments regarding the legitimacy and efficacy of these therapies. Most prominently, Columbia University professor and psychiatrist Dr. Robert Spitzer has begun research into whether reparative or conversion therapies actually help people change their sexual orientation. At least initially, the research of Dr. Spitzer (who is called "the architect of the 1973 decision to remove homosexuality from the DSM") tends to support the conclusion that some people really have changed their sexual orientation as a result of the therapies.

He stated to radio talk show host, Dr. Laura Schlessinger, on January 21, 2000: "I'm convinced from people I have interviewed, that for many of them, they have made substantial changes toward becoming heterosexual . . . I think that's news." He added: "All the critics [of reorientation therapies]. . . have not been honest and taken the time to do the research, because it's just politics."

### ***A Solution: Speak Up, Make Yourself Heard***

There is a common solution to both of these problems - the problem of efforts to force same-sex marriage upon an unwilling public, and the problem of gagging and silencing those who provide therapies that will help some people to escape homosexual lifestyles.

The common solution is to speak up, speak out, raise your voice, write, and express yourself. We cannot just sit idly by. In the words of a Mormon religious leader that I respect, there should be no "uncontested lay-ups" in these contests. Speaking up and speaking out on these issues is not easy,

but it is very important.

That does not mean that we are going to win every battle. Indeed, even though we do speak up, raise our voices, and do not just sit idly by, but try to defend the values that we know to be true, I suspect that we are going to lose many significant battles—perhaps most of them. But that isn't the point. Society has its ups and downs, its ebbs and flows; it swings like a pendulum from side to side. Periodically, there are fads and fashions that are extreme, and extremely dangerous. But those fads and fashions pass.

Sometimes it takes several generations for them to pass, but when they do pass, people look back and say, "Where were my ancestors on the issue? Where did they stand?" "Where were the people in my profession, the people from my community, from my faith, from my subgroup of society?" We need to let them know where we were.

### ***Remember the Silent Majority***

The second advantage of speaking up is that it taps into a very deep and very wide public sentiment of "the silent majority." I had such an experience when I was in the Army. In the hot summer of 1970, I was attending a "boot camp" for two-year ROTC cadets at Fort Knox, Kentucky. One segment of training involved twenty hours of map reading. The training segments were designed for people of very low education - mostly high-school dropouts. But all of the ROTC students attending that summer camp were college students, and many were in graduate school, so the training was not particularly challenging for them. In fact, it was painfully boring. Nevertheless, we were required to meet for a fifty-minute map reading lecture, and then take a ten minute break. We had to do that twenty times to complete the course.

The instructor, a foul-mouthed sergeant, began every hour of instruction with a very crude and filthy, vulgar joke - usually an x-rated, sexual joke. After the first couple of hours there was some grumbling by some of us. We did not want to be forced to listen to that kind of garbage. Apparently, some of the other instructors heard that some cadets were grumbling, and passed the word on to the map instructor. So when the third or fourth hour segment began, he said he would like to begin each segment with a little humor, but he understood that there were some "mama's boys" in the audience who didn't like the kind of jokes he'd been telling.

When he said that, there were some murmurs of "Who are the wimps?" "Just ignore them," "There'd better not be," and other such comments.

That is exactly the reaction the sergeant was hoping for. He was trying to stir up the people in the audience who liked his jokes to get them to intimidate those of us who didn't.

He said: "So I've decided that I will not tell any more of my favorite jokes, if there is anyone in the audience who objects to them. Now if there is anyone in the audience who objects to my telling of these kind of jokes, he can stand up now and I won't tell them anymore."

When he said that, a lot of the cadets began to say things like "Nobody here objects," or "There better not be any objectors," and making threats, and murmuring.

I was one of those who had privately objected. I hadn't intended to make a public issue of it. But the sergeant had made it a public issue, and I was really offended by his effort to intimidate me and others like me. If he had not said anything, I probably would have just grumbled privately, and endured his grotesque humor. However because he was forcing the issue, I decided that I would not back down from his challenge.

So when he said that, I paused a second or two, and then I stood up. I looked around and, to my surprise, I saw another fellow a few tables away who had also stood up. That made two of us. We made eye contact and I felt exhilarated.

Then an amazing thing happened. After we had been standing alone for a few seconds, other people began to stand up in the audience—one by one, one here, one there—and then two, then three, and finally there were at least fifteen or twenty of us out of a 160 or 170 cadets in the class who were standing up and staring down this bullying instructor.

The instructor was flabbergasted. He turned beet red, stammered and stuttered for a moment, and then after an awkward pause, began his map-reading lecture. He never told another dirty joke to us.

### ***There Are Others Who Believe As You Do***

That experience taught me that when you have the courage to stand up for what is right, it gives other people courage, and if they know they are not going to be standing alone, when they see you standing up, others will take courage and join you. Additionally, I am convinced that for every one who stood up that day, there were another four or five who silently agreed with us and supported our position.

Applied to the present situation, I believe there are a number of people who share our values in our professions, but they dare not speak up until they see that they will not be alone. If we have the courage to speak up and express ourselves openly, publicly and persistently, it will motivate others to also speak up and speak out.

And one thing needs to be remembered about the people who use the kind of tactics of intimidation that are promoting same-sex marriage, and attempting to silence and gag

reparative therapy. They are, for the most part, cowards. They do as much as they can get away with. But when they confront open opposition, they often shrink and back down.

It is absolutely imperative that all of you—and each one of you individually—accept as your personal responsibility the duty of writing and raising your voice. *You must let your voice be heard on the issue of reparative therapy.* You must let your voice be heard on the issue of the dangers of gay and lesbian parenting. You must let your voice be heard on the issue of same-sex marriage. You must not let these issues pass by uncontested. If you do, by your silence, you have assented to these positions.

Of course, life is too short to spend *all* of our time expressing our opposition to every dumb and silly idea with which we disagree. But as to these issues - fundamental issues of offering treatment to persons engaged in homosexual behavior who want to escape that lifestyle, and issues of the definition and composition of the family—we *cannot afford to be silent.* These are issues that have pushed society to the edge of a precipice, and we can not remain mute on them.

Part of the problem is that we have taken for granted for much too long the value of the institutions and practices that are now challenged. We take marriage for granted, we take parenting for granted, we take the value of treating people who have sexual problems for granted. However, we can no longer afford to take them for granted, because a generation is growing up which doesn't understand the *value* of those things. Unless we openly and courageously defend those principles and values now, we stand in risk of losing them.

The truths that we speak are dangerous truths - they are dangerous and threatening to false and distorted philosophies and lifestyles. Persons who choose to see the world through the lens of those distorted philosophies are angry about those who tell the truth that threatens their preferences. In the name of tolerance, advocates of alternative lifestyles demand the power to suppress and repress those who disagree with them. They push relentlessly.

### ***NARTH Professionals Must Publish***

It is critically important for you to write professionally about these issues. It is important for you to write about the validity of reparative therapies. It is important because when the question arises whether it is legitimate to discriminate against you in professional societies, to answer that question, the lawyers and judges will turn to the professional literature.

You know that the professional literature is overwhelmingly on one side. But the question is not what most writers say; the question is whether there is a credible and significant minority opinion on the other side. If there is a credible



and significant minority opinion, it greatly limits their ability to discriminate against you. We live in a society that understands that professional principles change, and respects and supports the counter-majoritarian right to show that the popular position is erroneous.

For the same reason, it is important for legal purposes that the story be told, and that studies be performed, that research be done and reported in appropriate professional ways. The judges and lawmakers who will pass upon the rationality of various policies, such as those restricting marriage to male/female couples, and policies restricting or prohibiting adoption by lesbian couples or gay couples will also look to the literature to see what is said about the potential risks. Once again, the position we take will be a minority position, and we will be outnumbered by those on the other side.

But that isn't the question. They may put forward over 100 studies saying that having gay parents doesn't matter. All we have to do is put forward four or five that say that we found that it *does* matter, and that in these circumstances, we have shown a significant effect. Then the fact that they were unable to find *any* effect on the children pales to insignificance, and calls into question the methodology of their studies, because we have three or five very good studies that have shown a significant effect on families and parenting.

### *There Are Many Ways to Contribute*

Thus I urge you to raise your voice, to speak out, to do research, to write, and to publish. Publish in professional publications. Publish in peer-reviewed publications. Publish in popular publications. Publish in the popular media. Publish in newspapers. Respond with letters to the editor to newspaper stories that are misleading or that convey false information. Meet with reporters and give them your point of view about these stories. Take the initiative to call newspapers, magazines, journals, and other publications. Write op-ed pieces and send them to the newspapers. Send them to your professional journals in response to articles. I urge you to do this very carefully, very accurately, very appropriately.

Avoid pejorative language. Avoid attacks. Avoid "fighting." Avoid making *ad hominem* attacks or bashing any individuals. Focus on the issues. Express positively your position. Point out respectfully the flaws in the studies or in the position that is asserted on the other side.

I am not asking you to believe that by doing this, we will

suddenly outnumber those on the other side. We won't. But we must not let the other point-of-view stand without response. We must not concede the point by default, and assent to those positions tacitly by our silence.

### *Abolitionists Spoke Up as a Minority View*

Historically, there is a very significant precedent for what I am suggesting to you. It is the precedent of abolitionist voices in America 150 years ago. The effort to suppress abolitionists' voices, not merely in the South, but more shockingly in the North, is one of the stories of history that has largely been forgotten, but it is one of the most magnificent and inspiring stories of American history. The abolitionists refused to let their voices be stifled. By their persistent expression of a point-of-view that was largely unpopular—considered disruptive, marginalized, considered radical—they moved the nation in a direction that it needed to move, and ultimately ended with the emancipation of slaves in this country. Thus those marginalized voices succeeded in correcting the major flaw that had been in the American Constitution, and they set the country on a course that could rectify the problems of American slavery.<sup>33</sup>

Speaking the truth may not lead to immediate victory. The history of how abolitionists were treated suggests that a long period of oppression, persecution, and hostility will precede the blossoming of the truths that we speak. Only if we endure, if we persist, if we persevere, can we prevail. The trail is not gentle, the task is not easy, but it is right, it is true, and it is important not to despair. We must never give up.

I salute and honor you who dedicate your professional lives to helping others, including those who seek to escape the tragic snare of same-sex attraction. Many of you will work in obscurity, unheralded, unsung, with little peer support among your professional colleagues. But you will leave a magnificent legacy to your patients, to your posterity, to your profession, and to the country by your courageous service.

Another generation will look back in awe and respect and gratitude for the work you did and the legacy you left. You will be honored by the truth of the principles you stood for, by the integrity with which you maintained those ideals, and by the courage with which you shared, taught, and expressed those truths.

That will be your legacy -- a legacy of integrity, and courage and honor, if you will but speak up for it. ■

## *Gay Men Discuss Problem of Unsafe Sex in Poz*

revealing article in the gay magazine *Poz* recently featured a first-person story of a gay couple, one of whom admits that he infected his live-in lover. The story, "Protect Me From What I Want," was the feature article of the magazine's November 1999 issue.

The couple--a man named Hush, and his HIV-positive partner Stephen--offer some provocative insights into the problem of unsafe sex.

Hush explains that he was romantically obsessed with Stephen, who came into the relationship HIV-positive; Stephen, however, soon lost sexual interest in Hush.

A crisis ensued. "My identity increasingly centered on Stephen's approval and happiness," Hush wrote in *Poz*. "I was deeply in love. I was, more plainly, obsessed."

When Stephen was especially aloof, Hush would try to provoke a fight, with the goal of channeling his partner's anger into sex through an S&M enactment. That worked only for awhile.

Sometimes he was so desperate for attention that he would, Hush admits, "cry or beg" for sex. Finally, he discovered that there was one way he could renew his HIV-positive partner's erotic interest--by offering himself as Stephen's passive partner for unprotected anal sex. Suddenly their relationship took on a new spark of excitement.

Of course, the inevitable soon happened. Hush, too, became HIV-positive like Stephen. Yet Hush admits that in a strange way, the sickness felt right, and that "in some dark way that I should be a part of the great, tragic story."

And yet the story did not end there; with the threat of infection no longer an issue, Stephen once again began to lose romantic interest in his partner. Without the sexual rush which had been generated by the danger of unsafe sex, Stephen was no longer physically attracted to Hush.

The two drifted into a platonic relationship. Meanwhile, the newly infected Hush began to frequent sex clubs. He reported a "new sexual confidence...I opened the relationship wide...health risks such as STD's seem minor, compared to the *fait accompli* of infection."

In the *Poz* interview which was written two years later,

Stephen admitted that he now has little remaining feeling for the man to whom he gave a fatal infection. He reports that trying to keep their relationship going is a "daily struggle."

Stephen says he is an expert in AIDS prevention, so he does not understand why he chose to risk infecting his lover. "I don't mean to deny responsibility," he says. "I know what I did was wrong."

Yet he seems to believe that some better form of education might have prevented him from infecting the man he said he once loved.

"I may have read 100 brochures on the mechanics of safe sex, but I saw not a single guide exploring the emotional complexities that lead to risk in relationships," Stephen said. "I sense that many couples are trapped in a dynamic similar to Hush's and mine."

"In a way," he explains, "I feel fatalistic about Hush's seroconversion."

Stephen admits that he still feels a thrill at the thought of unsafe sex, and its association with danger.

"After all that's happened," he said, "unsafe sex remains an attraction for me, and it is a regular struggle to use condoms with negative guys."

How could the couple tell *Poz* what happened with such frankness and equanimity?

In his book *Psychological Seduction*, William Kilpatrick spoke of the psychological society's "curious modern combination of 'hedonism and earnestness.'" Frankness about one's life is assumed to be sufficient evidence of having taken responsibility. The result, Kilpatrick notes, is a "debauch of tolerance."

NARTH's Joseph Nicolosi agreed. "Honesty about what happened represents a first step forward," he said. "But one must also commit oneself to understanding the motivations behind such behaviors.

"That deeper level of understanding," he commented, "is what's missing in these articles." ■



## *Clinician Sponsors Conference on Homosexuality, Pays a Price*

To the Editor:

Last month a colleague and I sponsored a one-day seminar on reparative therapy for professionals in our community. Richard Cohen was the presenter, and we targeted mental-health clinicians and clergy in a three-county area. We sent out approximately 400 brochures, and made numerous phone calls.

The response from the professionals was diverse—ranging from being appalled about the topic of homosexual re-orientation, to praise for addressing this sensitive issue.

I want to share a particular hostile reaction from a prominent clinician that was personally costly to me. The director of a local mental-health agency sent a scathing letter to me criticizing our efforts to offer the seminar. The director indicated that the seminar was discriminatory, and in opposition to the mission statement of their organization, since they receive government funding. He refused to distribute the fliers and was discouraging other mental health clinicians from attending.

I was a consultant for that organization, with an annual contract to do psychological evaluations for adjudicated adolescents. In the letter, the director terminated my services abruptly—stating that he did not want his organization to be associated with me professionally since our views were so divergent on this matter.

I wondered who was really being discriminated against! So I sent him a cordial letter inviting him to dialogue about his concerns. I raised the question of how to clinically deal with clients who present dissatisfaction with homosexual feelings and verbalize a desire to live a heterosexual lifestyle. He never responded by letter or phone. Sadly, I have had no further contact with any of the professionals from that agency since then.

My colleague also experienced some distress over sponsoring the seminar. He received a phone call for the president of his certification board, The National Association of Certification of Counselors (NCC). The president expressed dismay and disapproval about the seminar. He verbalized disagreement with the term “reparative,” stating that the term was pejorative, and implied there was something “broken” in homosexuals that needed to be repaired. Reparative therapy has not been recognized as an accepted term, he said, nor as an approved therapeutic approach.

The president of the certification board requested that we make a disclaimer at the seminar emphasizing that we did not want to offend any homosexual, or to imply that there was something wrong with them. He wanted a verbal commitment from us regarding his concerns.

He made a veiled threat that if we would not comply, there could be a further investigation into my colleague’s certification.

Of course, he could not prohibit us from offering the seminar, but clearly he did not want his professional body (NCC) to be associated with such a “dubious” event.

We proceeded with the seminar despite some other minor opposition from local clinicians. Twenty-two professionals attended—about half clergy, with others being mental-health providers in private practice, and some physicians. Only one person from a government-funded organization participated. Considering the flak we received from the local mental-health community, we viewed this as a success.

Is it not sad and ironic that the government-funded agencies require their clinicians to attend seminars on homosexual and bisexual rights, and even pay for their registration—yet they oppose their clinicians attending a seminar on reparative therapy? Again, who has an open mind, and who is discriminating?

I would invite NARTH members to re-consider the term “reparative.” So often that leads to misunderstanding among professionals who already have a bias favoring homosexuals. The term itself seems to evoke a defensive response, and clouds the genuine clinical issues that need to be examined. Is there another term or paradigm that could be more useful and less irksome?

Perhaps it is the best we have at this time, but let us not stop considering other ways to communicate the hope for homosexuals who seek healing.

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**Editor’s Note:** The term “reparative therapy” refers to the reparative (that is, healing) drive of same-sex attraction, which reparative therapists see as an attempt to undo a gender identification deficit. For those clinicians who prefer it, “sexual reorientation” is perhaps a less antagonizing term to those who do not understand (or do not like) the psychoanalytic terminology.

# ***Strategies in Promoting the Right to Treatment: Why the A.P.A.'s Stance Cannot Prevail***

*by Dale O'Leary*

We live in an age when the majority of people hold to a "rights"-based philosophy which refuses to acknowledge any intrinsic human nature, and denies that there are any limitations imposed by that nature.

As a result, people react negatively to words like tradition, truth, and natural order. But they do support the idea of "rights."

Therefore, we, too, need to make our argument within the same framework---speaking less of what is healthy, normal, natural, and so on, and more of a person's "right" to choose therapy---even when we believe there is much more to the issue than a simple matter of the "right" to follow a chosen destiny.

Of course, gay activists also have an idea of what is healthy, natural and normal---from a gay perspective---which is why they so vigorously oppose reorientation therapy. But they have managed to present their perspective as a matter of "rights," and ours as being one of imposing limitations---that is, we are "against rights."

So we, too, must argue our case within that framework of rights. People have the "right" to know that therapy is available, and the "right" to choose a therapy which is respectful of their religious and moral convictions.

## ***Why is Sex-Change Surgery Approved, But Not Reorientation Therapy?***

We can also point to this irony: the same professional organizations which oppose the individual's right to grow into his heterosexual potential (because the person is "really" homosexual and can't change) contradictorily support *sex-change surgery* (they say such a man is "really" female and *can* change). When a man feels like he is a woman trapped in a man's body, mental-health professionals validate his effort to mutilate his genitals in order to make them match his inner feelings.

Even though genital mutilation and hormone therapy often do not succeed in alleviating the client's gender confusion---and can never change the fact that every cell in the man's mutilated body remains indelibly marked as male--the men-

tal-health profession does not protest this surgical attempt at transition.

So if the transgender man says he really feels like a woman, the profession will help him change. But if a client is convinced, in his core being, that he is really heterosexual and not gay in spite of his same-sex attractions, why can he not have help to follow his destiny?

## ***Why Should Therapy Be Available?***

Homosexual men and women may choose reorientation therapy for a variety of reasons. They may belong to a religion that regards same sex activity as a sin. They may have found a homosexual lifestyle unfulfilling, unstable and sexually addictive. They may wish to marry and have children. Given that a high proportion of men who have sex with men, according to epidemiologists, will be come infected with HIV or another potentially fatal disease such as hepatitis or anal cancer, they may very likely wish to protect their health.

Why shouldn't they be informed about the various forms of therapy available, and the potential for success? For one reason: because gay activists know that information about therapeutic success will undercut their public claim that a homosexual orientation is inborn and unchangeable.

Gay activists who oppose therapy say that their ultimate goal is the destruction of "heterosexism," defined as social attitudes which favor the sexual union of men and women. In pursuit of a non-heterosexist, non-gender-polarized world, they are sacrificing the rights of individuals who want release from homosexuality.

Who is in the forefront of an anti-therapy movement? A vocal group of gay activists who have great influence in the professional organizations, in particular the American Psychiatric Association and American Psychological Association. These takeovers were effected by subtle threat, demonstrations, intimidation, the shouting down of opponents, and the misuse of research.

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In his book *Homosexuality and American Psychiatry: The Politics of Diagnosis*, Ronald Bayer provides a clear account of the politics behind the decision to remove homosexuality from the American Psychiatric Association's *Diagnostic and Statistical Manual*. Bayer's book is a must-read for those who are involved in this issue.

Bayer, it should be noted, *supports* the normalization of homosexuality. But his book is important because he reveals on what basis homosexuality was normalized. He wrote:

"The result was not a conclusion based on an approximation of the scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times."

In making our public argument, we must stress that homosexually attracted men and women have every right to live a gay lifestyle. But we, in turn, have a duty to protect those

who want therapy.

### ***Secular Therapy Must Also Remain Available***

If the time comes when therapy to change a person's pattern of sexual attraction is only available from religious support groups, then men and women who are not religious will be denied the help they seek. Therefore, the right to secular therapy for same-sex attraction must also be defended.

The public needs to be reminded that the American Psychological Association is not values-neutral. In fact, its values may be very far from those of most of the American public. The Psychological Association, for example, was recently censured by Congress for publishing an article which offered some support for pedophilia; and Kinsey, one of the A.P.A.'s most-quoted researchers, protected pedophiles while conducting his research.

## ***NARTH Therapists: Stay Connected on the Internet!***

**An e-mail discussion group is now available to NARTH members. At this time, the list is available only to NARTH's full members with clinical credentials, who are on our referral list.**

**The listserv has two primary functions:**

- 1) to serve as a resource and means of informal consultation for clinicians doing reparative therapy with individuals experiencing same-sex attraction, and**
- 2) to serve as a forum for general questions and thoughts among the membership.**

**To subscribe, please send an e-mail to [MembersL-request@narth.com](mailto:MembersL-request@narth.com) Type your name in the body of the e-mail so we can confirm your eligibility. You will receive a welcome message to indicate that you have been added to the list.**

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*"Victory on the Bow of a Ship"*