

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.

“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.

“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**.²

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.”³

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.”⁴

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.⁵

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.⁶

“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.

(Continued on next page)

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,⁷ 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.⁸

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.⁹

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:¹⁰

- 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.”¹¹

(Continued on next page)

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*.¹²

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.¹³

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.¹⁴

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.¹⁵

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."¹⁶

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.¹⁷ 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.”¹⁸

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.¹⁹

“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*²⁰ 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.²¹

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.”²²

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

1. Schlossberg, Herbert, (1990) *Idols for Destruction: The Conflict of Christian Faith and American Culture*. Wheaton, Ill.: Crossway Books.
2. "Gay Genes, Revisited: Doubts arise over research on the biology of homosexuality," *Scientific American*, November 1995, P. 26.
3. LeVay, Simon (1996) . *Queer Science*, MIT Press.
4. Satinover, Jeffrey, M.D., "The Gay Gene?" *The Journal of Human Sexuality*, 1996, available by calling (972) 713-7130.
5. "The Causes of Male Homosexuality," NARTH Fact Sheet, 1999, The National Association for Research and Therapy of Homosexuality, 16633 Ventura Blvd., Suite 1340, Encino, CA 91436-1801.
6. Nicolosi, J. Byrd, D, Potts, Richard, "Retrospective Self-Reports of Changes in Homosexual Orientation: A Consumer Survey of Conversion Therapy Clients." *Psychological Reports*, June 2000, vol. 86, pp.1071-1088.
7. LaBarbera, Peter, "Gay Youth Suicide: Myth is Used to Promote Homosexual Agenda," published by the Family Research Council.
8. Goldman, Eric, "Psychological Factors Generate HIV Resurgence in Young Gay Men," *Clinical Psychiatry News*, October 1994, p. 5.
9. NLGHA, reported in "Health Implications Associated With Homosexuality," (1999), a monograph by The Medical Institute for Sexual Health, P.O. Box 162306, Austin, Texas 78716, page 64.
10. Ibid.
11. Quoted by Dr. Laura Schlessinger on her syndicated radio show, January 21, 2000.
12. Reported in "1999 NARTH Conference, Speech by Brent Scharman," the NARTH Bulletin, December 1999.
13. Ibid.
14. Throckmorton, Warren, "Attempts to Modify Sexual Orientation: A Review of Outcome Literature and Ethical Issues," *Journal of Mental Health Counseling*, October 1998, vol. 20, pp. 283-304.
15. Reported in "1999 NARTH Conference, Speech by Brent Scharman," the NARTH Bulletin, December 1999.
16. Yarhouse, Mark, "When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the 'Right to Choose' Debate." *Psychotherapy* vol. 35, Summer 1998, no. 2, pp. 234-259.
17. Nicolosi, Byrd, and Potts, op. cit.
18. Rekers, George, ed. (1995) *Handbook of Child and Adolescent Sexual Problems*. N.Y.: Lexington Books.
19. "Am I Gay or Am I Straight?" Not a Decision to be Made by a Teenager,," NARTH Fact Sheet, 1998.
20. Remafedi, G., Resnick, M., Blum, R., and Harris, L., "Demography of Sexual Orientation in Adolescents," *Pediatrics* vol. 89, April 1992, pp. 714-21.
21. Remafedi, G., Farrow, J., Deisher, R. (1991) Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87: 869 - 875.
22. Morrison, David (1999) *Beyond Gay*. Huntington, IN: Our Sunday Visitor Publishing.

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." ■