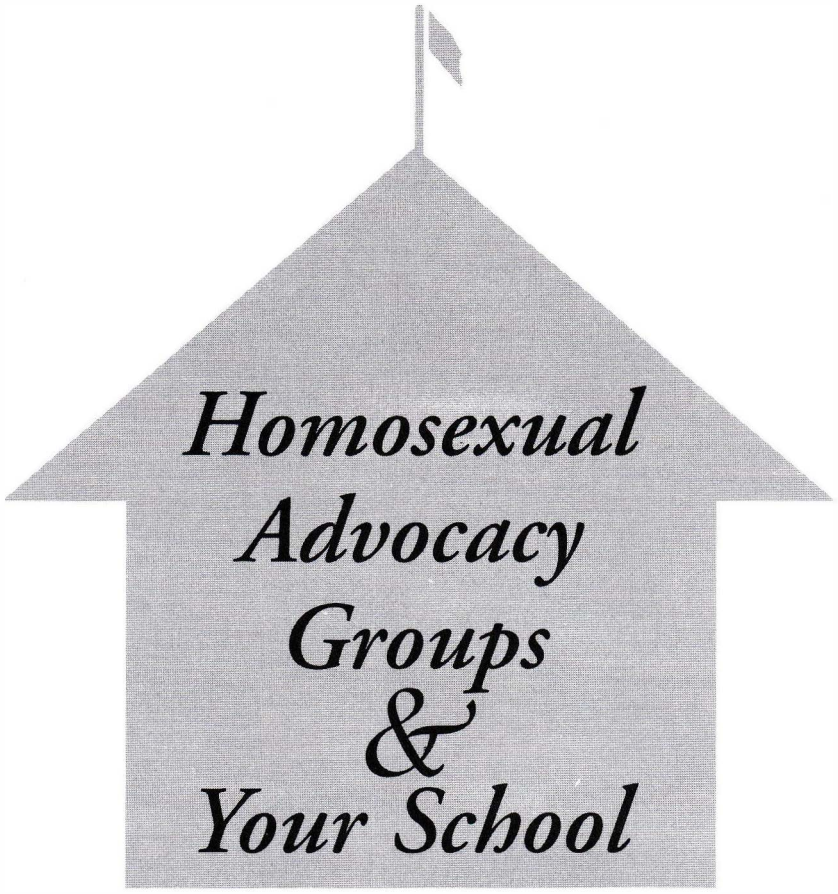
National Association for Research and
Therapy of Homosexuality

(NARTH)



NARTH—
A National Professional Association
of
Mental Health Practitioners

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Homosexual Advocacy Groups & Your School

"A homosexual advocacy group just came to our campus. They said we should be teaching our students to value sexual diversity."

Teaching respect for all people, regardless of sexual orientation, is an appropriate response. We live in a multi-cultural society where tolerance for differences is important.

But teaching *tolerance* does not mean that students must *celebrate* all forms of sexuality.

There are broad differences of opinion in our society on questions of sexuality. Teaching students what types of sexual behavior to *value* would violate the value systems of many families.

"But psychologists say that homosexuality is normal and healthy—so we'd be teaching science, not values."

Not so. In the field of medical science, all doctors agree that cancer, for example, is a disease. But in psychology, diagnosis of illness is more subjective and values-laden.

For example, the American Psychological Association recently published an article by a UCLA psychologist who believes that "limiting" oneself to heterosexuality prevents a person from discovering rich, creative possibilities. But science cannot tell us whether exploring homosexuality is right or wrong, healthy or unhealthy.

The same is true of pedophilia. A soon-to-be published issue of the *Archives of Sexual Behavior* will debate whether pedophilia meets the criteria for a mental disorder—with at least one prominent psychiatrist saying that it *does not*.

So, then, is our society's prohibition on pedophilia a mere religious "taboo"? Some psychiatrists believe that a pedophile can be a helpful mentor to a young boy, if the child "consents" and he feels positive about the experience. *There is no answer to any such question without reliance on a system of values.*

This is also true in the matter of homosexuality. Science can provide data, but how we *interpret* that data involves a value system and a worldview.

"But homosexuality is not a choice."

True, our feelings (including our sexual feelings) are not necessarily a matter of conscious choice. But every individual does have some degree of choice in how he or she responds to those feelings.

Families who do not value homosexuality can still *accept and love* a homosexual family member, even though they disapprove of that loved one's lifestyle.

"But these advocacy programs do help make schools safe—don't they?"

All of us who work with students want to make schools safe. Many students are the victims of taunting and cruelty, and the problem of scapegoating should, without question, be compassionately addressed.

But the problem is, while claiming to help "make schools safe," such programs actually teach students much more than simple tolerance.

And in order to move their argument away from ethics and on to "neutral" ground—where it is assumed it will be non-controversial—these school programs repeatedly make the assertion that "science has discovered that homosexuality is normal and healthy."

"What other scientific data has been distorted?"

Safe-schools programs fail to acknowledge that a person can diminish or change his unwanted homosexuality. NARTH's own 1997 study, published in the scientific journal *Psychological Reports* in June 2000, reveals that many dissatisfied homosexually oriented individuals do, in fact, change.

And another recent, highly publicized study by prominent psychiatrist Dr. Robert Spitzer also found that some people do change their sexual orientation. Dr. Spitzer's research was presented at the American Psychiatric Association Conference in 2001.

One further scientific finding—which is also omitted by "Safe Schools Advocates"—is that **homosexuals are not "born that way**." Homosexuality is now believed by most experts to develop through a combination of family, biological, and social influences, reinforced by a series of choices made by each individual over the years.

"So you claim that the mental-health associations have a bias which they won't acknowledge?"

They do. But they are very reluctant to reveal the values-laden nature of their field of study to the general public, because that would undermine their scientific authority and their claim to speak for all psychologists.

"And what is the worldview slant of these homosexual advocacy programs?"

The following are the values they typically promote:

- the redefinition of marriage and family;
- the denial that gender differences are anything more than arbitrary "constructs" — even though *all societies* have conformed to the reality that men and women are inherently *different and complementary;*
- a refusal to recognize the proven, central importance of *both* mothers and fathers in child development;
- support for children's autonomy from authority—while undermining family and religious authority and the limits and norms they place on children;
- a "sex-positive" approach that sees all forms of sexual expression as valid.

The dominant philosophy of the American Psychological and Psychiatric Associations—as well as the various counseling and social work associations—is that of anti-traditionalism and sexual liberation. Those groups now are aggressively pursuing the political goals of same-sex marriage, homosexual adoption and the redefinition of the family.

"But isn't homosexuality just like heterosexuality, except for the gender of the partner?"

In reality, the data reveals many profound differences between homosexual and heterosexual culture.

Homosexual male relationships are, researchers find, rarely faithful. For example, two researchers studying gay men—who were themselves a gay couple—found that a same-sex male relationship rarely *survive*s if the partners are not open to permitting their partner to have outside sexual contacts.

So is this promiscuity healthy? That's a question to be answered through a value system that is informed by the data.

Gay writers generally claim that such sexual promiscuity is *normal and healthy* for gay men—even those men living with a partner. Many NARTH therapists, on the other hand, see such promiscuity as a sign of the inherent incompatibility of two men and two women.

"But youth suicide among homosexually oriented teens is epidemic. The only solution, activists say, is to introduce 'sexually questioning' teens to the gay community."

Actually, a major 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 20% for each year that a young person delays homosexual or bisexual self-labeling. It seems prudent, therefore, to encourage students ***not*** to make decisions about sexual identity during adolescence.

A gay activist first promoted the idea that gays account for 30% of all youth suicide. This figure has since been discredited, but it is true that teenagers struggling with sexual identity issues are more likely to attempt suicide.

"Will gay-affirming clubs resolve the problem?"

Social discrimination is, undoubtedly, a source of psychological distress, but it does not appear to be the primary motivating factor for most clinical depression.

In his book *Suicide in America,* Dr. Herbert Hendin found no evidence that social discrimination was a major factor behind the suicide attempts of the homosexual students he studied.

The most common causal factor cited by the students who had attempted suicide was rejection by a lover. Suicidal homosexual men and women typically become depressed because of a life-or-death, "I can't live without you" attachment which Dr. Hendin traced to insecure early parental attachment and the resultant tendency to become infatuated and over-invested in each love relationship.

The prominent researcher who conducted the recent, much-publicized "homosexual twin" studies, Dr. J.M.

Bailey, speculated in the *Archives of General Psychiatry* on the reasons for the higher level of psychiatric disorders found among homosexually oriented people.

The high rate of psychiatric disorders may be because homosexuality could represent a "developmental error," Dr. Bailey said. The psychiatric problems found in the gay community might also be "a consequence of lifestyle differences associated with sexual orientation," particularly, "receptive anal sex and promiscuity."

"So it's risky to refer these students to organizations within the gay community?"

An impulsive and undisciplined teenager typically lacks the self-restraint to avoid AIDS and other sexually transmitted diseases. Parents whose children are introduced to the gay community by their school will, understandably, feel betrayed by the school if their child develops a fatal illness or a high-risk sexual habit.

"What, then, should be the focus of counseling with these students?"

Counseling should focus on addressing the family problems, drug abuse, sexual abuse, and gender-identity conflicts that have been shown to be common among teens engaging in same-gender sex.

A recent study by Garofalo documents the lifestyle factors associated with homosexual adolescents. Gay, lesbian and bisexual (GLB) high-school students were more likely than non-GLB students to have engaged in 30 different high health risk behaviors, including the following:

	GLB	vs. non-GLB
Alcohol use (prior to age 13)	59.1%	30.4%
Cocaine use (prior to age 13)	17.3%	1.2%
Ever used inhalants	47.6%	18.5%
Ever had sexual intercourse	81.7%	44.1%
Sexual contact against will	32.5%	9.1%

According to one estimate, by the age of thirty, 30% of homosexual men will be HIV-positive or dead of AIDS. Another study predicts that by the age of fifty, about 50% of homosexual men will be HIV-positive.

And educational programs are not resolving the unsafe-sex problem. As psychiatrist Jeffrey Satinover explains:

> *"The experience of pleasure creates powerful, behavior-shaping incentives. For this reason, when biological impulses—especially the sexual ones—are not at least partially resisted, trained and brought under the civilizing influence of culture and will, the pressure to seek their immediate fulfillment becomes deeply embedded in the neural network of the brain...*
>
> *"What starts out relatively free, becomes less so."*

"So we *can* help these teenagers, then?"

Yes, but rather than affirming teens as *gay*, counselors should affirm them as people worthy of respect and love—while encouraging them to **wait until adulthood to make choices about their sexuality.**

"No service is done to our children by offering them lifestyle options before they are properly able to...make informed choices about them," says Dr. George Rekers, Professor of Neuropsychiatry and a specialist in psychosexual disorders at the University of South Carolina School of Medicine.

"And how should our sex-education programs be handled?"

School districts which teach sex education should not provide graphic descriptions of bizarre sexual practices, which burdens children with age-inappropriate knowledge. "Opt-in" rather than "opt-out" procedures work best for respecting our society's broad diversity of religious beliefs and social standards.

It is also wise to remember that in breaking down all barriers of modesty and inhibition, educators may actually be removing an important restraining element which helps teens delay sexual activity.

"Safe Schools Programs claim that when a student is struggling with sexual issues, he can resolve them by deciding what feels 'comfortable' for him."

Life decisions requiring wise and mature judgment cannot be made by assessing one's personal "comfort level" based on feelings. Decisions about such matters require wise judgment...time and maturity...and many years of exposure to older mentors and role models.

Be aware that Planned Parenthood's web site for teens (www.teenwire.org) urges teenagers to do the opposite. They say teens should follow their feelings when making decisions about sexual behavior—*giving these transitory sexual feelings precedence* over the advice of parents, religious leaders, and psychological counselors.

"Besides the risk of disease, what other arguments are there in favor of delaying the decision about 'coming out'? "

If teenagers are encouraged to make an early declaration of their sexual identity, many could **mislabel** themselves.

The risk of mislabeling becomes apparent when we look at a 1992 study of almost 35,000 Minnesota teenagers which reported that **25.9% of 12-year-olds are uncertain if they are heterosexual or homosexual.** Since studies indicate that only *about* 2-3% of the population will actually identify as homosexual in adulthood, this means that 92% of those labeled homosexual at age 12 would be mislabeled. This is the danger of funneling "sexually questioning" youth into gay programs.

Many factors can lead a "sexually questioning" youngster into homosexual behavior—including curiosity, loneliness, or just rebellion. Gender-nonconforming boys often idealize other boys due to their own sense of masculine inadequacy. Some girls are seeking the feminine nurturing and emotional attunement they did not get from their mothers. And children who were molested may believe they must be homosexual because they attracted a same-sex person.

"What should we tell students about *change* of sexual orientation?"

You should explain that although many people believe their attractions tell them "who they are," others say their homosexual feelings are "not who I am," and they have left their gay lifestyles behind.

In 1997, NARTH surveyed 882 individuals who had experienced a degree of sexual-orientation change. The study was published in the scientific journal *Psychological Reports* (June 2000). 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 also reported significant improvement in the following areas:

- Self-acceptance, self-understanding
- Sense of personal power and assertiveness
- Sense of clarity and security in gender identity
- Improvement in self-esteem

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."*

Growth out of homosexuality may not mean *never more* experiencing a same-sex fantasy. But it does mean understanding one's feelings, controlling one's behaviors, changing one's way of thinking about oneself, and learning to meet same-sex emotional needs in a healthy, non-sexual manner. Formerly homosexual men and women have, in many cases, found lifelong fulfillment in heterosexual marriage.

To overcome homosexuality, there are therapies offered by secular counseling groups. For Evangelical Christian clients, there are supportive counseling programs such as Exodus International. JONAH is a

support group for Jewish clients; Courage serves Catholic strugglers; and Evergreen focuses on Mormon counselees.

"But I was told that treatment to change homosexuality is unethical, because the condition is not a disorder."

Dr. Robert Perloff, 1985 past-president of the American Psychological Association, recently delivered a speech to the gathering of psychologists at the 2001 Annual A.P.A. Conference.

Dr. Perloff stated that "**if the client wants a change, listen to the client**." He said the APA is "barring research" on therapy to change homosexuality because of its one-sided commitment to gay advocacy.

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.

Dr. Warren Throckmorton, recent 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.

Dr. Robert Spitzer, the nationally known psychiatrist who helped to remove homosexuality from the list of psychiatric disorders, recently said:

> *"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."*

And in an article in the premiere journal *Psychotherapy,* and again the *American Journal of Family Therapy,* **Dr. Mark Yarhouse** made a powerful case for the ethics of therapy to modify sexual orientation:

> *"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."*

"But gay-activist groups oppose such therapy."

Remember, gay-activist groups represent *only* the interests of gay-identified people. They do not represent the concerns of homosexually-oriented persons who are dissatisfied with their condition.

It is important to be aware of the ideological split between these two groups; furthermore, to understand that gay-activist groups nearly always adamantly *fight against* the right of other homosexuals to change their orientation through psychotherapy.

"So how can we best respect our students' cultural and religious diversity?"

In our diverse culture, students must have the option to consult a like-minded counselor or a religiously-based support system. "Sexually questioning" students should be allowed to explore the options that are age-appropriate. One important option should be the choice to diminish their homosexuality and to develop their heterosexual potential.

And we all need to acknowledge that every voice in the debate speaks from some sort of value system. One family may value traditional standards of self-restraint, expressed only through heterosexuality, while another family may value unrestricted sexual freedom.

Homosexual advocacy programs do not offer a "neutral" response that meets the needs of our ideologically diverse society.

About NARTH

NARTH is a non-religiously-affiliated, professional organization dedicated to research and therapy for unwanted homosexuality. We are a non-profit group of psychiatrists, psychologists, certified social workers, marriage-and-family counselors and edu-cators.