

The Battle Against the A.P.A. Resolution

INTERVIEW WITH

E. MARK STERN, Ed.D.

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Last summer, gay activists within the Association had sought to have reparative-type therapies labeled "unethical." They did not succeed, but a modified version of their resolution was passed, stating that the A.P.A. opposes all portrayals of gay, lesbian and bisexual people as mentally ill, and cautioning that "appropriate informed consent" should be obtained by therapists when working with homosexuals. Significantly, the A.P.A. did admit that there was no body of evidence to prove that reorientation therapies are harmful.

Mark Stern was pivotal in assuring that the original, more restrictive resolution did not pass. He is interviewed here by Joseph Nicolosi.

JN: It's a small world—I very much enjoyed your book, *Psycho-Theology*. By coincidence, it was the book I took along many years ago when I was on a trip to Europe.

To begin, let me ask: You were a key player during the American Psychological Association's vote last August on the Resolution on Sexual Orientation. Should reorientation therapy be available to all clients?

MS: It should be a client's right, totally and completely, to choose a therapy which is consistent with his goals and values. Psychotherapy which limits a client's right to decide *where* and *how* he is suffering, and how he wants to grow out of that suffering, is untenable for both parties—the therapist and the patient.

JN: And what would have been the effect of the original version of the resolution?

MS: The original resolution would have censured any psychologist who practices sexual-reorientation therapy. However, the version which passed allows for the full range of ethical and appropriate therapeutic approaches. I see this as a victory for those of us who do not see homosexuality as "just another lifestyle."

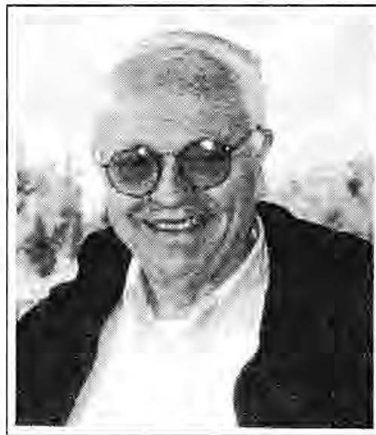
We live in an "anything goes" society in which the growing demands of individualism are destroying the traditional family. Lifelong intimacy remains the last and most forbidding taboo. We are in danger of relegating human reproduction to technology, and childrearing to any bidder. Why *now*, then, this attempt by organized psychology and psychiatry to nullify a person's potentialities for heterosexuality? This is indefensible.

JN: There is so much talk on the other side of the debate how much harm treatment does—it increases social homophobia, makes clients hate themselves, and leaves them depressed, because they are trying to alter something fundamental about themselves...What about these claims?

MS: They miss the heart of the entire project of psychotherapy. Psychotherapy is a search—both to discover oneself, and to construct oneself, insofar as these constructions lend value and purpose to one's existence. And heterosexual identity is a very dynamic construct—even in the face of so many attacks today on the masculine and feminine archetypes.

JN: How is it possible that the Council of Representatives came so close to voting that the treatment of homosexuality should be considered unethical?

MS: It came close because the Council of Representatives is very "politically correct." The idea was, they were going to pass a resolution which would prevent discrimination against homosexuality. What it turned into, however, was more than that—a resolution to label any effort to help individuals attain their heterosexual potential as grounds for malpractice. Fortunately, we were able to raise enough of a rumpus that the original resolution was not passed.



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JN: But that was managed in the eleventh hour. And I would give you a lot of credit for taking the leadership in countering that resolution.

MS: Well, I think you could say I was the one who spotted the resolution, and took action right at the point where it was going to be rubber-stamped.

The resolution that *did* pass, talks about what constitutes ethical practice—particularly the importance of informed consent. I've always told people right off that I can't guarantee any results, and that nobody can. As far as I'm concerned, that's the most important aspect of informed consent...I'm saying in essence, "Please don't expect there will be miracles coming out of this process, because what comes out of it, is what's put into it."

JN: Of course. But isn't that something that should be said for any form of psychotherapy?

MS: That's right. And I think that's what the resolution does: I think it just reiterates the general ethics of psychotherapy.

JN: Exactly; so NARTH was not particularly concerned about the practical implications of the resolution that passed, because it just re-stated what we acknowledge about good practice anyway. But what frightened so many NARTH members is that the resolution came so close to passing in its original, really damaging form—which could have actually prohibited reorientation therapy.

MS: Exactly.

JN: Besides yourself, were there other individuals who fought to keep the right of treatment?

MS: Yes. I would particularly mention Dr. Bertram Karon, who is a representative from the Division of Psychoanalysis. There were others; I don't know everybody on Council. It was a very quick vote, and after it was taken, hands went back down.

JN: There's no record of how the representatives voted?

MS: There's no record of that. Actual roll calls, by name, are rarely taken. They're only taken when the votes are so close that the Chair can decide.

JN: What is the future of this issue in the American Psychological Association? Do you think it's been resolved? Or will it surface again?

MS: I don't think it's going to surface again. I think that was it. The American Psychological Association is now involved in outcome research—looking for ways that therapeutic effectiveness can be demonstrated. In fact, I

think it's gone wild with outcome research. Any type of therapy is considered fair game—whether it's biofeedback or psychoanalysis—assessing whatever works, for whatever it is supposed to be working for.

JN: You've said you don't believe homosexuality is "just another lifestyle." Do you believe a striving toward heterosexuality is inherent in all of us?

MS: It has been my observation that individuals have distinct urgencies to become generative. To be generative is to reach out to the future, whether it be with one's emerging capacities, or with the gift of one's children. Through generativity, a man moves beyond the mental deformation of self-absorption, in which he is his own infant and pet. The homosexual often fears otherness, and in this fear, may beckon to an idealized image of himself—"Be me, and I'll be you." The world becomes an eternal playground, and growth is stymied.

JN: And so you see homosexuality as representing a form of developmental immaturity...

MS: Not having grown up...in certain ways, of course. In other ways, homosexual individuals have achieved great things in the world. But as far as any hope of reaching into the future—there is a stopping: something that says, "No, do not proceed."

Homosexuality has to do with the inability to use the entire repertoire of one's being. If a person takes on a gay identity—seeing homosexuality as "who he really is"—then he is not able to play his full hand in life. Psychotherapy can be a superb initiation experience into an understanding of the origins of one's homosexual and heterosexual feelings. It can extend a hand to those whose goals may have changed from wanting to be a "happier homosexual" to even more—wanting to affirm emerging heterosexual impulses.

JN: And as psychotherapists, we have seen that change is possible.

MS: Yes. In my 40+ years of psychological practice, a significant number of people who once labeled themselves as homosexuals, have moved on into committed marriages with the opposite sex. I freely discuss with my patients what change can mean. Does it mean that homosexual fantasies and temptations have been totally eradicated? In some cases, yes; in others, no. But within the patient there is now a dialogue between desire and meaning—an understanding of what those desires actually signify.

JN: Exactly. What comments do you have about NARTH's direction?

MS: I'm concerned about what appears to me as NARTH's psychoanalytic bias. Bridges need to be built to humanistic and cognitive schools of thought. Some of us

humanistic and cognitive schools of thought. Some of us approach homosexuality more from the perspective that a *repertoire should be extended*—that people should have greater choice about their life direction.

Most important of all, I think NARTH should provide an open platform of debate on human sexuality. To me, NARTH gives too much attention to reporting and reacting against the gay lobby. These people are struggling with their own fragilities, disappointments and hurts. Let's let them know that the therapy we offer respects their humanity. As William Penn said about laying the groundwork for peaceful strategies, "Endeavor to gain, rather than to expose, thy antagonist." We need discussion and debate from the point of view of working at *extending potential*.

JN: You're saying, then, rather than countering the gay-advocacy position, we need to discuss more how we can help the individual move on to heterosexuality.

MS: Exactly.

JN: Along that line, we recently submitted the results of our survey on change to a professional journal. In that survey, over 850 individuals claim to have experienced some degree of change, and over 200 psychotherapists claim to have been facilitators.

MS: I have no doubt that people can become heterosexual, can function intimately with women on every level—personal, sexual. I'm not really satisfied that somebody can become a Don Juan; but such an outcome would not be as important as the fact that there has been a real, substantial, qualitative change.

JN: That's right.

MS: And we have, I think, to really look at individual practitioners. We have to look at qualitative research—the record of what they've done. I don't think we will find all psychotherapists as making the same kind of contribution. I think there are very inexperienced therapists who say to their homosexual clients, "Well, behave; just stop doing it." There are many poor forms of therapy.

JN: And that's exactly the kind of therapy that gay activists are opposed to, but that doesn't represent the therapy most of us do. We're not saying simply, "Stop your homosexual behavior and get a life!" We aim to help clients develop quality, loving, sexual fulfillment in their lives.

MS: Yes. And most of all, to help them move beyond the construct of a very limited self. Humanistic-existential therapy, as Alan Wheelis said in *How People Change*, "begins with a vision of freedom, with an 'I want to become.'" And that vision is no less valid for the patient who is homosexual.