

WHY NARTH? THE AMERICAN PSYCHIATRIC ASSOCIATION'S DESTRUCTIVE AND BLIND PURSUIT OF POLITICAL CORRECTNESS

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I. INTRODUCTION

Why is the National Association for Research and Therapy of Homosexuality (NARTH) necessary? One might as well ask why are defense attorneys necessary? Should the accused simply trust that the police, prosecutors, judges, and juries have their best interests at heart? Of course not. When innocent persons are accused of acting in an unethical manner, threatened with the loss of professional prestige, or denied employment because of their professional opinions, they have, at the very least, the right to mount a defense. When people are discriminated against on the basis of their religious beliefs or denied help that they believe is in their best interests, they need an advocate to defend their rights.

NARTH came into existence in response to threats to take away the right of patients to choose therapy to eliminate or lessen same-sex attraction.¹ NARTH defends the right of therapists to provide such treatment and provides a forum for the dissemination of research on homosexuality.² Concerned that professional organizations and publications in the mental health field have fallen under the control of those who would use them to forward social constructionist theories, political agendas, and advocacy research, NARTH has fought for a return to established theoretical approaches, solid research, therapy that puts the patient first, and freedom to discuss, debate, and disagree.

In 1973, the American Psychiatric Association (APA), in response to nasty disruptions at its 1970 and 1971 conferences and intense behind-

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¹ See *NARTH's Purpose*, National Association for Research and Therapy of Homosexuality, at <http://www.narth.com/menus/statement.html> (last visited Feb. 18, 2002).

² See *What NARTH Offers*, National Association for Research and Therapy of Homosexuality, at <http://www.narth.com/menus/goals.html> (last visited Feb. 18, 2002).

the-scenes maneuvering by gay activists, decided to eliminate the classification of homosexuality as a disorder in its Diagnostic and Statistical Manual (DSM).³ The hope was expressed that such a change would lessen the discrimination experienced by gay and lesbian individuals. As the years passed, it became clear that this was the first step in undermining the scientific integrity of the mental health profession.

In 1992, Charles Socarides, Joseph Nicolosi, and I decided that an organization was needed to continue the scientific study of prevention, treatment, and problems associated with homosexuality. Dr. Socarides and Dr. Nicolosi were both actively involved in the treatment of homosexual patients and had written and spoken extensively on the subject. My exposure to the politicization of the profession came during my service as chairman of the local AIDS policy task force. I watched in dismay as sensible, proven public health policy was discarded because unorganized professionals, although concerned, were no match against organized political activists.

A preliminary organizational meeting of approximately twenty-five interested therapists was held in New York during the December 1992 meeting of the APA, at which time a scientific meeting was scheduled for the following spring. Several months before the scientific meeting, the February 1993 issue of the *American Journal of Psychiatry* reported on a joint meeting of the APA's Committee on Gay, Lesbian, and Bisexual Issues and the Committee on Religion and Psychiatry at which NARTH was discussed.⁴ According to the article the participants discussed: "1) APA labeling reparative (conversion) therapy as unethical, 2) a continuing effort to have reparative therapy labeled an abuse or misuse of psychiatry, and 3) finding a way to isolate the National Association for Psychoanalytic Research and Therapy of Homosexuality"⁵

Having seen the benefits reparative therapy provided for patients, NARTH members refused to be silenced by this preemptive attack. Since 1992, NARTH has held annual conferences. The *NARTH Bulletin* has become an important source of information in the field. NARTH has a sophisticated and informative website, a growing library and supports research projects.⁶

³ RONALD BAYER, *HOMOSEXUALITY AND AMERICAN PSYCHIATRY: THE POLITICS OF DIAGNOSIS* 102-106, 140-141 (1981).

⁴ American Psychiatric Association Committee on Gay, Lesbian, and Bisexual Issues, *APA Official Actions: The Council on National Affairs*, 150 AM. J. PSYCHIATRY 373, 373 (1993).

⁵ *Id.* at 376.

⁶ See National Association for Research and Therapy of Homosexuality, at <http://www.narth.com> (last visited Apr. 6, 2002).

II. DIFFERENT PARADIGMS

The debate between NARTH and gay activists within mental health professional organizations is not simply an argument over how to treat same-sex attraction, as important an issue as that is. The debate constitutes a struggle for the conscience of the mental health profession: a battle between two radically opposed paradigms. The paradigm of the gay activists holds that psychological theories and practice are social constructs and, therefore, are subject to political negotiation. The paradigm of NARTH holds that treatment provided by therapists should be guided by cumulative clinical experience and valid research carried out by responsible professionals. Only through such experience and research can professionals gain insight into healthy psychological development and the nature of psychological disorders.

While social constructionists claim to be battling oppression and to have science on their side, once in control of a professional organization or committee, they have used their power to oppress those who disagree with them and have discarded any pretense to scientific objectivity. In the hands of social constructionists, professional organizations, their committees and publications, become vehicles for forwarding political objectives by influencing courts, legislatures, and public opinion. The public is led to believe that a scientific debate has taken place and that conclusions have been reached, when in fact nothing of the sort has transpired. What has occurred is the triumph of circular reasoning: statements decided on by political negotiation are used by activists as though these statements represent scientific fact. These statements are then used to justify the suppression of research that reveals scientific facts contrary to the gay agenda.

The issue of homosexuality is the primary point of conflict between the paradigms. The debate can be broken down into the following conflicting sets of viewpoints:

1. homosexuality is biologically determined vs. same-sex attraction develops in response to environmental influences on a vulnerable child;
 2. sexual orientation is permanently fixed and unchangeable vs. same-sex attraction patterns can change either spontaneously or as the result of therapeutic intervention;
 3. homosexuality is not an illness to be treated, but a normal, natural and healthy variant of psychosexual development vs. same-sex attraction is, in the majority of cases, a symptom of an underlying psychosexual developmental disorder and as such is associated with other psychological disorders;
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4. the treatment of same-sex attraction is unethical because, among other things, such treatment negatively affects the interests of homosexually active persons vs. patients have the right to choose treatment aimed at the elimination or reduction of same-sex attraction and behavior;
5. heterosexism – the value system that prizes and privileges heterosexuality as the appropriate manifestation of love and sexuality and devalues homosexuality – is an evil equal to racism and should be eliminated from all institutions and individuals vs. society should, in the best interests of children, encourage and support heterosexual marriages and families.⁷

Gay activists and their allies publicly insist that the evidence weighs in favor of their viewpoints.⁸ While there is substantial diversity of opinion among NARTH members, they consider each of the above questions open to debate and contend that the evidence currently available overwhelmingly favors their viewpoints.⁹

Unfortunately, the mental health field has become politicized. As a result, NARTH, in defending the rights of patients to receive help, therapists to provide that help, and researchers to conduct studies and publish, has been forced into the heart of the controversy of this escalation. NARTH carries on, forced to deal with the impediments deriving from the controversy. This was not the preference of the founders of NARTH.

III. RESEARCH

Psychological studies should advance the search for truth about the human person. The more passionately researchers believe in their theories, the more carefully they must design the studies they undertake to prove them. Researchers should minimize personal bias, avoid prejudging the evidence, present findings clearly and honestly, never conceal data that conflicts with their hypotheses, and draw conclusions based on the facts before them.

However, when research is viewed primarily as ammunition in a political battle, objective validity ceases to be a concern. Much of the research on homosexuality used to defend the gay activists' claims,

⁷ Gregory M. Herek, *The Context of Antigay Violence: Notes on Cultural and Psychological Heterosexism*, in *PSYCHOLOGICAL PERSPECTIVES ON LESBIAN & GAY MALE EXPERIENCES* 89, 89-90 (L.D. Garnets & D.C. Kimmel eds., 1993).

⁸ See Catholic Medical Association, *Homosexuality and Hope*, available at <http://www.cathmed.org>. See also <http://www.narth.com>.

⁹ See *Is Homosexuality Genetic?*, National Association for Research and Therapy of Homosexuality, at <http://www.narth.com/menus/born.html> (last visited Apr. 6, 2002).

including works by Kinsey,¹⁰ Hooker,¹¹ Kallman,¹² LeVay,¹³ Money,¹⁴ Hamer,¹⁵ and Gibson,¹⁶ has been exposed by numerous authors as either grossly inadequate in design or as reaching conclusions unsupported by the data.¹⁷ A review of fourteen data-based studies on homosexual parenting by Philip Belcastro and his associates found that "all the studies lacked external validity"¹⁸ and "eleven presented moderate to fatal threats to internal validity."¹⁹ The Belcastro research concluded:

Finally, based upon the researchers' interpretation of the data and at least in one case censorship of data, more were biased toward proving homosexual parents were fit parents. A disturbing revelation was that some of the published works had to disregard their own results in order to conclude that homosexuals were fit parents. We believe that the system of manuscript review by peers, for minimum scientific standards of research was compromised in several of these studies.²⁰

At best these studies should be treated as advocacy research. Instead, they are routinely referenced in legal briefs, judicial decisions, court cases, and in other published articles. Eight studies were cited by the Vermont Psychiatric Association in its amicus brief in *Baker v.*

¹⁰ See generally ALFRED C. KINSEY ET AL., *SEXUAL BEHAVIOR IN THE HUMAN MALE* (1948).

¹¹ Evelyn Hooker, *The Adjustment of the Male Overt Homosexual*, 21 J. PROJECTIVE TECH. 18-31 (1951).

¹² F. Kallman, *Twin and Sibship Study of Overt Male Homosexuality*, 4 AM. J. HUMAN GENETICS 136-146 (1952).

¹³ See generally Simon LeVay, *A Difference in Hypothalamic Structure Between Heterosexual and Homosexual Men*, 253 SCIENCE 1034 (1991).

¹⁴ See generally John Money, *Ablatio Penis: Normal Male Infant Sex-Reassigned as a Girl*, 4 ARCHIVES SEXUAL BEHAV. 65 (1975).

¹⁵ See generally Dean Hamer et. al., *A Linkage Between DNA Markers on the X Chromosome and Male Sexual Orientation*, 261 SCIENCE 321 (1993).

¹⁶ See generally Paul Gibson, *Gay Male and Lesbian Suicide*, in REPORT OF SECY'S TASK FORCE ON YOUTH SUICIDE (U.S. Dep't. of Health and Human Serv. ed., 1989).

¹⁷ See generally JOHN COLAPINTO, *AS NATURE MADE HIM: THE BOY WHO WAS RAISED AS A GIRL* (2000); JUDITH REISMAN & EDWARD EICHEL, *KINSEY, SEX AND FRAUD: THE INDOCTRINATION OF A PEOPLE* (J. Gordon Muir & John H. Court eds., 1990); J. Horgan, *Gay Genes, Revisited: Doubts Arise over Research on the Biology of Homosexuality*, SCI. AM., Nov. 1995, at 26; John Crewdson, *Study on 'Gay Gene' Challenged*, CHI. TRIB., June 25, 1995, at 1, 10; Roy Porter, *Born that Way*, N.Y. TIMES BOOK REV., Aug. 11, 1996, at 8 (reviewing SIMON LEVAY, *QUEER SCIENCE: THE USE AND ABUSE OF RESEARCH INTO HOMOSEXUALITY* (1997) and CHANDLER BURR, *A SEPARATE CREATION* (1996)).

¹⁸ Philip Belcastro et al., *A Review of Data-Based Studies Addressing the Effects of Homosexual Parenting on Children's Sexual and Social Functioning*, 20 J. DIVORCE & REMARRIAGE 105, 105 (1993).

¹⁹ *Id.*

²⁰ *Id.* at 117.

Vermont (the Vermont marriage case).²¹ In his concurring opinion in *Dale v. Boy Scouts of America*,²² Justice Handler referenced an article by Gregory M. Herek as "presenting 'considerable body of social science data' that counter 'longstanding cultural myths and stereotypes.'"²³ The Herek article cites five of the studies judged invalid by Belcastro, in addition to other studies of dubious value. Given the tremendous impact of these cases, the effect of *advocacy* research should not be underestimated.

It should be noted that Belcastro does not say that homosexuals cannot be good parents, only that the research presented does not prove this assertion. On the other hand, pro-gay researchers such as Tozer and McClanahan claim that reparative therapy is ineffective in its own stated ends²⁴ because studies documenting change rely on unverified patient statements and therapist evaluations rather than objective outside measurement. Even if the argument that patient reports of successful sexual adjustment in a heterosexual marriage were not sufficient evidence were granted, that would not prove that change has never and can never happen, only that more research needs to be done.

NARTH has taken an active role in exposing the studies and articles it views as dangerous or deficient. A 1998 letter co-authored by NARTH board member A. Dean Byrd²⁵ criticizes the APA for publishing an article by Rind, Tromovitch, and Bauserman entitled "A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples"²⁶ in its *Psychological Bulletin* on the grounds that the article distorts the literature on sexual child abuse and is a veiled attempt to decriminalize pedophilia. The issue was brought to the attention of radio talk-show host Dr. Laura Schlessinger. It was further revealed that Bauserman had written articles for *Paidika*, *The Journal of Pedophilia*²⁷ and had defended unethical research on boys who were

²¹ Brief for Amicus Curiae Vermont Psychiatric Association, *Baker v. Vermont*, 170 Vt. 194 (2000) (No. 98-032).

²² *Dale v. Boy Scouts of America*, 734 A.2d 1196 (N.J. 1999).

²³ *Id.* at 1242 (quoting Gregory M. Herek, *Myths About Sexual Orientation: A Lawyer's Guide to Social Science Research*, 1 L. & SEXUALITY 133, 134 (1991)).

²⁴ Erinn E. Tozer & Mary K. McClanahan, *Treating the Purple Menace: Ethical Considerations of Conversion Therapy and Affirmative Alternatives*, 27 COUNS. PSYCHOLOGIST 722, 727 (1999).

²⁵ NARTH Advisory Board Member Calls APA to Task on Pedophilia, 7 NARTH BULL. 29 (1999).

²⁶ Bruce Rind et al., *A Meta-Analytic Examination of Assumed Properties of Child Sexual Abuse Using College Samples*, 124 PSYCH. BULL. 22-53 (1998).

²⁷ Stacey Burling, *House Decries a Child Sexual Abuse Study*, PHILA. INQUIRER, July 13, 1999, at A11.

being sexually abused,²⁸ something the APA should have been aware of before publication. In August of 1999, the U.S. House of Representatives voted 355 to 0, 13 abstentions, to condemn the publication of the article.²⁹

A. Not "Born that Way"

While some in the general public still believe that science has proven that homosexuals are "born that way" or that a "gay gene" has been discovered, the gay activists are backing away from that position because they know that, in spite of years of research, no conclusive evidence has been found to support a theory of biological causation. A booklet put out by the pro-gay Parents and Friends of Lesbians and Gays, *Why ask Why?*,³⁰ admits that genetic causation has not been proved.

According to Steven Goldberg, a critic of political correctness:

Virtually all of the evidence argues against there being a determinative physiological causal factor and I know of no researcher who believes that such a determinative factor exists [S]uch factors play a predisposing, not a determinative role I know of no one in the field who argues that homosexuality can be explained without reference to environmental factors.³¹

The large numbers of identical twins discordant in terms of sexual orientation undermines any absolute claim that homosexuality is genetically determined. Dean Hamer, author of one of the studies frequently quoted as demonstrating a genetic causation of homosexuality, admits that psychosocial factors play a part.³²

This does not mean that biology plays no part. Just as with every other psychological condition, some individuals are more vulnerable to certain negative environmental influences than others.³³ For example, an extremely active boy is more likely to resist a mother's smothering attempts, and a temperamentally sensitive boy is more likely to become anxious when confronted with maternal fears.

Why, given the lack of evidence, do gay activists still publicly claim to have scientific evidence supporting biological determinism? The

²⁸ Robert Bauserman, *Objectivity and Ideology: Criticism of Theo Sandfort's Research on Man-Boy Sexual Relations*, 20 J. HOMOSEXUALITY 297 (1990).

²⁹ Burling, *supra* note 27, at A11.

³⁰ PARENTS AND FRIENDS OF LESBIANS AND GAYS, *WHY ASK WHY: ADDRESSING THE RESEARCH ON HOMOSEXUALITY AND BIOLOGY* (1995).

³¹ STEVEN GOLDBERG, *WHEN WISH REPLACES THOUGHT: WHY SO MUCH OF WHAT YOU BELIEVE IS FALSE* (1994) (on file with author).

³² Horgan, *supra* note 17, at 26. See also SIMON LEVAY & E. NONAS, *CITY OF FRIENDS: A PORTRAIT OF THE GAY AND LESBIAN COMMUNITY IN AMERICA* (1995).

³³ William Byne & B. Parsons, *Human Sexual Orientation: The Biologic Theories Reappraised*, 50 ARCHIVES GEN. PSYCHIATRY 229 (1993).

reason may be political. Some studies suggest that when people are convinced that homosexuals are born that way, they are more likely to favor the gay political agenda.³⁴

Even if a biological cause for homosexuality had been found, that would not have proven that it was a healthy or normal variant, nor would it prove that treatment is not necessary. Many biological deviations result in disabilities and are treated as pathological.

B. Change is Possible

Numerous therapists, among them Berger, Bieber, Bergler, Caprio, Capron, Hadden, Kaye, Kronmeyer, Nicolosi, Rogers, Siegle, and Socarides,³⁵ using a number of different forms of therapy, have reported successful treatment of persons experiencing same-sex attraction. In a comprehensive review of the literature on change, Warren Throckmorton challenges those who oppose therapy:

Narrowly, the question to be addressed is: Do conversion therapy techniques work to change unwanted sexual arousal? I submit that the case against conversion therapy requires opponents to demonstrate that no clients have benefited from such procedures or that any benefits are too costly in some objective way to be pursued even if they work. The available evidence supports the observation of many counselors – that many individuals with same-gender sexual orientation have been able to change through a variety of counseling approaches.³⁶

³⁴ See generally K.E. Ernulf et al., *Biological Explanations, Psychological Explanations, and Tolerance of Homosexuals: A Cross-National Analysis of Beliefs and Attitudes*, 65 PSYCHOL. REP. 1003 (1989); Gregory M. Herek, *supra* note 23, at 149 n.76 (1991); Julian Piskur & D. Degelman, *Effect of Reading a Summary of Research About Biological Bases of Homosexual Orientation on Attitudes Toward Homosexuals*, 71 PSYCHOL. REP. 1219 (1992).

³⁵ EDMUND BERGLER, *ONE THOUSAND HOMOSEXUALS* (1959); DANIEL CAPPON, *TOWARD AN UNDERSTANDING OF HOMOSEXUALITY* (1965); FRANK CAPRIO, *FEMALE HOMOSEXUALITY: A PSYCHODYNAMIC STUDY OF LESBIANISM* (1954); ROBERT KRONMEYER, *OVERCOMING HOMOSEXUALITY* (1980); JOSEPH NICOLOSI, *REPARATIVE THERAPY OF MALE HOMOSEXUALITY* (1991); ELAINE SIEGLE, *FEMALE HOMOSEXUALITY: CHOICE WITHOUT VOLITION* (1988); CHARLES SOCARIDES, *HOMOSEXUALITY* (1978). Joseph Berger, *The Psychotherapeutic Treatment of Male Homosexuality*, 48 AM. J. PSYCHOTHERAPY 251 (1994); Samuel Hadden, *Treatment of Male Homosexuals in Groups*, 16 INT'L. J. GROUP PSYCHOTHERAPY 13 (1996); IRVING BIEBER, *On Arriving at the American Psychiatric Association Decision on Homosexuality*, in SCIENTIFIC CONTROVERSIES: CASE STUDIES IN THE RESOLUTION AND CLOSURE OF DISPUTES IN SCIENCE AND TECHNOLOGY 417-436 (H. Engelhardt & A. Caplan eds., 1987); Harold Kaye et al., *Homosexuality in Women*, 17 ARCHIVES GEN. PSYCHIATRY 626 (1967); Carl Rogers et al., *Group Psychotherapy with Homosexuals: A Review*, 31 INT'L J. GROUP PSYCHOTHERAPY 3 (1976).

³⁶ Warren Throckmorton, *Efforts to Modify Sexual Orientation: A Review of Outcome Literature and Ethical Issues*, 20 J. MENTAL HEALTH & COUNS. 283, 287 (1998).

Gay activist Gregory Herek, in his article for lawyers, repeats the oft made claim that successful therapy "usually has been defined as suppression of homoerotic response or mere display of physiological ability to engage in heterosexual intercourse."³⁷ This is not born out by the evidence. Numerous published reports of complete change are available and are contrary to the claims of gay activists. In many, a clear distinction is made between those who are only free from same-sex behavior and those who are also heterosexual in their fantasy life and attraction pattern.³⁸

Herek also argues that "many bisexuals have been mislabeled as homosexuals with the consequence that the 'successes' reported for the conversions actually have occurred among bisexuals who were highly motivated to adopt a heterosexual pattern."³⁹

Even if this were the case, it would be an argument in favor of therapy not against it. With therapy, those who thought they were homosexual discover that they were mislabeled. Studies suggest that the majority of homosexually active persons have had some heterosexual experience (62-74% of gay-identified men⁴⁰ and 80% of lesbians⁴¹ report heterosexual intercourse); therefore, it is to be expected that the majority of persons seeking help have had heterosexual experiences. Those with heterosexual experience should be encouraged to seek therapy if they desire to change.

Moreover, when persons who have overcome same-sex attractions come forward and speak about their experiences, their personal testimony is challenged.⁴² Television ads featuring ex-gays have been rejected by television stations in major markets.⁴³

Dr. Robert Spitzer, who by his own admission was at the center of the 1973 APA decision, was confronted outside the 1999 APA conference by ex-gay protesters who asked that their experience be recognized.⁴⁴ Dr. Spitzer was impressed by their testimony and began a study of persons claiming a significant change in sexual orientation. So far, he

³⁷ Herek, *supra* note 23, at 151.

³⁸ ROBERT GOETZ, *HOMOSEXUALITY AND THE POSSIBILITY OF CHANGE* (1997).

³⁹ Herek, *supra* note 23, at 151.

⁴⁰ June Reinisch et al., *The Study of Sexual Behavior in Relation to the Transmission of Human Immunodeficiency Virus*, 43 AM. PSYCHOLOGIST 921 (1988), cited in, N.E. Betz & L.F. Fitzgerald, *Individuality and Diversity: Theory and Research in Counseling Psychology*, 44 ANN. REV. PSYCHOL. 383, 369 (1993).

⁴¹ N. Eldridge, *Gender Issues in Counseling Same-Sex Couples*, 18 PROF. PSYCHOL. 567 (1987), cited in, Betz & Fitzgerald, *supra* note 40.

⁴² Elizabeth Birch, *Free for All: What Church Can't Change*, WASH. POST, Aug. 8, 1998, at A19.

⁴³ *Ex-Gay TV Ads Rejected*, 7 NARTH BULL. 14 (1999).

⁴⁴ Interview by Dr. Laura Schlessinger with Robert Spitzer, American Psychiatric Association (Jan. 21, 2000), reprinted in 8 NARTH BULL. 26 (2000).

reports to have found credible evidence of change. In an interview with Dr. Laura Schlessinger, Spitzer admitted that those claiming that change is not possible "have not been honest and [have not] taken the time to do the research."⁴⁵

Gay activists are critical of therapy because all those who enter therapy do not achieve full heterosexual functioning. However, not every person seeking help to eliminate same-sex behavior is interested in becoming heterosexually active. Some are motivated by religious belief; some are older and not interested in marriage; some men wish to avoid sexually transmitted diseases or self-destructive behavior patterns. Such individuals may be willing to tolerate occasional same-sex attraction and fantasy. However, sometimes it happens that patients whose original goal was celibacy discover, after a period of therapy, to their surprise, the stirrings of opposite-sex attraction.

In many cases, individuals who come to therapy are sexually addicted or have used homosexual activity or fantasy as a way to deal with stress. In these cases, occasional same-sex temptations in periods of stress are not signs of failure but an expected part of the recovery process.

Patients have a right to choose therapy to achieve limited goals. No one would suggest that depressed persons should not seek help from a mental health professional because the therapist cannot guarantee that they will never again have a blue day. NARTH-associated therapists do not create false expectations. Patients have a right to a realistic appraisal of the benefits of therapy and of the time and effort involved. Most patients who seek help in this area fully understand and accept that the process will be difficult and slow.

Given the documented evidence supporting the possibility of change, why do gay activists claim that change is impossible? In the abstract of an article in *The Journal of Psychiatry and Law*, Richard Green explains the political importance of the immutability claim:

The Supreme Court ruled in *Bowers v. Hardwick* that there is no fundamental right under a substantive due process analysis to engage in homosexual behavior. Therefore, the remaining constitutional route to protecting homosexuals against discrimination is the equal protection clause of the fourteenth amendment. For the highest level of protection there, a class of persons must be declared "suspect." To so qualify, the class should demonstrate, inter alia, that the trait for which it is stigmatized is immutable. Growing research evidence exists for an innate origin of homosexuality. More importantly, whatever its origins, the low rate of sexual reorientation via psychiatric intervention satisfies the concept of immutability. The

⁴⁵ *Id.* at 27.

Court's criteria are met for applying the strictest of scrutiny to laws that discriminate against homosexuals.⁴⁶

Hard to change is not the same as unchangeable. If something is immutable, then the rate of change would be zero. In his article, Green acknowledges that reports of change do exist.⁴⁷ An equally compelling conclusion could be drawn from the same evidence: given that some individuals make a full and complete recovery and others report significant benefits, the reason the rate of recovery is low is because the APA's 1973 decision to remove homosexuality from the DSM discouraged research on improving therapy.

One could also argue that the continual promotion by professional organizations of misinformation on therapy creates an atmosphere that negatively impacts the therapeutic relationship. Patients often come to a point where progress is difficult because they are on the threshold of a significant breakthrough. If they have been bombarded with the message that failure is inevitable, they may despair and discontinue treatment rather than persevere.

C. Not As Healthy

Those who insist that homosexuality is not an illness point to the APA's 1973 decision to remove homosexuality from its DSM. The implication is that the APA would not have taken such a step had there not been overwhelming scientific evidence supporting their decision. A review of the history behind the decision reveals, however, that the decision was not based on science but was the response of an organization under siege by gay activists. Ronald Bayer's book, *Homosexuality and American Psychiatry: The Politics of Diagnosis*, documents the political nature of the battle over the DSM. Bayer, a supporter of the change, reports:

A furious egalitarianism that challenged every instance of authority had compelled psychiatric experts to negotiate the pathological status of homosexuality with homosexuals themselves. 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.⁴⁸

⁴⁶ Richard Green, *The Immutability of (Homo) Sexual Orientation: Behavioral Science Implication for a Constitutional (Legal) Analysis*, 16 J. PSYCHIATRY & L. 537, 537 (1988).

⁴⁷ *Id.* at 556-66.

⁴⁸ RONALD BAYER, *Introduction to HOMOSEXUALITY AND AMERICAN PSYCHIATRY: THE POLITICS OF DIAGNOSIS* 3-4 (1981).

Bayer defends the APA's use of its DSM as an instrument of social change: "Psychiatry may, under special circumstances, act upon society, using its cultural influences to challenge social values and practices."⁴⁹

D. A. Begelman, another defender of the decision, says:

Coming to regard homosexuality as simply another life-style 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 akin to judging it differently, while in possession of the same old facts.⁵⁰

In order to remove homosexuality from its list of disorders, the APA was forced to change the definition of psychological disorder, which included a more comprehensive understanding of the origin of disorders, to a condition that regularly causes distress and interferes with social effectiveness.⁵¹

Irving Bieber, who had done extensive research on the treatment of homosexuality, fought the change. He pointed out that numerous, clearly pathological conditions such as pedophilia, voyeurism, fetishism, sexual sadism, and masochism do not meet the new narrowed criteria.⁵² Bieber argued that because homosexual fantasies and behavior are based on irrational fears, they cannot be considered as normal or healthy even if they do meet the new "distress and social disability" criteria of the APA. According to Bieber, "Any adaptation which is basically an accommodation to unrealistic fear is necessarily pathologic; in the adult homosexual, continued fear of heterosexuality is inappropriate to his current reality."⁵³

Defenders of the APA decision, such as Douglas Haldeman, claim that "[p]sychological test data, from Hooker's (1957) study to present-day studies, have been reviewed and show no substantive differences between homosexual and heterosexual subjects."⁵⁴

Others find the evidence less than convincing. Gerard van den Aardweg published a review of "the research outcome of studies using valid neuroticism tests (inventories) with male homosexuals"⁵⁵ and

⁴⁹ *Id.* at 14.

⁵⁰ D. A. Begelman, *Homosexuality and the Ethics of Behavioral Interventions*, 2 J. HOMOSEXUALITY 213, 218 (1977).

⁵¹ IRVING BIEBER, *On Arriving at the American Psychiatric Association Decision on Homosexuality*, in SCIENTIFIC CONTROVERSIES: CASE STUDIES IN THE RESOLUTION AND CLOSURE OF DISPUTES IN SCIENCE AND TECHNOLOGY 417-436 (H. Engelhardt & A. Caplan eds., 1987).

⁵² *Id.*

⁵³ IRVING BIEBER ET AL., HOMOSEXUALITY: A PSYCHOANALYTIC STUDY 303-04 (1962).

⁵⁴ Douglas C. Haldeman, *The Practice and Ethics of Sexual Orientation Conversion Therapy*, 62 J. CONSULTING & CLINICAL PSYCHOL. 221, 225 (1994).

⁵⁵ Gerard van den Aardweg, *Male Homosexuality and the Neuroticism Factor: An Analysis of Research Outcomes*, 3 DYNAMIC PSYCHOTHERAPY 79, 79 (1985).

concluded: "The emerging trend testifies to a positive correlation between homosexuality and high neuroticism."⁵⁶

Two studies published in 1999 confirm Aardweg's conclusion. These studies documented the mental health problems among homosexual persons. They offer particularly compelling evidence since the subjects were neither patients nor volunteers. One was a birth cohort study which followed 1,263 children born in Christchurch, New Zealand for twenty-one years.⁵⁷ Results at age twenty-one for 1007 participants were reviewed and the following information compiled:⁵⁸

SEXUAL ORIENTATION

	<u>Gay, Lesbian, Bisexual</u>	<u>Heterosexual</u>
Suicidal (ever)	(n=28)	(n= 979)
Suicidal Ideation	67.9%	28.0%
Suicide attempts	32.1	7.1
Psychiatric disorders (14-21 years of age)		
Major Depression	71.4%	38.2%
Generalized anxiety disorder	28.6	12.5
Conduct disorder	32.1	11.0
Nicotine dependence	64.3	26.7
Other substance abuse/ dependence	60.7	44.3
Multiple (>2) disorders	78.6	38.2

The second study by Herrell et al. involved pairs of twins discordant in the matter of sexual orientation and was part of a larger study of Vietnam veterans.⁵⁹ The researchers concluded: "Same-gender sexual orientation is significantly associated with each of the suicidality measures."⁶⁰ Preliminary results from a large study in the Netherlands confirm these findings.⁶¹

⁵⁶ *Id.* at 79.

⁵⁷ David M. Fergusson et al., *Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?*, 56 ARCHIVES GEN. PSYCHIATRY 876, 876 (Oct. 1999).

⁵⁸ *Id.* at 879 tbl.

⁵⁹ Richard Herrell et al., *Sexual Orientation and Suicidality: A Co-Twin Control Study in Adult Men*, 56 ARCHIVES GEN. PSYCHIATRY 867 (1999).

⁶⁰ *Id.* at 867.

⁶¹ Theo G. M. Sandfort et al., *Same-Sex Sexual Behavior and Psychiatric Disorders*, 58 ARCHIVES GEN. PSYCHIATRY 85-91 (2001).

Both studies appeared in the same issue of *Archives of General Psychiatry* along with commentaries. In one of these, J. Michael Bailey noted that "some mental health professionals who opposed the successful 1973 referendum to remove homosexuality from DSM-III will feel vindicated."⁶² Others, according to Bailey, may attribute the excess pathology to anti-homosexual bias.⁶³ Bailey called for more research and concluded that "it would be a shame – most of all for gay men and lesbians whose mental health is at stake – if sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis."⁶⁴ In this, the members of NARTH would agree.

D. The Right to Treatment

A number of pro-gay authors have argued that therapy for same-sex attraction should be banned on the grounds that the provision of such therapy constitutes anti-homosexual oppression. According to D.A. Begelman, therapy for change is unethical because "[a]dministering these programs means reinforcing the social belief system about homosexuality. The *meaning* of the act of providing reorientation services is yet another element in a causal nexus of oppression."⁶⁵

According to gay-affirming therapist Gerald Davison: Change of orientation therapy programs should be eliminated. Their availability only confirms professional and societal biases against homosexuality . . . Viewing therapists as contemporary society's secular priests rather than as value-neutral technicians will sensitize professionals and lay people alike to large-scale social, political, and moral influences in human behavior.⁶⁶

An article in *The Counseling Psychologist* encourages therapists to terminate therapy if the client persists in a desire for conversion therapy:

If the client wishes to terminate rather than proceed with non-conversion therapy, however, we believe that it is more ethical to let a client continue to struggle honestly with her or his identity than to collude, even peripherally, with a practice that is discriminatory, oppressive, and ultimately ineffective in its own stated ends.⁶⁷

Those who oppose therapy for same-sex attraction argue that such therapy negatively impacts the gay political agenda by challenging its

⁶² J. Michael Bailey, *Homosexuality and Mental Illness*, 56 ARCHIVES GEN. PSYCHIATRY 883, 883 (1999).

⁶³ *Id.*

⁶⁴ *Id.* at 884.

⁶⁵ Begelman, *supra* note 50, at 217.

⁶⁶ Gerald C. Davison, *Politics Ethics and Therapy for Homosexuality*, in *HOMOSEXUALITY: SOCIAL, PSYCHOLOGICAL AND BIOLOGICAL ISSUES* 89, 97-98 (W. Paul et al. eds., 1982).

⁶⁷ Tozer & McClanahan, *supra* note 24, at 739.

central premise – that homosexuality is an unchangeable condition. Even if this claim were correct, it would not follow that treatment should be denied. To do so would violate the fundamental rights of the patients who request such treatment. Should treatment of obesity be disallowed because its promotion increases the all-too-real discrimination against obese individuals?

According to gay-affirming therapist John Gonsiorek, "One of the greatest impediments to the mental health of gay and lesbian individuals is 'internalized homophobia'"⁶⁸ defined as "negative attitudes toward homosexuality that are incorporated into the self-image, creating various psychological distortions and reactions."⁶⁹ While therapy for change is frequently blamed for increased "internalized homophobia," traditional religious beliefs, the privilege of marriage between a man and a woman, and the attitudes toward homosexuality expressed in referendums and legislation are also held responsible.⁷⁰ Given the extent of the latter, eliminating therapy would not by itself be sufficient to eliminate "internalized homophobia" and, therefore, would not constitute sufficient justification to restrict the liberty of patients desiring help.

If internalized homophobia exists, its existence provides yet another reason for offering therapy. Given that the sources of internalized homophobia – religion, marriage, and public opinion – are extremely resistant to change, patients could argue that they have the right to decide for themselves whether they desire therapy to eliminate their internalized homophobia or their homosexual attractions. Erinn Tozer and Mary K. McClanahan suggest in their article, *Treating the Purple Menace: Ethical Considerations of Conversion Therapy and Affirmative Alternatives*,⁷¹ that gay affirming therapists are facing patients who still want therapy for change, even after being badgered by therapists that no change is necessary.⁷²

Patients have the right to choose elective therapy in a number of areas, including cosmetic surgery, reproductive technologies, abortion, stomach stapling, liposuction, kidney donation, and "sex-changes." Many of these elective, patient-requested therapies carry considerable risk with no guarantee that the benefits desired will be achieved, yet the same organizations which seek to limit access to therapy for unwanted homosexual attractions and behavior accept the patient's right to choose some or all of the treatments mentioned above. African and Asian

⁶⁸ John Gonsiorek, *Gay and Lesbian Adolescent Mental Health*, 9 J. ADOLESCENT HEALTH CARE 114, 117 (1988).

⁶⁹ *Id.* at 115.

⁷⁰ JANIS BOHAN, *PSYCHOLOGY AND SEXUAL ORIENTATION* (1996).

⁷¹ Tozer & McClanahan, *supra* note 24.

⁷² *Id.* at 738.

patients motivated by what might be labeled "internalized racism" are allowed to choose surgical procedures to change their physical appearance. It seems unreasonable to restrict patients' access to therapy to change their sexual attraction pattern.

While gay activists lobby against reparative therapy, other therapists have defended the rights of patients. In an article in the APA journal *Psychotherapy* entitled, "When Clients Seek Treatment for Same-Sex Attractions: Ethical Issues in the 'Right to Choose' Debate,"⁷³ Dr. M. Yarhouse writes:

Psychologists have an ethical responsibility to allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction or modifying same-sex behaviors, not only because it affirms the clients' rights to dignity, autonomy, and agency, as persons presumed capable of freely choosing among treatment modalities and behavior, but also because it demonstrates regard for diversity.⁷⁴

Finally, discouraging professional therapists from providing treatment for same-sex attraction will not stop treatment, nor will it prevent those who have achieved freedom from giving public testimony. Currently, a substantial percentage of the men and women seeking to be free from same-sex attraction do not seek professional help but turn to religion-based support groups such as Exodus (Evangelical Christians), Homosexuals Anonymous (Christians), Courage (for Catholic Christians), Evergreen (Mormons), and Jonah (Jews). Those who do not want religion-based treatment should have equal access to therapy of their choice.

NARTH has long pushed for a public forum in which the questions surrounding reparative therapy could be discussed and it appeared that, through the intervention of Dr. Spitzer, that day would come. A debate entitled *Sexual Reorientation Therapies for Homosexuality Work and are Ethical* was scheduled for the APA's annual conference in May 2000. Unfortunately, the debate was canceled because those against reorientation therapy backed out, claiming that they would legitimize the debate if they even participated. NARTH feels justified in claiming to have prevailed, since failure of one side to appear is generally regarded as a victory by default.

E. Freedom of Religion and Freedom of Thought

Under current law and social convention, the penalties leveled against racists are severe. Persons simply accused of racism become second class citizens and are forced to prove themselves innocent. They

⁷³ Mark A. Yarhouse, *Introduction to When Clients Seek Treatment for Same-Sex Attractions: Ethical Issues in the "Right to Choose" Debate*, 35 *PSYCHOTHERAPY* 248 (1998).

⁷⁴ *Id.* at 248.

are deemed unfit to hold public office, may face employment discrimination, and see their freedom of speech restricted. Gay activists hold that "heterosexism" is the equivalent of racism, and deserves equivalent sanctions.

Heterosexism is a newly invented term. According to Gregory Herek:

Heterosexism is defined here as an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship or community. Like racism, sexism, and other ideologies of oppression, heterosexism is manifested both in societal customs and institutions, such as religion and the legal system (referred to here as *cultural heterosexism*) and in individual attitudes and behaviors (referred to here as *psychological heterosexism*).⁷⁵

Herek has written extensively on the subject and was quoted in *Dale v. Boy Scouts of America*.⁷⁶ He has, among other things, proposed innovative strategies for attacking heterosexism and homophobia, including suggestions on how to alter "heterosexual masculinity"⁷⁷ and "fundamentalist" religious ideology.⁷⁸

The "heterosexism equals racism" argument is routinely used against those who oppose the gay agenda. The gay activists demanded that a television show featuring Dr. Laura Schlessinger, scheduled for the Fall of 2000, be canceled because she has referred to homosexuality as a disorder. The Horizons Foundation, a gay activist group, has encouraged people to write to the network and has posted a sample letter on its website.⁷⁹

The demand that heterosexism be eliminated from all institutions, including religious institutions, creates a direct conflict between the gay agenda and freedom of religion. Evangelical Christians, Catholics, Mormons, Orthodox Christians, Orthodox Jews, and members of other religious groups hold that sexual relations outside marriage, including those with members of the same sex, are always contrary to the unchangeable moral law.

The conflict between religion and gay-affirming therapy has led to the suggestion made by several therapists that, rather than offer therapy to change sexual orientation, patients whose desire to change is motivated by religious convictions should be offered "religious

⁷⁵ Herek, *supra* note 7.

⁷⁶ 734 A.2d 1196 (N.J. 1999).

⁷⁷ Gregory Herek, *On Heterosexual Masculinity: Some Psychical Consequences of the Social Construction of Gender and Sexuality*, 29 AM. BEHAV. SCI. 563 (1986).

⁷⁸ Gregory Herek, *Religious Orientation and Prejudice: A Comparison of Racial and Sexual Attitudes* 13 PERSONALITY & PSYCH. BULL. 34 (1987).

⁷⁹ Peter La Barbera, *Glad Activists Target Dr. Laura*, 7 NARTH BULL. 256 (Dec. 1999).

reorientation."⁸⁰ In one case, the therapist was able to achieve such a conversion.⁸¹ If this trend persists, persons with strongly held religious beliefs may be unwilling to seek help from professional therapists. Religious groups may be forced to act as alternative professional organizations, and the demand for the entire mental health profession will be substantially reduced.

IV. LEGAL CONSEQUENCES

Given the litigious nature of our society, the issues under debate here will be argued in courts at various levels. Consider the following hypothetical case: At age three, Johnny Doe exhibited the symptoms of Gender Identity Disorder (GID): cross-dressing, expressing a desire to be a girl, doll play, effeminate mannerisms, etc.⁸² His concerned parents consulted the family pediatrician who assured them there was nothing to worry about.

At age fourteen Johnny spoke to a school counselor about his sexual attraction to a male teacher and was referred to the school's Gay/Straight Alliance where he was encouraged to accept himself as gay and to "come out," which he eventually did. He was also given extensive HIV/AIDS prevention education.

At age 19 Johnny "came out" to his parents, who suggested therapy. The therapist told Johnny and Mr. and Mrs. Doe that he was "born that way" and that change was impossible. Johnny and his parents accepted his status as a "gay man."

At twenty Johnny entered a committed relationship with a twenty-five year old man. Following the guidelines for HIV/AIDS prevention given to them by an AIDS prevention educator, they were both tested and, after the requisite amount of time had passed, began to engage in unprotected sexual relations. Two years later Johnny's partner began to have sex with strangers, became HIV positive, and infected Johnny.

Johnny and his parents then discover that, while the pediatrician, school counselor, AIDS educator, and therapists had passed on information approved by professional mental health organizations, there was another body of information, one supported by massive research, which showed that:

⁸⁰ Barry Schreier, *Of Shoes, and Ships and Sealing Wax: The Faulty and Specious Assumptions of Sexual Reorientation Therapies*, 20 J. MENTAL HEALTH COUNS. 305, 308 (1988).

⁸¹ JOSEPH WOLPE, *THE PRACTICE OF BEHAVIOR THERAPY* (2d ed. 1973).

⁸² AMERICAN PSYCHIATRY ASSOCIATION, *DIAGNOSTIC AND STATISTICAL MANUAL* 533-36 (1994).

1. GID in boys at age three is a treatable condition, particularly if both parents are willing to participate in therapy.⁸³ If left untreated, between 66 and 75% of boys with GID will become homosexually active.⁸⁴
2. The risk of HIV infection for a young man engaging in homosexual behavior is high. According to the latest studies 20% of homosexually active males age twenty to twenty-two are HIV positive;⁸⁵ 50% by age fifty-five.⁸⁶
3. Male homosexual couples are rarely able to achieve long-term sexual fidelity.⁸⁷
4. Therapy is available for men and women who wish to eliminate same-sex attraction or behavior.⁸⁸

Would Johnny or his parents have a case against either the professionals who failed to give them all of the available information or against the professional associations from which the misleading information emanated? Would the defendants be able to prevail by arguing that their actions were justified because supplying such information might have impeded gay individuals' political objectives?

V. CONCLUSION

The right of a patient to choose among all relevant therapeutic options when seeking treatment for mental or behavioral difficulties is fundamental to the practice of psychology. The failure of a mental health professional to fully inform a patient about all valid treatment alternatives and their possible outcomes should be considered indefensible by all clinical professionals, regardless of political or religious ideology. NARTH was formed to promote honest and open psychological research in the field of homosexuality through comprehensive scientific study. NARTH's support of reparative therapy - like any other professionally accepted treatment - is derived from valid

⁸³ KENNETH ZUCKER & SUSAN BRADLEY, GENDER IDENTITY DISORDER AND PSYCHOSEXUAL PROBLEMS IN CHILDREN AND ADOLESCENTS 282 (1995).

⁸⁴ Edgardo J. Menvielle, *Letter to Editor: Gender Identity Disorder*, 37 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 243-44 (1998).

⁸⁵ D.R. Hoover *et al*, *Estimating the 1978-1990 and Future Spread of Human Immunodeficiency Virus Type 1 in Subgroups of Homosexual Men* 134 AM. J. EPIDEMIOL. 1190-1205 (1991), reprinted in CENTER FOR AIDS PREVENTION STUDIES (CAPS), HIV PREVENTION: LOOK BACK, LOOKING AHEAD, in CAPS Fact Sheet (April 1995).

⁸⁶ GABRIEL ROTELLO, SEXUAL ECOLOGY: AIDS AND THE DESTINY OF GAY MEN (1997).

⁸⁷ DAVID MCWHIRTER & ANDREW MATTISON, THE MALE COUPLE: HOW RELATIONSHIPS DEVELOP 252 (1984).

⁸⁸ See National Association for Research and Therapy of Homosexuality, NARTH's Purpose, available at <http://www.narth.com/menus/about.html>.

scientific study and should not be discounted because the treating professional disagrees with its premises personally.

Why NARTH? Because NARTH not only furthers informed treatment decisions, it also encourages the professional communities that treat struggling homosexuals to refrain from politically motivated treatment suggestions. The scientific data is clear that reparative therapy is a successful therapeutic option, and the choice to utilize that method should be made by a well informed patient.