

Brief Background for Utah Media and Other Interested Parties on the Facts about the Causes of Homosexuality and the Possibility of Change

Prepared by Family Watch International, www.familywatchinternational.org

Homosexual activist groups like Human Rights Campaign (HRC) are spreading misinformation about the causes of homosexuality and the possibility for change to heterosexual orientation. This misinformation can result in misdirected public policy and serious, often tragic consequences, for individuals with unwanted same-sex attraction. A recent high profile example of this misinformation effort can be seen in portions of the response of HRC and other similar groups to Elder Boyd K. Packer's recent LDS General Conference talk, which many interpreted to declare that homosexuality is not "inborn." In HRC's "open letter" to Elder Packer the group calls on him to "acknowledge" what HRC claims is "the scientific truth: sexual orientation cannot be changed, nor should it be."

Contrary to what HRC asserts, there is ample evidence from both scientific research and clinical experience that homosexuality is not an innate and immutable trait such as race or gender and that individuals can change, and many do. Listed below are some points raised by medical and mental health professionals for the media and other interested parties to consider that substantiate these assertions and some of their implications. Many more sources and individual studies are also available.

Members of the Utah media and others are encouraged to challenge HRC and associated groups on their false assertions regarding the nature of same-sex attraction.

The NARTH Meta-analysis

In 2009 the National Association for Research & Therapy of Homosexuality (NARTH, www.narth.org) released the most extensive meta-analysis of 125 years of accumulated scientific research and clinical experience on the nature of homosexuality. NARTH is an organization of researchers, psychologists and psychiatrists who provide therapy for individuals with unwanted same-sex attraction. (The summary of this analysis is attached below.)

NARTH's key conclusions from this review of scientific research and clinical experience:

- I. There is substantial evidence that sexual orientation may be changed through reorientation therapy.
- II. Efforts to change sexual orientation have not been shown to be consistently harmful or to regularly lead to greater self-hatred, depression, and other self-destructive behaviors.
- III. There is significantly greater medical, psychological and relational pathology in the homosexual population than the general population.

A copy of the full meta-analysis entitled, *What the Research Shows*, which includes numerous citations to the summarized studies, can be purchased online at www.narth.org

Letter from the American College of Pediatricians to School District Superintendents

In March, 2010, the American College of Pediatricians (ACOP) sent a letter to all school superintendents in the U.S. cautioning them about the vulnerability of adolescents questioning their sexual orientation and warning of the risks of conveying misinformation on the causes and nature of homosexuality. (A copy of their letter is attached below.)

Among other points the physicians make in their letter:

- “In dealing with adolescents experiencing same-sex attraction, it is essential to understand there is no scientific evidence that an individual is born “gay” or “transgender.” Instead, the best available research points to multiple factors—primarily social and familial—that predispose children and adolescents to homosexual attraction and/or gender confusion. It is also critical to understand that these conditions can respond well to therapy.
- “Rigorous studies demonstrate that most adolescents who initially experience same-sex attraction, or are sexually confused, no longer experience such attractions by age 25... Therefore, the majority of sexually questioning youth ultimately adopt a heterosexual identity.”
- “Encouragingly, the longer students delay self-labeling as “gay,” the less likely they are to experience these health risks. In fact, for each year an adolescent delays, the risk of suicide alone decreases by 20%.”
- “In light of these facts, it is clear that when well-intentioned but misinformed school personnel encourage students to “come out as gay” and be “affirmed,” there is a serious risk of erroneously labeling students (who may merely be experiencing transient sexual confusion and/or engaging in sexual experimentation). Premature labeling may then lead some adolescents into harmful homosexual behaviors that they otherwise would not pursue.”

A Note of Caution about the American Psychological Association

Homosexual activists and others promoting misinformation about the causes of homosexuality and the efficacy of therapy for unwanted same-sex attraction often cite the American Psychological Association (APA) to support their contention that homosexuals are “born that way” and that therapy is invariably harmful. Yet there are increasingly disturbing questions about the credibility of the APA on this issue. To evaluate these questions of credibility it is essential to understand the nature of the criticism, much of it coming from within the APA itself.

An excellent overview of the problems within the APA is provided by two prominent and highly respected longtime leaders in the APA, Rogers H. Wright and Nicholas A. Cummings, in their book, *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*. This book is supported and endorsed by a number of other prominent psychologists including several past presidents of the APA.

As Dr. Cummings notes in the Preface:

- “Psychology and mental health have veered away from scientific integrity and open inquiry, as well as from compassionate practice in which the welfare of the patient is paramount.”
- “Psychology, psychiatry, and social work have been captured by an ultraliberal agenda.”
- “The APA has chosen ideology over science, and thus has diminished its influence on the decision-makers in our society.”
- “Within psychology today, there are topics that are deemed politically incorrect, and they are neither published nor funded. Journal editors control what is accepted for publication through those chosen to conduct peer reviews... censorship exists...”

Even recognizing the serious institutional problems and politically correct bias of the APA, it is also important to understand that the group’s statements on homosexuality are much more nuanced and less definitive than HRC and other homosexual activist groups characterize them to be. Consider several examples.

From the APA Pamphlet: [*Answers to Your Questions for a Better Understanding of Sexual Orientation & Homosexuality*](#). (A 2008 revision and update of an earlier pamphlet)

On the origins of homosexuality:

- “Research over several decades has demonstrated that sexual orientation ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex.”
- “Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.”

If homosexuality is largely the result of environmental factors and not inborn, this explains why therapy can be effective. Significantly, this statement replaces the following statement in the

earlier version and demonstrates a clear retreat from the APA's earlier, more biologically determinative position:

- “There is considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, play a significant role in a person's sexuality.”

In 2009, an APA task force issued the “Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation.” (<http://www.apa.org/pi/lgbt/resources/sexual-orientation.aspx>) Despite the fact that the APA refused to appoint to the task force even one therapist who had successfully treated patients with unwanted same-sex attraction (while appointing several who were aggressively critical of this therapeutic approach and advocates of the homosexual agenda), some of its conclusions are still worth noting, including:

- “...efforts to change sexual orientation are unlikely to be successful and involve some risk of harm...” (from the “Summary”)

What is significant here is not the evaluation of the success rate (those therapists who successfully treat unwanted same-sex attraction are the first to stress that it is often very difficult), but rather the tacit acknowledgement that it is successful at least sometimes. If same-sex attraction were truly an innate and immutable characteristic like race, it would never be successful. Certainly a panel as biased as the task force would not have hesitated to state so unequivocally. Also, most psychologists would acknowledge that *any* psychotherapy involves “some risk of harm” but the task force's conclusion is a far cry from the blanket indictment that it is always harmful as homosexual activists frequently claim.

What Research Shows: NARTH's Response to the APA Claims on Homosexuality.¹ **(Summary)**

The American Psychological Association (APA) and other mental health organizations have objected to providing psychological care to those who are distressed by unwanted homosexual attractions² on a number of grounds. These objections include scientifically *un*supportable claims that:

1. There is no conclusive or convincing evidence that sexual orientation may be changed through reorientation therapy.
2. Efforts to change sexual orientation are shown to be harmful and can lead to greater self-hatred, depression, and other self-destructive behaviors.
3. There is no greater pathology in the homosexual population than in the general population.

In *What Research Shows*, we offer a landscape review of more than one hundred years of experiential evidence, clinical studies, and research studies that demonstrate that it is possible for men and women to diminish their unwanted homosexual attractions and develop their heterosexual potential; that efforts to change unwanted homosexual attractions are not generally harmful; and that homosexual men and

women do indeed have substantially greater experiences of and risk factors for medical, psychological and relational pathology than do the general population. Based on our review of 600 reports of clinicians, researchers, and former clients—primarily from professional and peer-reviewed scientific journals, we conclude that reorientation treatment has been helpful to many and should continue to be available to those who seek it. Further, mental health professionals competent to provide such care ethically may do so.

I. There is substantial evidence that sexual orientation may be changed through reorientation therapy.

Treatment success for clients seeking to change unwanted homosexuality and develop their heterosexual potential has been documented in the professional and research literature since the late 19th century. *What Research Shows* reviews 125 years of clinical and scientific reports which document that professionally-assisted and other attempts at volitional change from homosexuality toward heterosexuality has been successful for many and that such change continues to be possible for those who are motivated to try. Clinicians and researchers have reported positive outcomes after using or investigating a variety of reorientation approaches.

Various paradigms and approaches have been used to treat homosexuality, including psychoanalysis, other psychodynamic approaches, hypnosis, behavior therapies, cognitive therapies, sex therapies, group therapies, religiously-mediated interventions, pharmacology, and others. In many cases, combinations of therapies have been used. There also have also been reports of spontaneous change, i.e. of persons experiencing various degrees of sexual reorientation without professional or pastoral guidance.

Critics of reorientation therapies commonly claim that since the quality of older research and clinical reports cited as evidence that reorientation is possible do not meet current standards of research, such evidence is not relevant and may be disregarded. We disagree. Older reports of successful change were predominantly made by individual clinicians as case studies of psychoanalytic/psychodynamic therapy. These reports were "state of the art" when published; they met the acceptable standards of professional and scientific study of their day. Also, newer, more methodologically rigorous studies support the same conclusions.

Recent studies offer objective measures of the clients themselves, investigate a variety of theoretical and clinical approaches to psychotherapy, and assess the experiences of multiple therapists in the same study. While we maintain that over a century of empirical evidence documents that homosexuality is mutable (*i.e.*, motivated individuals with unwanted homosexual behaviors and/or attractions have changed successfully with therapeutic or religiously-mediated help), we also agree that there needs to be even more methodologically sophisticated research on the various approaches to psychological care for those with unwanted homosexual behaviors and/or attractions.

There are two principal premises underlying the treatment of homosexuality: First, it is primarily developmental and adaptational in nature, with other contributing factors (such as predisposing constitutional/biological factors or learning through [non-] consensual sexual activity). Second, people with a homosexual adaptation can be helped to experience a more heterosexual adjustment.

A limitation of many reports is the difficulty of clearly defining what *sexual orientation*, *homosexuality*, *heterosexuality*, and "change" means, and the failure to clarify in a given study what definitions were

used. A person's sexuality includes a number of dimensions, including feelings, thoughts, fantasies, behaviors, self-identity and role expectations, and measuring any of these dimensions in a given study at a given moment—let alone repeatedly—over a period of months or years, requires a lot of human, financial and other resources. We hope to continue our efforts to identify, highlight, and promote more state of the art research into the causes, consequences, prevention, and treatment of unwanted homosexuality.

Those who have received help from reorientation therapists have collectively stood up to be counted—as once did their openly gay counterparts in the 1970s. The first time a formal demonstration against the American Psychiatric Association was protested against—not by pro-gay activists, but by a group of people reporting that they had substantially changed their sexual orientation, and that change is possible for others—was on May 22, 1994, in Philadelphia. A similar demonstration occurred at the 2000 American Psychiatric Association convention in Chicago and again at the 2006 American Psychological Association Convention in New Orleans.

The clinical and scientific literature to date documents homosexuality is more fluid than fixed and that sexual reorientation is possible for those who choose to participate in such psychological care. The best science to date supports the rights of persons to seek competent professional care to assist them in changing their sexual orientation, and the rights of mental health professionals to offer such care. There exists no sufficient scientific, professional, or ethical basis for denying such care. We cannot deny the call for such help, as long as that help is autonomous to the client and as long as the client remains free to change direction in therapy and to embrace whatever sexual identity s/he chooses.

II. Efforts to change sexual orientation have not been shown to be consistently harmful or to regularly lead to greater self-hatred, depression, and other self-destructive behaviors.

While several leading professional mental health organizations have warned that interventions aimed at changing sexual orientation can be harmful, such warnings find no support in the professional and scientific literature. To the contrary, empirical research during the past ten years by scientists such as Spitzer, Karten, Jones and Yarhouse have not found evidence of harm. The limited body of clinical reports that claim that harm is possible—if not probable—if a person simply attempts to change, typically were written by gay activist professionals. Ironically, the major empirical attempt (Shidlo and Schroeder) to document such harm discovered evidence that reorientation therapy was helpful to some.

We acknowledge that change in sexual orientation may be difficult to attain. As with other difficult challenges and behavioral pattern—such as low-self-esteem, abuse of alcohol, social phobias, eating disorders, or borderline personality disorder, as well as sexual compulsions and addictions—change through therapy does not come easily. Relapses to old forms of thinking and behaving are—as is the case with most forms of psychotherapy for most psychological conditions—not uncommon.

Even when clients have failed to achieve the level of change that they desired, other benefits commonly have resulted from their attempts. In the past decade, several studies or surveys (e.g., Nicolosi, Byrd, and Potts; Shidlo and Schroeder; Spitzer) of persons who had participated in therapeutic or religiously-mediated sexual reorientation processes found that many persons who failed to achieve their goal of sexual reorientation nevertheless found the process beneficial. For example, some reorientation "failures" reported being less depressed, feeling more masculine (if men) or feminine (if women), and having developed more intimate nonsexual same-sex relationships. We conclude that the documented benefits

of reorientation therapy—and the lack of its documented general harmfulness—support its continued availability to clients who exercise their right of therapeutic autonomy and self-determination through ethically informed consent.

III. There is significantly greater medical, psychological, and relational pathology in the homosexual population than the general population.

Researchers have shown that medical, psychological and relationship pathology within the homosexual community is more prevalent than within the general population. This is supported by studies that demonstrate the life-threatening risk-taking of unprotected sex, violence, antisocial behavior, higher levels of substance abuse, anxiety disorders, depression, general suicidality, higher levels of promiscuity and of non-monogamous primary relationships, higher levels of paraphilias (such as fisting), sexual addiction, personality disorders, and greater overall pathology among homosexual vs. heterosexual populations. In some cases, homosexual men are at greater risk than homosexual women and heterosexual men, while in other cases homosexual women are more at risk than homosexual men and heterosexual women.

Overall, many of these problematic behaviors and psychological dysfunctions are experienced among homosexuals at about three times the prevalence found in the general population—and sometimes much more. Investigators using modern, state of the art research methods have documented that many different pathological traits are more prevalent in homosexual than in heterosexual groups. We believe that no other group of comparable size in society experiences such intense and widespread pathology.

An objective synthesis of the clinical and research literature derived from hundreds of sources reveals numerous scientific findings:

- Despite knowing the AIDS risk, homosexuals repeatedly and pathologically continue to indulge in unsafe sex practices.
- Homosexuals represent the highest number of STD cases.
- Many homosexual sex practices are medically dangerous, with or without protection.
- More than one-third of homosexual men and women are substance abusers.
- Forty percent of homosexual adolescents report suicidal histories.
- Homosexuals are more likely than heterosexuals to have mental health concerns, such as eating disorders, personality disorders, paranoia, depression, and anxiety.
- Homosexual relationships are more violent than heterosexual relationships.
- Societal bias and discrimination do not, in and of themselves, contribute to the majority of increased health risks for homosexuals.

The usual hypothesis is that societal discrimination against homosexuals is solely or primarily responsible for the development of this pathology. However, specific attempts to confirm this societal discrimination hypothesis have been unsuccessful, and the alternative possibility—that these conditions may somehow be related to the psychological structure of a homosexual orientation or consequences of a homosexual lifestyle—has not been disconfirmed. Indeed, several cross-cultural studies suggest that this higher rate of psychological disturbance is in fact independent of a culture's tolerance of—or hostility toward—homosexual behavior. We believe that further research that is uncompromised by politically-motivated bias should be carried out to evaluate this issue.

A client's desire to prevent or cease experiencing such a variety of serious medical, psychological, and relational health risks is sufficient reason for anyone to seek and receive competent psychological care to minimize or resolve the desires, behaviors and lifestyles associated with such increased risks. The concerns of parents, family members and friends of persons whose sexual behaviors and/or attractions leave him or her at risk for such harms are understandable and scientifically justified. Mental health professionals ethically may offer psycho-educational and therapeutic assistance to families with such concerns in a manner that respects their loved one's age-appropriate needs for autonomy, self-determination, and confidentiality and that otherwise preserves the integrity of the therapeutic relationship.

Conclusion:

In *What Research Shows*, over a century of experiential evidence, clinical reports, and research evidence demonstrate that it is possible for both men and women to change from homosexuality to heterosexuality; that efforts to change are not generally harmful; and that homosexual men and women do indeed have greater risk factors for medical, psychological and relational pathology than do the general population. Based on our review of 125 years of reports by clinicians, researchers, and former clients, we conclude that reorientation treatment has been shown to be beneficial—and not harmful—and therefore should continue to be available to those who seek it.

The APA's own Code of Ethics supports every client's rights to autonomy and self-determination in therapy and mandates that therapists either respect a client's practice of religion and sexual orientation or refer the client to a professional who will offer such respect. Clients who are not distressed about their sexual orientation should not be directed to change by mental health professionals. Conversely, clients who seek sexual reorientation deserve properly informed and competent psychological care from therapists who use interventions that have been scientifically demonstrated as helpful for achieving this goal.

(1) This is a summary of the peer-reviewed monograph: National Association for Research and Therapy of Homosexuality (NARTH) Scientific Advisory Committee (2009). *What Research Shows: NARTH's Response to the American Psychological Association's (APA) Claims on Homosexuality*. *Journal of Human Sexuality*, 1, 1-128. Requests for copies of this journal should be addressed to NARTH, 307 West 200 South--Suite 3001, Salt Lake City, UT 84101, or can be ordered by phone at 1-888-364-4744 or online at www.narth.com.

(2) The terms *homosexuality* and *homosexual* are used throughout this report as per their historical and scientific usage. The authors are aware that the terms lesbian and gay are self-identifying labels chosen by some homosexuals.

Letter to U.S. School Superintendents from the American College of Pediatricians

March 31, 2010

Dear School Superintendent,

The American College of Pediatricians shares with you, your staff, parents, and other professional organizations the common goal of providing a healthful environment for your students. We are increasingly concerned, however, that in many cases efforts to help students who exhibit same-sex attractions and/or gender confusion are based on incomplete or inaccurate information. To correct this and assist you in establishing the optimal school environment, a Web resource, www.FactsAboutYouth.com (Facts), has been created to provide important factual information about healthful approaches to students experiencing sexual orientation and gender identity confusion.

Among the important questions addressed on the Facts site are:

- What are the science-based facts about the development of non-heterosexual attractions and gender confusion in youth?
- What is a school's proper role in dealing with students who are experiencing sexual orientation and gender confusion issues?
- How can schools better assist a student and his or her family in dealing with these issues?

Adolescence is a time of upheaval and impermanence. Adolescents experience confusion about many things, including sexual orientation and gender identity, and they are particularly vulnerable to environmental influences.

Rigorous studies demonstrate that most adolescents who initially experience same-sex attraction, or are sexually confused, no longer experience such attractions by age 25. In one study, as many as 26% of 12-year-olds reported being uncertain of their sexual orientation¹, yet only 2-3% of adults actually identify themselves as homosexual.^{2,3} Therefore, the majority of sexually questioning youth ultimately adopt a heterosexual identity.

Even children with Gender Identity Disorder (when a child desires to be the opposite sex) will typically lose this desire by puberty, if the behavior is not reinforced.⁴ Researchers, Zucker and Bradley, also maintain that when parents or others allow or encourage a child to behave and be treated as the opposite sex, the confusion is reinforced and the child is conditioned for a life of unnecessary pain and suffering. Even when motivated by noble intentions, schools can ironically play a detrimental role if they reinforce this disorder.

In dealing with adolescents experiencing same-sex attraction, it is essential to understand there is no scientific evidence that an individual is born "gay" or "transgender." Instead, the best available research points to multiple factors - primarily social and familial - that predispose children and adolescents to homosexual attraction and/or gender confusion. It is also critical to understand that these conditions can respond well to therapy.⁵

Dr. Francis Collins, former Director of the Genome Project, has stated that while homosexuality may be genetically influenced, it is "... not hardwired by DNA, and that whatever genes are involved represent predispositions, not predeterminations." He also states [that] "...the prominent role[s] of individual free will choices [has] a profound effect on us." ⁶

The National Association for Research and Therapy of Homosexuality (NARTH) recently released a landmark survey and analysis of 125 years of scientific studies and clinical experience dealing with

homosexuality. This report, *What Research Shows*, draws three major conclusions: (1) individuals with unwanted same sex attraction often can be successfully treated; (2) there is no undue risk to patients from embarking on such therapy and (3), as a group, homosexuals experience significantly higher levels of mental and physical health problems compared to heterosexuals. Among adolescents who claim a “gay” identity, the health risks include higher rates of sexually transmitted infections, alcoholism, substance abuse, anxiety, depression and suicide. Encouragingly, the longer students delay self-labeling as “gay,” the less likely they are to experience these health risks. In fact, for each year an adolescent delays, the risk of suicide alone decreases by 20%.⁷

In light of these facts, it is clear that when well-intentioned but misinformed school personnel encourage students to “come out as gay” and be “affirmed,”⁸ there is a serious risk of erroneously labeling students (who may merely be experiencing transient sexual confusion and/or engaging in sexual experimentation). Premature labeling may then lead some adolescents into harmful homosexual behaviors that they otherwise would not pursue.

Optimal health and respect for all students will only be achieved by first respecting the rights of students and parents to accurate information and to self-determination. It is the school’s legitimate role to provide a safe environment for respectful self-expression for all students. It is not the school’s role to diagnose and attempt to treat any student’s medical condition, and certainly not a school’s role to “affirm” a student’s perceived personal sexual orientation.

It is critical to the health of your students that you and your staff rely on accurate information regarding sexual orientation and gender confusion issues. We urge you to review the enclosed information card, *What You Should Know*, and distribute it and this letter to your staff and to all interested parents and students. For more information, please visit www.FactsAboutYouth.com or we invite you to inquire by email at info@FactsAboutYouth.com.

Sincerely,

Tom Benton, MD, FCP
President
American College of Pediatricians

¹ Remafedi G, Resnick M, Blum R, Harris L. Demography of sexual orientation in adolescents. *Pediatrics*. 1992;89:714-721.

² Billy J, Tanfer K, Grady W, Klepinger D. “The sexual behavior of men in the United States.” *Family Planning Perspectives*. 25(1993),52-61.

³ Centers for Disease Control. CDC Analysis Provides New Look at Disproportionate Impact of HIV and Syphilis among U.S. Gay and Bisexual Men. Press Release. Wednesday, March 10, 2010.

⁴ Zucker K, Bradley S. *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*, The Guilford Press, New York, NY, 10012, 1995 (p. 283).

⁵ National Association for Research and Therapy of Homosexuality. Report: *What Research Shows: NARTH’s Response to the APA Claims on Homosexuality*. For the summary see <http://narth.com/docs/journalsummary.html> (accessed 3/3/10).

⁶ Collins, F. *The Language of God: A Scientist Presents Evidence for Belief*. New York. Free Press. 2007.p.260 and p.263.

⁷ Remafedi G, Farrow JA, Deisher RW, (1991) Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87:869-875.

8 Just the Facts Coalition. Just the Facts about Sexual Orientation and Youth. American Psychological Association. 2008. Retrieved from <http://apa.org/pi/lgbt/resources/just-the-facts.aspx> (accessed 3/3/10).