from About NARTH

Anti-Gay?!
NARTH President Addresses Misperceptions about NARTH

Julie Hamilton, Ph.D.

The purpose of this article is to address misperceptions and/or misinformation regarding NARTH. Although some critics will remain skeptical and perhaps some even antagonistic, others desire accurate information. This article is written for the latter group, those who might be interested to know the facts about NARTH's mission and purpose.

NARTH is Not Anti-gay, nor is NARTH a Hate-Based Organization

Critics and antagonists have labeled NARTH, its leaders, and members as "bigots" and having "hatred" against homosexuality. Simply stated, these accusations are completely false. NARTH's leaders value and esteem both those who have embraced homosexual identities as well as those who seek change of orientation or identity. Many NARTH members originally became involved with NARTH because they had clients who needed help, and they had compassion and a desire to assist those clients in meeting their goals, even if doing so would bring criticism from others. Some became involved with NARTH because of their own personal experience with homosexuality, and others became involved out of love for their family members who struggled with issues of gender and sexual orientation.

Other members simply feel a scientific and ethical responsibility to present what science can and cannot say about homosexuality as well as to foster psychological care consistent with the best outcomes for those who seek it. Such care should be extended to all individuals, regardless of their sexual orientation. In the spirit of diversity and anchored to the ethical principles of client self-determination and client autonomy, NARTH members are committed to providing scientifically grounded psychological care rendered in the context of compassion. While NARTH may disagree with a more popular worldview, and assert that homosexuality is not invariably fixed in all people, disagreement is not discrimination. Such attempts to label NARTH's position as "bigoted" or "hateful" are straw man attacks and are unsound.

NARTH Recognizes Client Diversity

NARTH values the individual's right to choose - both individuals who are comfortable with their homosexual identities and those who want to explore other options. NARTH acknowledges that some people are comfortable claiming a homosexual identity, and we respect their freedom to do so. At the same time, NARTH recognizes that others choose not to embrace a homosexual identity, are distressed by unwanted homosexual attractions, and would like to explore other options for their lives.

In our culture, those who are dissatisfied with their unwanted homosexual attractions and choose to pursue change are often treated with disrespect, mockery and ridicule, as are the therapists who try to help them. It is ironic that some of the people who defend the freedom to embrace homosexuality are the same ones who mock those who want something different for their lives. Tolerance and diversity mean very little if differing worldviews are excluded. NARTH believes that people who are dissatisfied with their unwanted homosexual attractions should be given the opportunity to choose their own path and to pursue change if they so desire. If content homosexuals are accepted, discontent homosexuals who pursue change should be equally accepted.

NARTH Therapists Honor Client Self Determination: Clients Choose Their Own Goals while Therapists Avoid Imposing an Agenda

NARTH defends the rights of clients to seek treatment for unwanted homosexual attractions. Individuals who are dissatisfied with their unwanted homosexual attractions and enter therapy seeking change should be respected and not be coerced into embracing identities which clash with their deeply held values or religious beliefs. All ethical codes for psychologists and therapists state that clients have

the right to self-determination. This means that it is the client, not the therapist, who chooses the goals of therapy. NARTH exists to defend that basic right of clients. It is unethical for therapists to only offer "gay affirmative" therapy to clients who are seeking not to be affirmed in a homosexual identity but to receive assistance in pursuing a different identity. Although some professional associations advocate for therapists to use only a gay-affirming approach, NARTH believes that this is disrespectful, unethical, and potentially harmful to clients who want other options for their lives.

All too often, well-meaning, but ill-informed therapists tell their clients that they were "born homosexual" and cannot change, yet the scientific research reveals the opposite (Jones & Yarhouse, 2007; Spitzer, 2003). Homosexuality is not simply a matter of biology, and some people indeed make changes in their lives. Even the APA, in a brochure on human sexuality, acknowledges the lack of research supporting biological determinism of homosexuality.

> *There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. 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....(p. 2)*

Those who provide psychological care for this population have an ethical and moral responsibility to be scientifically informed and to provide care that is consistent with both psychological science and the highest ethical standards of our professions.

Just as we believe that clients have the right to pursue change and that the scientific research supports the evidence for change, NARTH believes that people have the freedom to pursue a homosexual identity or adapt in any way they desire for their lives. Ultimately, the client decides the path to take, and the therapist assists the client in accomplishing his or her goals. When therapists are unable to help clients pursue their personal goals, those therapists should make appropriate referrals to another professional who is able to do so.

Reorientation Therapy Includes Many Different Mainstream Approaches to Therapy

Reorientation therapy is simply psychological care aimed at helping clients achieve their goals regarding their sexual attractions, sexual orientations and/or sexual identities. Reorientation is not decidedly different from other therapies. There are many psychological approaches to helping clients with unwanted homosexual attractions. All approaches supported by NARTH are mainstream approaches to psychotherapy. The term "Reparative Therapy" refers to one specific approach which is psychodynamic in nature, but not all who offer therapy aimed at orientation change practice Reparative Therapy. Critics sometimes use the phrase 'reparative therapy' to describe reorientation therapy. This may be misconstrued to support a view pathologizing homosexuality, and that this is the only therapeutic modality used in reorientation therapy. Both inferences are incorrect. The members of NARTH are diverse in their training and in their approaches. Like other therapists, most clinical members of NARTH practice whatever type of therapy they were trained to practice, including but not limited to: interpersonal therapy, cognitive therapy, family therapy, behavioral therapy, EMDR, and psychodynamic approaches of which Reparative Therapy is one type. Quite simply, this is psychotherapy, nothing more and nothing less.

NARTH is often described by journalists with terms that are not used by NARTH or its members. For example, NARTH is sometimes "branded" as offering a "cure" for homosexuality, implying that NARTH views homosexuality as a disease. NARTH does not view homosexuality as mental illness; rather, homosexuality is an adaptation that is distressful for some people. Another inaccurate description is "conversion" therapy, a term not used by NARTH members. This term seems to imply some type of force or the idea of a therapist pressuring a client to change. NARTH therapists understand that psychotherapy should never be coercive, but should be offered in accordance with professional ethics and a respect for client self-determination. Neither do NARTH members offer or provide "aversion therapy." This form of behavioral therapy was used in the 1960's and 1970's to treat many different types of presenting problems, one of which was unwanted homosexual thoughts and feelings. However, aversion therapy was deemed unethical and was discontinued over 25 years ago, prior to NARTH's existence. NARTH encourages all of its members to abide by the highest standards of ethicality, which by definition would exclude any form of aversive therapy.

NARTH encourages its members to assist those who seek help for unwanted homosexual attractions, attractions which seldom occur in isolation from other issues commonly treated in therapy. More often than not, other issues become a part--and even the primary focus--of the care provided. Such issues might include past sexual abuse or trauma, family relationships, a weak sense of self, gender insecurity, depression, hopelessness, self-hatred, or any other issue that is problematic for the client.

Many NARTH therapists report that once these other issues are addressed, issues regarding sexual attractions, identity, and orientation are easier to resolve.

While Success Rates are Similar to Some other Issues, Therapy for Unwanted Homosexuality Seems to be held to a Higher Standard

While studies on therapy for unwanted homosexual attractions seem to yield varying success rates, ranging from 30%-70%, these rates seem to be no different than success rates for many other therapeutic issues.[1] For example, one study on outcomes in ministry settings (Jones and Yarhouse, 2007) revealed success rates that were comparable to a similar study on the treatment for depression. There is no question that depression should be treated, even though neither therapy, nor medication, nor a combination of both, yield success rates of 100%. Another example is that of personality disorders. It is commonly accepted within the therapeutic profession that personality disorders do not fully resolve, regardless of the therapeutic modality offered. While some forms of therapy appear more effective than others in treating personality disorders, it is clear that clients who are diagnosed with such disorders will continue beyond therapy to struggle with some issues related to their diagnosis. Yet, despite the fact that the condition is not completely alleviated through therapy, we do not hear of attempts to stop therapists from offering treatment for personality disorders.[2]

Similarly, in the field of addictions, where there is debate over both etiology and treatment, we find varying success rates, but we do not see any model of treatment to be successful 100% of the time. In fact, there is a high recidivism rate in the addictions field, yet the work continues undisputed. In addition, those who successfully receive treatment for substance abuse, eating disorders, and other behavioral addictions continue to describe themselves as addicts long after their therapy ends, and some will claim that label for the rest of their lives, even after the initial presenting problem is resolved. In many ways, reorientation therapy is quite similar to therapy for other issues. Yet, it seems clear that therapy for unwanted homosexuality is held to a standard higher than therapy for any other issue, a standard unattainable in the mental health field.

Therapeutic Attempts to Change Sexual Orientation are not found to be Harmful

Although the media and even some professionals have reported otherwise, the APA Task Force recently reported that the research on whether or not change attempts are harmful is inconclusive.[3] Although the six-member Task Force was made up only of people who are against orientation change efforts, they admitted that there is not enough evidence to say that it is harmful. They state, "There are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom" (p. 83). Yet, they say, despite the fact that there is no conclusive evidence of harm, that therapists should only offer affirmative therapy because some clients report having been harmed. It might be important to note, since they are basing their recommendation on client reports, that many clients have also reported being helped. This, however, is not mentioned in the report. In fact, they did not include individual case studies in their review.

Although the APA Task Force reported that their review of the possibility for harm was inconclusive, there are in fact research studies which conclude that this type of therapy is not harmful. For example, the Spitzer (2003) study found no harm, the Jones and Yarhouse (2007) study on ministry groups found no harm, and the Karten (2010) study found no harm.

With regard to individual reports of harm, it is important to understand the field of therapy. Participating in any form of therapy may be stressful as clients begin to address and deal with the issues of concern to them. In other words, whether clients are seeking treatment for depression, anxiety, marital issues, family issues, addictions, etc., there is a chance that some clients will feel worse before they feel better. Therapy often assists clients in looking at issues more closely and directly facing the problems in their lives in order to move forward. It is a commonly accepted fact that entering therapy and addressing concerns, whatever those concerns may be, might at first be uncomfortable. Therapy for unwanted homosexual attractions is no different. Some clients report encountering stress as they pursue their goals, yet many clients also report that the stress was well worth the outcome, just as clients addressing any other issue report that the hard work of therapy is well worth the results. Psychological care for those distressed by unwanted homosexuality (when practiced by an ethical therapist) has not been shown to pose any greater risk for harm than therapy for any other issue.

On the note of harm, it interesting that it is considered acceptable within the mental health field to assist a five year old boy in identifying as a girl or to administer hormone treatment to a ten or twelve year old child to physically change the child's biological sex,[4] but offering talk therapy to an adult who would rather not be homosexual is thought to be harmful. Researchers admit that homosexuality is not biologically based; whereas, we know that gender is biologically based. How is it ethical to help a child change his or her biologically-based gender, but yet questionable to help an adult deal with an

unwanted sexual orientation? Perhaps the accusations of harm have more to do with worldview than with science.

NARTH is Neither Right-Winged, nor is NARTH a Religious Organization

Although the critics often describe NARTH as a right-wing, religious organization, NARTH is neither right-wing, nor religious. Rather, NARTH is a scientific, secular organization. The membership of NARTH is very diverse, as is the governing board, including people of many different faith traditions and people of no faith tradition. While NARTH members vary in their religious viewpoints, the commonality among its members is their commitment to defend the scientific research, despite the trend in our culture of promoting the message that people are born homosexual and cannot change. Some activists for gay causes believe that if the message that people can change is made known, it might lead to further discrimination. We believe that there are better ways of addressing discrimination than suppressing the message that change is possible. Suppressing this message only harms individuals who want other options for their lives. NARTH respects these individuals and upholds their rights to have accurate information.

Footnotes

(1) It is important to address the notion of change and success rates. Like other challenges, success is defined along a continuum ranging from a change in behavior to the reduction or even the elimination of unwanted homosexual attractions as well as changes in sexual orientation and sexual identity. Change might also include improved sense of self or an increase in security, a decrease in depression or hopelessness, as well as improvements in many other areas. What is clear is that outcomes are very consistent with the good research, from which only one conclusion can be reached: homosexuality is not invariably fixed in all people. Some people can and do change. And this change occurs not just in terms of identity but in core features of sexual orientation such as fantasy and arousal. The Spitzer Study, Hershberger's analysis of the Spitzer study, and the Karten study provide scientific support that change indeed does occur for some people.

(2) Although the examples given here are of depression and personality disorders, conditions generally believed to be undesirable, it is understood that homosexuality is a condition that is considered undesirable by *some* clients, but not by *all* clients. The comparison is not intended to imply similarities between homosexuality and depression or personality disorders other than with regard to some outcome implications.

(3) Activists within some professional associations have attempted to persuade their associations to declare reorientation unethical, falsely claiming that this type of therapy is harmful. These claims of harm are not in any way grounded in research, but instead appear politically motivated and reflect a lack of familiarity with the research, which has been declared by the APA to be inconclusive.

(4) See http://www.boston.com/bostonglobe/ideas/articles/2008/03/30/qa_with_norman_spack/

References

American Psychological Association. (2008). *Answers to your questions: For a better understanding of sexual orientation and homosexuality.* Washington, DC: Author. [Retrieved from www.apa.org/topics/sorientation.pdf.]

Hershberger, S. L. (2003). Guttman scalability confirms the effectiveness of reparative therapy. *Archives of Sexual Behavior, 32,* 440-441.

Jones, S.L., & Yarhouse, M.A. (2007). *Ex-gays: A longitudinal study of religious mediated change in sexual orientation.* Dowers Grove, IL: InterVarsity Press.

Karten, E. Y., & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. *The Journal of Men's Studies, 18,* 84-102.

Spitzer, R. L. (2003). "Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation," *Archives of Sexual Behavior,* 32, 5, October, p. 403-417.

Updated: 10 June 2010

 NARTH • 1-888-364-4744 • info@narth.com