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### IN THIS ISSUE

#### PAGE

- 2 Remembering the Is/Ought Distinction
- 3 Firsthand: My Experience Attending the American Psychiatric Association Panel Discussion
- 4 Same-Gender Attraction: Clinical Observations From a Self Psychology Perspective
- 6 Democracy and Psychiatry: Interview with Joseph Nicolosi
- 8 Psychologist Says Bisexuality Opens Up Creative New Possibilities for Sexual Expression
- 9 Dr. Robert Spitzer's Op-Ed Piece
- 10 On Positive Self-Reports of Adult-Child Sexual Relationships
- 11 The Innate-Immutable Argument Finds No Basis in Science
- 14 New Study Finds Homosexuals Can Alter Orientation
- 15 Now Forming: Interfaith Committee on Theological Concerns
- 16 Book Review: Coming Out Straight
- 18 "Change of Heart: My Two Years in Reparative Therapy"
- 22 NARTH Notes
- 26 Chat Rooms
- 29 Gay Days at Santa Rosa High
- 30 Gay Parenting Does Affect Children Differently, Study Finds
- 31 Book Review: What a Gay Activist Says about Religious Traditionalists
- 33 Gender Identity Disorder in Children
- 35 A Warning Against Psychotherapeutic Overtreatment
- 36. Is Marriage a Universal Right?

## Historic Gay Advocate Now Believes Change is Possible

The psychiatrist who led the team that deleted homosexuality from the diagnostic manual in 1973, now says homosexuality is likely changeable for some people.

His provocative new study drew worldwide media attention at the American Psychiatric Association's annual conference on May 9th.

Dr. Robert L. Spitzer's research study was funded by his department's research unit. He is Professor of Psychiatry and Chief of Biometrics at Columbia University.

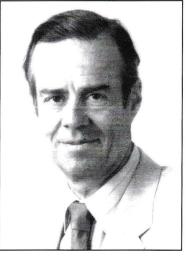
"Like most psychiatrists," says Dr. Spitzer, "I thought that homosexual behavior could be resisted—but that no one could really change their sexual orientation. I now believe that's untrue—some people *can* and *do* change."

Most mental-health associations have recently issued warnings about therapy to change sexual orientation. Homosexual fantasies and feelings can be renounced or resisted, most clinicians agree—but not transformed.

But in a panel discussion at the annual A.P.A. meeting, Spitzer released the evidence for his conclusions.

He reported interviewing 200 subjects (143 men and 57 women) who were willing to describe their sexual and emotional histories, including their self-reported shift from gay to straight.

Dr. Spitzer is best recognized in psychiatric history for his scientific role in 1973—he led the team that investigated whether homosexuality should be removed from the psychiatric manual. He drew bitter criticism during that historic event from



Robert Spitzer, M.D.

psychoanalysts who sought to retain homosexuality among the list of disorders. Since then, Dr. Spitzer had been convinced that sexual orientation is unchangeable.

But on the opening day of the American Psychiatric Association's annual conference two years ago—in 1999—he was drawn to a group of ex-gays staging a demonstration at the entrance to the conference building.

The picketers were objecting to the A.P.A.'s recent resolution discouraging therapy to change homosexuality to heterosexuality. They carried placards saying, "Homosexuals Can Change----We Did----Ask Us!"

Others said, "Don't Affirm Me into a Lifestyle that was Killing Me Physically and Spiritually," and "The APA Has Betrayed America with Politically Correct Science."

Some of the psychiatrists tore up the literature handed out to them by the protesters. But others stopped to offer the protestors a few quiet words of encouragement.

Dr. Spitzer was skeptical, but he decided to

#### Psychiatric Disorders, continued from page 1

find out for himself if sexual orientation was changeable. He developed a 45-minute telephone interview which he personally admistered to all the subjects. Most had been referred to him by NARTH and by Exodus, a ministry for homosexual strugglers. To be eligible for the study, the subjects had to experience a significant shift from homosexual to heterosexual attraction which had lasted for at least five years.

Most of the subjects said their religious faith was very important in their lives, and about three-quarters of the men and half of the women had been heterosexually married by the time of the study. Most had sought change because a gay lifestyle had been emotionally unsatisfying. Many had been disturbed by promiscuity, stormy relationships, a conflict with their religious values, and the desire to be (or to stay) heterosexually married.

Typically, the effort to change did not produce significant results for the first two years. Subjects said they were helped by examining their family and childhood experiences, and understanding how those factors might have contributed to their gender identity and sexual orientation. Same-sex mentoring relationships, behavior-therapy techniques and group therapy were also mentioned as particularly helpful.

To the researchers' surprise, good heterosexual functioning was reportedly achieved by 67% of the men who had *rarely* or *never* felt any opposite-sex attraction before the change process. Nearly all the subjects said they now feel more masculine (in the case of men) or more feminine (women).

"Contrary to conventioned wisdom," Spitzer concluded, "some highly motivated individuals, using a variety of change efforts, can make substantial change in multiple indicators of sexual orientation, and achieve good heterosexual functioning."

He added that change from homosexual to heterosexual is not usually a matter of "either/or," but exists on a continuum—that is, a diminishing of homosexuality and an expansion of heterosexual potential that is exhibited in widely varying degrees. But, Dr. Spitzer said, his findings suggest that **complete** change—cessation of *all* homosexual fantasies and attractions (which is generally considered an unrealistic goal in most therapies) is probably quite uncommon. Still, when subjects did *not* actually change sexual orientation—for example, their change had been one of behavioral control and self-identity, but no significant shift in attractions—they still reported an improvement in overall emotional health and functioning.

This study is believed to be the most detailed investigation of sexual orientation change to date, in that it assessed a variety of homosexual indicators. Previous studies have usually assessed only one or two dimensions of sexual orientation, such as behavior and attraction. The assessment tool was developed with the assistance of New York psychiatrist Dr. Richard C. Friedman.

Dr. Spitzer used a structured interview so that others could know exactly what questions were asked, and what response choices were offered to the subjects. The full data file is now available to other researchers, including taperecordings of about a third of the interviews, which (with the subjects' permission and without any reference to their names) can be listened to by investigators who wish to carry such research further.

He expressed his gratitude to the National Association of Research and Therapy of Homosexuality, and to the ex-gay ministry Exodus, "without which this study would not have been possible."

American Psychiatric Association president Daniel Borenstein was asked by the *Washington Post* to comment on the recent Spitzer study. "There are a group of people who think all homosexual behavior must be changed...and they try to impose their values [on gay men and lesbians], which is inappropriate," he said.

Dr. Spitzer agreed that this study should not be used to justify coercion. Nor should it be used as an argument for the denial of civil rights. "But patients should have the right," Spitzer stated, "to explore their heterosexual potential."

—Linda Ames Nicolosi

