

SEXUAL ORIENTATION CHANGE EFFORTS IN THE IDEOLOGICAL LIONS' DEN

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January 1, 2012, California became the first state to ban therapeutic sexual orientation conversion efforts (SOCE) involving minors. "[SOCE] . . . has resulted in much harm, including a number of lesbian, gay, bisexual and transgender youth committing suicide." "This is junk science and it must stop,"¹ said SB1172 sponsor, State Senator Ted Lieu. The therapies "have no basis in science or medicine and they will now be relegated to the dustbin of quackery," Governor Jerry Brown proclaimed after signing the bill into law.² Though also rejecting conversion therapy, a Los Angeles Times May 11, 2012 editorial "Bill overkill in Sacramento" protested, "Legislators have no special insights into psychiatry . . . Frankly, it's worrisome to have them stepping in to tell therapists what they may or may not say or do to treat patients."

Appealing the law, Mat Staver of Liberty Counsel warned, "This law intrudes on the fundamental right of self-determination to seek counseling that aligns with the client's religious and moral values." "This law is an astounding violation of the right to free speech and religious liberty."³ United States District Court Judge William Shubb concurred, though in a separate appeal, granting Pacific Justice Institute plaintiffs a preliminary injunction against SB 1172.⁴ Further suits followed.

Taking the fight nationally, Rep. Jackie Speier, D-CA, introduced an anti-change-therapy resolution in Congress. Labeling it "quackery," Rep. Speier finds SOCE "harmful and abusive." She adds, "Being gay, lesbian, bisexual, or transgendered [GLBT] is not a disease to be cured or a mental illness that requires treatment."

It is all so? Is SOCE snake oil, a false hope and harmful pox on GLBT youth that must be struck down in the name of science, safety, and truth? Is it the science or the ideology that is settled? The answer must address not only the record of change therapy, but the nature of sexual orientation itself and the results of behavior based on it.

SB 1172 is itself unsupported by science. The only study cited in the bill -- Ryan, et al. (2009), 123, *Pediatrics*, 346-352 -- examined family rejection and not conversion therapy; used flawed sampling and recruitment bias; excluded youth; and it even

¹ <http://sd28.senate.ca.gov/news/2012-04-23-senate-panel-cracks-down-deceptive-sexual-orientation-conversion-%E2%80%98therapies>.

² Calif. first to ban gay teen 'conversion' therapy. Associated Press. October 1, 2012.

³ SB 1172 Court Action on Behalf of NARTH Therapists. NARTH Bulletin, Nov. 26, 2012.

⁴ <http://www.pacificjustice.org/1/post/2012/12/federal-judge-rules-that-ca-sb1172-violates-free-speech.html>.

cautioned against generalizing its results (p.351). Far from rejecting their GLBT-oriented child, parents with traditional values can provide a loving, safe, and accepting home while still making clear their conviction that sex aside from heterosexual marriage has negative results. Love is neither enablement nor co-dependency.⁵

In a press statement, Sen. Lieu erroneously claimed, “There is insufficient evidence that any type of psychotherapy can change a person's sexual orientation.” But why ban SOCE based on yet “insufficient evidence?” California’s licensing agencies and mental health associations would surely have issued many challenges to therapists’ licensures and memberships if conversion therapy were such a known hazard, yet they have not.

Decades of studies meeting the scientific standards of their time showed positive results of sexual orientation-change efforts (SOCE) for those who wish it.⁶⁷ Homosexual practice itself leads to many well-documented health hazards, including the loss of 25-40% of life expectancy with higher rates of infectious disease, cancers, substance abuse, depression, anxiety, multiple psychopathologies, domestic violence, and suicide.⁸ Simply put, gay sex is generally bad for people, change is possible, and many with GLBT orientation want change. Why should those willingly seeking a chance at therapy be denied it?

The modern move to change the professional view of change came when the American Psychiatric Association -- through the efforts of its GLBT faction with guidance and financing from the National Gay Task Force -- decided in 1973 to delete homosexuality from the Diagnostic and Statistical Manual, thereby rejecting it as a disorder.⁹ Neuroscientist and gay activist Simon LeVay boasted, “Gay activism was clearly the force that propelled the American Psychiatric Association to declassify homosexuality.”¹⁰ A study 4 years later in *Medical Aspects of Human Sexuality* showed 69% of psychiatrists did not agreed with the decision.¹¹ Psychiatrist and educator Charles Socarides noted that psychiatrists who dissented were silenced in professional meetings, had lectures canceled, and saw their

⁵ “Sexuality Survey 'Indoctrination in High Gear.’” OneNewsNow.com. Dec. 9, 2010.

⁶ Stanton L. Jones (January, 2012), “Sexual orientation and reason: On the implications of false beliefs about homosexuality,” digitally published at www.christianethics.org or <http://www.wheaton.edu/CACE/Hot-Topics> .

⁷ Satinover, Jeffrey, MD, *Homosexuality and the Politics of Truth*, (Grand Rapids: Baker Books, 1996), p. 185-187.

⁸ “Negative Health Consequences of Same Sex Sexual Behavior” by Dr. Andre Van Mol, pdf at <http://tinyurl.com/4xvdghk> .

⁹ Socarides, Charles, MD, “How America Went Gay.” www.leaderu.com. Oct. 18, 1995.

¹⁰ Satinover, Jeffrey, MD, “Dr. Jeffrey Satinover, M.D. Testifies in Mass. in Defense of the Family,” www.Satinover.com, 4/29/20004.

¹¹ Satinover, Jeffrey, MD, *Homosexuality and the Politics of Truth*, (Grand Rapids: Baker Books, 1996), pp. 30-37.

research papers turned down by journals.¹² The process has been repeated in other professional guilds (it is mistaken to think of most professional medical organizations as primarily scientific entities).

Genetic and Biological Input

Scientist-activist Levay conceded the self-evident, “people who think that gays and lesbians are born that way are also more likely to support gay rights.”¹³ Few know of Levay, but when Lady Gaga sings that she was born this way, the world of youth hears. If true, it’s a convincing sales pitch for the whole gay rights package. If not, reversibility scuttles the politics.

Stanford geneticist Neil Risch noted in a 1998 *Newsweek* article that the public has misunderstood behavioral genetics. “People very much want to find simple answers . . . A gene for this, a gene for that . . . Human behavior is much more complicated than that.”¹⁴ A 1993 scientific literature critique by Byne and Parsons in *Archives of General Psychiatry* reviewed the 130+ major studies on the subject and found no evidence supporting sexual orientation being either genetically or biologically determined.¹⁵ However, the efforts to prove otherwise persisted.

In January of 2012 Psychologist-educator Stanton Jones posted a marvelous essay, “Sexual orientation and reason: On the implications of false beliefs about homosexuality,”¹⁶ which I have used in the preparation of this article and strongly recommend to the reader. Jones details three primary theories predominating in the biological origins of same-sex sexual orientation debate: maternal stress, fraternal birth order, and genetics.

Sociologist Lee Ellis proposed a maternal stress theory in 1987 positing that maternal neurohormones functioned in determining the sexual orientation of a fetus.¹⁷ Jones found strong selection bias compromising the Ellis study. Ellis surveyed mothers of gay sons with help from the group *Parents and Friends of Lesbians and Gays* (PFLAG), inquiring regarding details of memory while the mothers were being instructed about maternal stress theory by author Cheryl Weill.

¹² Socarides, Charles, MD, “How America Went Gay.” www.leaderu.com. Oct. 18, 1995.

¹³ Satinover, Jeffrey, MD, “Dr. Jeffrey Satinover, M.D. Testifies in Mass. in Defense of the Family,” www.Satinover.com, 4/29/20004.

¹⁴ Leland, J. & M. Miller, “‘Convert’?” *Newsweek*, August 17, 1998, p. 49.

¹⁵ Byne, W. & Parsons, B. (1993), “Human sexual orientation: the biologic theories reappraised.” *Archives of General Psychiatry*, 50, p. 229-239.

¹⁶ See citation #6.

¹⁷ L. Ellis and A. Ames (1987), “Neurohormonal functioning and sexual orientation: A theory of homosexuality-heterosexuality,” *Psychological Bulletin*, 101, 233-238.

Selection bias aside, a 1991 study by Bailey, et al, countered Ellis's maternal stress theory.¹⁸ The theory now holds little sway.

Canada's Anthony Bogaert published a 2006 survey study reporting that the fraternal birth order of men -- the number of older brothers born to the same mother -- correlated to increase chances of homosexual orientation. The proposed explanation involved the sensitization of the maternal immune system to male-derived proteins. Recruitment bias lead to non-representative sampling.¹⁹ Per Canadian Psychiatrist and Distinguished Fellow of the APA Joseph Berger, "It [Bogaert's study] is rubbish. It should never have been published."²⁰ However, the media was quick to carry the reported findings.

Jones continues, "Bogaert analyzed two smaller nationally representative samples, finding an exceptionally weak "older brother" effect only for same-sex attraction (and no effect for same-sex behavior)."²¹ Bogaert then assessed "an independent . . . and representative sample eight times the size those of his previous studies, in which he found that the older brother effect had disappeared."²² Jones further cites that a study of 2 million Danish subjects²³ and one of 10,000 American adolescents also identified no "older brother" effect.²⁴

The genetic hypothesis of same-sex sexual orientation has long held sway in the media, and twin studies helped propel this. Jones wrote that, in a 1991 *Archives of General Psychiatry* study, J. Bailey claimed that in identical male twin pairs, the concordance rate for homosexuality was 52%.²⁵ To his credit, Bailey had second thoughts about his study subjects having been recruited through advertisements in Chicago's gay community. He next examined samples from the Australian Twin

¹⁸ J. M. Bailey, L. Willerman & C. Parks, (1991), "A test of the maternal stress theory of male homosexuality," *Archives of Sexual Behavior*, 20, 277-293.

¹⁹ <http://www.pnas.org/content/103/28/10771.full?sid=bb448851-0721-4e31-925a-26d70dd20a6a>; PNAS July 11, 2006 vol. 102 no. 28, 10771-10774.

²⁰ <http://www.narth.com/docs/bogaert.html>.

²¹ A. F. Bogaert (2003), "Number of older brothers and sexual orientation: New tests and the attraction/behavior distinction in two national probability samples," *Journal of Personality and Social Psychology*, 84 (3), 644-652.

²² A. F. Bogaert (2010), "Physical development and sexual orientation in men and women: An analysis of NATSAL-2000," *Archives of Sexual Behavior*, 39, 110-116.

²³ M. Frisch, & A. Hviid (2006), "Childhood family correlates of heterosexual and homosexual marriages: A national cohort study of two million Danes, *Archives of Sexual Behavior* 35(5), 533-547.

²⁴ A. M. Francis (2008), "Family and sexual orientation: The family-demographic correlates of homosexuality in men and women," *Journal of Sex Research*, 45, 371-377.

²⁵ J. M. Bailey & R. C. Pillard (1991), "A genetic study of male sexual orientation," *Archives of General Psychiatry*, 48, 1081-1096.

Registry, producing an identical male twin homosexual orientation concordance rate of 20% with simple descriptive matching at 11%. Bailey reported his findings of the genetic contribution to homosexual orientation failing to show statistical significance, but the media did not tune in.²⁶ A 2010 study of the Swedish Twin Registry showed only 9.8% of identical male twin pairs matching for homosexual orientation.²⁷ Per N.E. Whitehead, Ph.D., "... if one identical twin--male or female--has SSA, the chances are only about 10% that the co-twin also has it. In other words, identical twins usually differ for SSA."²⁸

Heritability, in this case how much of sexual orientation is of genetic versus environmental derivation, is the question. Eric Turkheimer, an expert in the field, warns that heritability statistics are tricky due to difficulty in being able to clearly assess environmental factors, which he feels contribute strongly to development.²⁹ Elsewhere, Turkheimer states, "... there are no known complex human behaviors in which genetics render the actor unable to resist performing a behavior ... Furthermore, the amount of influence that genes have on behaviors is considerably smaller than one might think."³⁰ He insists, "... genetic essentialists were wrong about gay genes and similar nonsense."³¹

Epigenetics analyzes the interaction of genes and environment. Chains of choices and their consequences have a lifelong interplay with our genetic blueprints. For example, the more weight we gain, the more likely diabetes manifests. Even in the genetically disposed, diabetes can often be avoided by the right choices over time. Ultimately, genes determine predispositions, not destiny. Heritability is not inevitability. Were it otherwise, the Olympic games would be held in test tubes.

Even a 2008 American Psychological Association's brochure "Answers to Your Questions for a Better Understanding of Sexual Orientation & Homosexuality" stated, "There is no consensus among scientists about the exact reasons that an

²⁶ J. M. Bailey, et al (2000), "Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample," *Journal of Personality and Social Psychology*, 78 (3), 524-536.

²⁷ N. Långström, et al (2010), "Genetic and environmental effects on same-sex sexual behavior: A population study of twins in Sweden," *Archives of Sexual Behavior*, 39, 75-80.

²⁸ <http://www.narth.com/docs/isminor.html>.

²⁹ E. Turkheimer (2000), "Three laws of behavior genetics and what they mean," *Current Directions in Psychological Science*, 9, 160-164; quotes p. 162.

³⁰ Dar-Nimrod, I., & Heine, S.J. (2011b). Some thoughts on essence placeholders, interactionism, and heritability: Reply to Haslam (2011) and Turkheimer (2011). *Psychological Bulletin*, 137(5), 829-833, (quote on p. 831).

³¹ Turkheimer, E. (2011). Genetics and human agency: Comment on Dar-Nimrod and Heine (2011). *Psychological Bulletin*, 137(5), 825-828.

individual develops a [GLBT]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 . . ."³² There is simply no sound reading of the professional literature that supports sexual orientation being primarily genetic or biological. Lady Gaga missed the memo.

But Is Sexual Orientation Immutable?

Friedman and Downey in their text, *Sexual Orientation and Psychoanalysis: Sexual Science and Clinical Practice* stated, "At clinical conferences one often hears . . . that homosexuality is fixed and unmodifiable. Neither assertion is true" (p. 39). Several large studies demonstrate that spontaneous changes of sexual orientation exist. The University of Chicago's 1994 National Health and Social Life survey found that eight percent of 16-year-olds thought they were gay, but by age 25, only 2.8 percent still did. A 1999 New Zealand study followed 1,007 people longitudinally from birth through 21 years, by which age only two percent claimed homosexuality/bisexuality.³³ Diamond determined from her research: "sexuality identity is far from fixed in women who aren't exclusively heterosexual."³⁴

Psychologist Nicholas Cummings, past APA president and for twenty years Kaiser-Permanente HMO's Chief of Mental Health, estimated that during his tenure 16,000 clients presented at Kaiser facilities with conflicts over their homosexuality. Dr. Cummings stated 67% had good outcomes, with 20% being successful in reorientation, with the remaining 80% "pursuing sane, sexually responsible gay lives." He observed, "There are as many kinds of homosexuals as heterosexuals. Homosexuality is not a unitary experience," and ". . . our clinical experience contradicts efforts to reduce homosexuality to one set of factors." Per Dr. Cummings, "Given the state of research, the APA should not reject the possibility that sexual orientation might be flexible for some . . ."³⁵

The 2009 APA Task Force report on Sexual Orientation Change Efforts offered severe critique of pro-SOCE research.³⁶ The Task Force made Olympian demands for what they deemed adequate scientific standards in the pro-SOCE literature, such that only six studies made the evaluation cut, with each subsequently dismissed. The Task Force report states, "We thus concluded that there is little in the way of

³² <http://www.apa.org/topics/sexuality/orientation.aspx>.

³³ "Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?" Fergusson, et al. *Arch Gen Psychiatry*. 1999; 56:876-880.

³⁴ Diamond, L.M., 2000, *Sexual Identity, Attractions, and Behavior Among Sexual Minority Women Over a 2 Year Period*, *DEVELOPMENTAL PSYCHOLOGY*, 36, (2), pp. 241-250.

³⁵ Warren Throckmorton, PhD. "Homosexuality and Psychotherapy: An Interview with Nicholas Cummings." February 19, 2007.

³⁶ <http://apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

credible evidence that could clarify whether SOCE does or does not work in changing same-sex sexual attractions.”³⁷ Dr. Jones observed, “they then had the chutzpah to warmly recommend gay affirming therapy while *explicitly* acknowledging that it lacked the very empirical validation required of SOCE,” and further warns, “the entire mental health field would grind to [a] stop if the standards articulated for sexual orientation change were applied . . . to low self-esteem, depression, anxiety disorders, eating disorders, or personality disorders . . .” It’s called a double standard.

Drs. Jones and Yarhouse published in 2011 a longitudinal study of SOCE in the *Journal of Sex and Marital Therapy* showing positive results.³⁸ In 2000 NARTH published a survey in *Psychological Reports* of 882 reparative therapy clients. They rated their experience positively across a range of variables. Only seven percent said they were worse off on three or more of seventeen psychological well-being measures.^{39 40}

The categorical (all-or-none) versus the continuum view of change are at war. The former, held by many SOCE critics, views any recurrence of same-sex attraction or arousal as both a disproof and invalidation of therapy. But change occurs along a spectrum, not as an all-or-none finding, and this holds true for nearly any form of therapy.⁴¹ The realm of the probable or possible is not limited to the bad personal experiences or speculations of a few. Any treatment has a failure rate, subpar practitioners, disgruntled patients, the truly abused, and the not-so-compliant exaggerating their grievances – the enormous failure rate of drug and alcohol rehabilitation being a case in point -- and yet, we do not condemn or ban these therapies.

Much media attention is given to those with negative stories of therapy to overcome their same-sex attraction. Those with positive change experiences are intimidated into silence by the near certainty of vicious attacks and mockery in the press as well as from organizations committed to debunking sexual orientation change efforts as fraud. With good news taking cover, bad news owns the field.

³⁷ APA Task Force [Report](#) (2009); 28.

³⁸ S. L. Jones & M. A. Yarhouse. (2011), “A longitudinal study of attempted religiously-mediated sexual orientation change,” in the *Journal of Sex and Marital Therapy*, 37, 404-427; see also www.exgaystudy.org.

³⁹ Nicolosi, J., Byrd, A. Dean, Potts, R.W. (June 2000), “Retrospective Self-Reports of Changes in Homosexual Orientation, A Consumer Survey of Conversion Therapy Clients,” *Psychological Reports*, 86: 1071-1088.

⁴⁰ Please see citations 6 & 7 for non-exhaustive listings of other studies.

⁴¹ NARTH Statement on Sexual Orientation Change. January 25, 2012.

Identity

Identity is the rallying cry. Clearly, many GLBT-oriented people think of this as their identity. Yet people are not primarily defined by their appetites, which change. Sexual orientation is not immutable. What is our identity then? We are each creations made in the imago Dei (image of God), from which even our Declaration of Independence notes our just rights derive. We should identify people as people – with due compassion and respect -- regardless of their sexual orientations. One of my patients told me, “I love you because you always treat me like a woman, not a “lesbian woman,” she emphasized with air quotes.

I’ve known over sixty people who formerly were GLBT, along with several currently working on the transition. None of them waited for a medical guild or parachurch group to finalized their position papers on it before they moved for change. Change is possible, as is shown in both scientific and theological literature -- and many people of GLBT-orientation want it. Truth and love should be traveling companions. As my wife puts it, “What is loving about telling someone they cannot change?”
