Setting the Record Straight: What You Did Not Hear on a Recent Television Show Featuring NARTH

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As we have seen repeatedly, there is a great deal of censorship within the media. Misconceptions related to the treatment of unwanted homosexuality abound, and attempts to replace the misconceptions with accurate information are often unsuccessful. When I appeared on a popular television talk show recently, almost all of what I said on that show was deleted. Since viewers only saw one side of the discussions in which I participated, I want to be clear on what I actually said.

First, it is important to note that the terminology used on the show has been greatly misused and largely misunderstood. NARTH does not use the term "Reparative Therapy" to refer to therapy for unwanted homosexual attractions. In actuality, "Reparative Therapy" only refers to one approach used by some therapists. However, there are many therapists who work with unwanted homosexual attractions, many of whom use combinations of other therapeutic methods. Therefore, a more inclusive term to describe this work would be therapy for unwanted homosexual attractions. It should also be noted that the term "reparative" never referred to trying to "repair" someone. It was originally used to refer to the "ReparativeTheory" that when a child does not receive adequate same-sex bonding in childhood, homosexual attractions will develop as a "reparative drive" for those unmet needs. But again, there are many therapists who do not use the reparative therapy model, but instead use other models and theories. NARTH simply refers to this as therapy aimed at assisting with unwanted homosexual attractions, because that's what it is: mainstream psychotherapy.

Next, here is a summary of the information that was edited out of the recent daytime talk show:

1. What is this therapy and how does it work?

First, we know from the research that people are not simply born homosexual. Researchers on both sides of the debate have acknowledged that, as does the American Psychological Association. It seems clear that homosexuality is a complex combination of nurture and nature. It is also clear that homosexual attractions are NOT a choice.

While there are many options for help available, NARTH represents licensed, ethical therapists who practice mainstream approaches to therapy in their offices. When we are talking about therapy, we are NOT referring to unorthodox approaches, nor are we referring to ministries, retreats, residential programs or any other form of help other than conventional therapy offered by licensed professionals in their offices.

Therapists who do this work include psychiatrists, psychologists, licensed clinical social workers, licensed mental health counselors, and licensed marriage and family therapists. There are many of these therapists throughout this country and other countries, who have been trained in traditional institutions, who offer help to this population.

Therapy is aimed at dealing with whatever issues the client presents, not specifically the attractions. Issues may include lack of self-acceptance, gender insecurity, childhood traumas, broken family relationships, lack of attachment, lack of peer bonding, sexual abuse, etc.

2. What are the success rates?

Success rates have been found to be similar to other therapeutic issues. Success differs among clients. For some, success may mean change of behavior or change of identity. For others it may mean a decrease of homosexual attractions and for others an increase of heterosexual attractions. As with any other therapeutic issue, success DOES NOT mean complete removal of the problem, never to return again. Such is success with any therapeutic issue. For example, if someone is treated successfully for depression, success does not mean the person will never have another bout of depression for the rest of his or her life. The issue of unwanted homosexual attractions is no different.

3. What about people who claim to have been hurt by therapy?

It is very devastating when a person seeks treatment and has negative results. I am very sorry that this sometimes happens. Unfortunately, we see with therapy in general – therapy for any issue – that 5-10% of clients will experience negative outcomes. This is unfortunate, but this is just the nature of therapy for ANY issue. Therapy does work for a lot of people, but not everyone is helped through therapy and some people have negative results.

(Although researchers have tried to draw a correlation between therapy for unwanted homosexuality and harm, they have not been able to establish such a correlation. We hear anecdotal stories of harm, but there are no scientific findings that feelings of suicide and depression actually arise from the therapy itself – even though biased researchers have tried, unsuccessfully, to prove otherwise.)

Sadly, we see much higher levels of depression and suicide among homosexuals than among the non-homosexual population. Some will claim that these higher rates of suicide and depression are the result of homophobia (or therapy, as claimed on the show). HOWEVER, we know that the suicide rates are not simply due to homophobia because we see the same rates of depression and suicide in gay-affirming cultures such as New Zealand, Denmark, The Netherlands, and Norway.

Although this was not mentioned on the show, here is some additional information related to the banning of therapy for minors in California:

1. This legislation completely disregards the hundreds of teenagers who, prior to ever entering therapy, experience depression and hopelessness due to feeling trapped by

attractions they did not ask for and do not want. These minors desire help for their unwanted attractions.

2. This legislation does not make considerations for bisexual teenagers or females, the latter of which are clearly known to have a great deal of sexual fluidity – changing from straight to gay or gay to straight more frequently than do homosexual males. Although change is common for bisexuals and lesbians, they will be denied the option of therapy.
3. This legislation completely discounts and disrespects people of all conservative faith traditions: devout Muslims, orthodox Jews, and Christians of most conservative denominations, including both Catholics and Protestants. For these individuals homosexual feelings are at odds with their faith, and many of these people choose to prioritize their faith or their relationship with God above their sexual attractions. However, they will be denied help for doing so.
4. This legislation is a direct assault on individual liberty and personal freedom.
5. This legislation, initiated by Equality California is based in politics and not at all on the scientific research. The research has never concluded that this therapy is harmful. According to the American Psychological Association, "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" (Report of the APA Task Force on Appropriate Therapeutic Responses To Sexual Orientation, 2009, p. 83).

As the late Dr. Dean Byrd used to say, "People are entitled to their opinions, but they are not entitled to their facts." Some individuals may be of the opinion that this therapy is harmful, but the fact is that there is no research to support such a claim. Furthermore, many people have been helped by therapy for unwanted homosexual attractions, and to prevent others from pursuing help is truly a violation of client rights and personal freedom.