FIRST STONE
MINISTRIES

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Changing Perspectives on Homosexuality

Fashioning a Compassionate Response to Homosexuality in the Church

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"Let him who is without sin cast the First Stone." John 8:7

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Part I: The Pioneers

Neil and Briar Whitehead once wrote:

"So much of what people in the West now believe about homosexuality is not the truth. Misinformed people are quoting other misinformed people so that the blind lead the blind. It suits some people to believe what they do, but many others genuinely don't know what to believe and would welcome the truth if they only knew where to find it. … There should be compassion, but a false compassion based on ignorance of science is about as kind to the homosexual, in the end, as someone who smiles lovingly at you while he laces your coffee with arsenic. "[1]

The price for ignorance on this issue is just too high. Let us begin by looking at this topic by means of a careful historical, scientific and sociological inquiry. Ronald Bayer, in his book, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton University Press, 1987), carefully traces this thought and progress.

A History of Diagnosis and Treatment

It wasn't until the last half of the nineteenth century when the field of psychiatry was being developed that homosexuality became the topic of focused scientific investigation. From these years, homosexuality was seen as pathological (meaning, abnormal). In the earliest psychoanalytic literature, homosexuality was thought of reflecting a "gender identity deficit" ("G.I.D."). Even at that time one can see the common conversations about "by nature", "by nurture" and "by choice" (it being acquired, inborn, and/or a choice.). During this time, treatment varied to a great extent. Results were not consistent.

SIGMUND FREUD (1856 – 1939)

In the late 1800's, Sigmund Freud understood homosexuality as pathological *yet very difficult to treat*. To him, it was a reflection of a bisexual capacity in every individual. "At times the active, masculine drives dominated, at others the feminine, passive drives did. In no case was a person utterly without both sets of drives. Just as with homosexual impulses, the repressed was not obliterated. Even in adults who had traversed the course to heterosexuality, masculine and feminine impulses coexisted." [2] This is a natural phenomenon of psychological development. One passes through homosexuality to heterosexuality.

Having named what he perceived as the causes of homosexuality, Freud still ended up being rather pessimistic about the therapeutic reversal of the condition. This thinking dominated psychoanalytic thinking for nearly forty years.

SANDOR RADO

In the 1940's, Sandor Rado rejected Freud's view of bisexuality and adopted a more optimistic therapeutic posture. He explained homosexuality as a phobic response to the opposite sex. This new posture received significant attention through the work of people at Columbia University's Psychoanalytic Clinic for Training and Research. Their work began to affect the thinking of a number of prominent psychoanalysts in the 1960's; a time when the civil rights and social status of homosexuals became a significant concern.

IRVING BIEBER

In the 1950's, the New York Society of Medical Psychoanalysts conducted one of the most ambitious studies of male homosexuality to date. The results were published in 1962 under the primary authorship of Irving Bieber[3]. In his analysis of the families of the homosexuals in the study, he found certain environmental characteristics to be held in common. "Our findings point to the homosexual adaptation as an outcome of exposure to highly pathologic parent-child relationships and early life situations."[4] The mother-son relationship with the son was characterized by restrictive and binding maternal behavior. "The close-binding, intimate mothers were believed to have thwarted the normal development of their sons by responding to their heterosexual drives with hostility, often expressing 'demasculinizing and feminizing attitudes'; interfering with the father-son relationship."[5] "As a group the fathers of homosexuals were depicted as detached, hostile, minimizing, and openly rejecting. By failing to meet their sons' needs for affection, these fathers created a pathologic need that could be satisfied only by other males through a homosexual adaptation."[6]

From this, Bieber developed what is known as the "triangular system" out of which the homosexual most likely emerges. This classical pattern consists of a close-binding intimate mother domineering toward her husband and a detached hostile father. (It is important to note at this point that later research has clarified that this is the child's perception. It may not be rooted in reality.) In the face of predominantly pessimistic thought regarding the reversibility of homosexuality, Bieber claimed that "a heterosexual shift is a possibility for all homosexuals who are strongly motivated to change."[7] 27% of the homosexuals studied shifted in the therapeutic process from homosexuality to exclusive heterosexuality.

CHARLES SOCARIDES

In the late 1960's and early 1970's, Charles Socarides purported that both homosexual and heterosexual adaptations are "learned behaviors". He argued that homosexuality emerges from childhood fears that disrupted the normal course of development. Unlike the other theories, he suggests that homosexuality has its origins in the earliest phases of a child's life, prior to age three. This is the point at which a child is believed to establish an identity separate from the nurturing nursing mother. 50% of the homosexuals who were treated by him became heterosexual.

THE BEHAVIORISTS

Up until this point in time, there were a number of psychologists who attempted to use the "behaviorist" approach for treating homosexuality. This meant that behavior was shaped as a result of specific rewarding or aversive stimuli. As a rule, this approach was unsuccessful. The treatment was perceived by the gay community as torture.

The Label "Pathological"

At this point, it became clear for some that there was a real problem with the way psychiatry was approaching homosexuality. There was great agreement within the field of psychiatry that homosexuality was "pathological". The word "pathological" labels something as an abnormal disease. For those who used the word "pathological", homosexuality was something people *had a problem with*. For those who did not use the word "pathological", homosexuality was understood as something people *were*. ("He struggles with homosexuality." vs. "He is a homosexual.")

For those who desired change from unwanted homosexuality, the term "pathology" was no problem. For those who were at peace with their homosexuality, the term "pathology" was an assault. It is understandable

that this stance left them with a feeling of absolute rage. For them, the consideration as pathological had become a source of great suffering.

- The psychiatric labeling of homosexuality had led to unwarranted discriminatory public policies and attitudes. ("There is something wrong with you. Thus, you can be treated differently.") Where sodomy statues exist, it would be more likely for courts to mandate coercive psychiatric intervention.
- The abuses of the psychiatric field, to date, like aversion therapy.
- The psychiatric labeling of homosexuality sent a message to all who experienced homosexuality that there was something wrong with them. They were "mentally ill". ("You are sick. You need help.")

In addition, there were thoughts like …

- *"You are weaker. And thus, inferior."*
- *"This is your choice. You should feel guilty."*

Psychiatry began to be the target of animosity. The APA was seen as responsible for abuses in civil rights. The solution for some was not to just change unjust laws, it was to change how homosexuality was perceived.

Challenges to Psychiatric Orthodoxy

ALFRED KINSEY

In 1948, Alfred Kinsey published the results of a study of sexual behavior involving an extraordinarily high number of males. He found that thirty-seven percent of the male population had had physical contact to the point of orgasm with other men, at some time between adolescence and old age."[8] Ten percent "reported that they had been more or less exclusively homosexual for at least three years between the ages of eleven and fifty-five."[9] One of his significant insights was that homosexuality was not a simple "black and white" kind of phenomenon. Homosexual behavior is distributed among a continuum. Some are exclusively homosexual while others experience some homosexual attraction and heterosexual attraction. On the other end of the continuum are those who are exclusively heterosexual.

Using this data, Kinsey challenged the popular thought of homosexuality as pathological. He believed that the statistically normal could not be considered abnormal. Ten percent was sufficient to consider it normal.

He rejected the claim that homosexuality was genetic. It was learned. He believed that the "capacity of an individual to respond erotically to any sort of stimulus … is basic to the species."[10] His stance on this was so bold that he actually denied the existence of *the homosexual*.[11] Homosexual practice was merely an expression of the normal human experience. Sexual preferences were the mysterious result of an individual's choices.

His critique of the psychological profession was that they were "enforcing the cultural hegemony of heterosexuality instead of meeting the needs of their patients."[12]

CLELAND FORD AND FRANK BEACH

In 1951, Cleland Ford and Frank Beach released a publication called *Patterns of Sexual Behavior* that challenged the psychiatric understanding of homosexuality. Kinsey based his conclusions on a sampling of American white males. Ford and Beach studied the issue from a cross-cultural perspective and an investigation of the behavior of primates. They rejected the premise that homosexuality was pathological on the basis that the prevalent understanding did not take into consideration a wider perspective of the issue. Drawing from data of seventy-six cultures from the Yale Human Relations Area Files, they found that forty-nine of the cultures had homosexual activity that was not only considered normal but socially sanctioned. Consequently, homosexuality could not be considered abnormal if it were considered normal for so many cultures.

When studying the available literature on animal sexual behavior (and primates in particular), they found that "in virtually all animal species there existed an inherent biological tendency for 'inversion of sexual behavior'."[13]

Through this culturally relativistic approach, they concluded that homosexuality could not be considered abnormal if it were considered normal for so many cultures and were found to be normal in even the mammalian world.

EVELYN HOOKER

Until 1954, the stereotype of homosexuals was that they were maladjusted, tortured and disturbed people who failed to adapt successfully to their surroundings. Both the clinical and popular literature had focused special attention on the apparent inability of homosexual men to sustain long-term relationships, on their grim and relentless cruising behavior, and on their promiscuity.[14]

Evelyn Hooker, through her research, began to take these assumptions to task. She studied a group of thirty homosexuals and thirty heterosexuals. They were given Rorschach tests and two other projective tests. Through these results, she was unable to demonstrate that there is a significant pathological difference between homosexuals and heterosexuals. In another work, she found that two-thirds of the homosexual respondents had successfully sustained long-term partnerships.

Hooker did not believe the cause for promiscuity would be found in psychodynamic factors. It was the pressures from the heterosexual world to the homosexual world. The true "sickness" was not in homosexuality itself, it was in the act of labeling homosexuality. Seemingly "disturbed" behavior was actually "ego defensive" traceable to the victimization they had received at the hands of the heterosexual culture. The appropriate healing tool was not psychotherapy but the being freed from the crippling effects of exclusion and stigmatization.

Her work was so highly received that she was selected to lead the National Institute of Mental Health Task Force on Homosexuality in the 1960's. Although she was received as one who advocated on behalf of the gay community, the Task Force she led was not critical of homosexuals seeking heterosexual adjustment. It was critical of the discriminatory social practices of the heterosexual world.

As a side note, the issue of promiscuity has since been revisited in a book by McWhirter and Mattison published in 1984[15]. McWhirter and Mattison were two gay activists in a relationship with each other for twelve years. One was a psychologist and the other was a psychiatrist. They decided to conduct a study showing that gay men are capable of long-term fidelity or monogamy. They spent the first two chapters of their book looking for the best possible gay couples. They identified 165 couples. When they studied them, none were capable of maintaining fidelity for more than five years. The couples may have continued to live with each other, but after about five years, they did not maintain sexual fidelity. McWhirter and Mattison concluded, "the single most important factor that keeps couples together past the ten-year mark is the lack of possessiveness they feel. Many couples learn very early in their relationship that ownership of each other sexually can become the greatest internal threat to their staying together."[16]

THOMAS SZASZ

Until the early 1950's, the fundamental concepts of classification and psychiatry were left basically unquestioned. There were a series of critical essays in the mid-1950's by Thomas Szasz that called into question psychiatry making the moral judgment on what was normal and not normal. Szasz believed that psychiatry made a mistake in involving itself in moral values instead of health values. To Szasz, psychiatry had no business labeling homosexuality right or wrong, healthy or unhealthy, normal or abnormal. "Mental illnesses were invented, declared, through the extension of the metaphor of disease."[17] "Psychiatry, masquerading as a medical discipline, had assumed the social function previously performed by religious institutions."[18]

Over time, Szasz refined his arguments and the tone of his writing became increasingly shrill. In the 1970 publication, *The Manufacture of Madness*, he likened "contemporary psychiatry with the Inquisition. Both were intolerant; both relied on torture."[19] Understandably, this endeared itself to the increasingly militant Gay Liberation movement.

He was so vehemently opposed to the American Psychiatric Association's labeling of illnesses that he even denounced the APA's abolishing homosexuality from its Diagnostic and Statistical Manual in 1973. Doing so

"tacitly acknowledges that they have the knowledge and the right to decide what is and what is not a mental illness."[20]

JUDD MARMOR

With his writing on homosexuality beginning in 1965, Judd Marmor rejected the Freudian assumption that all people are born bisexual. If all people are born bisexual, what person would ever choose a homosexual orientation?[21] "For a homosexual adaptation to develop in this culture three elements had to be present. The child had to suffer from an 'impaired gender identity,' preventing the assumption of a typical male or female role. Early childhood experience had to precipitate fear of intimate contact with members of the opposite sex. Finally, the opportunities had to present themselves for sexual release with members of the same sex."[22]

The fundamental issue of labeling homosexuality was not a scientific one but a moral one. "Since homosexuals were capable of making successful adaptations to society, there was no more justification for classifying homosexuality as a disease than for so designating heterosexuality."[23]

The Psychiatric Manual ("DSM")

The field of Psychiatry has developed and made use of a manual called the *Diagnostic and Statistical Manual of Mental Disorders*. (The "DSM".) The intent of this manual has been to provide diagnostic criteria for the most common mental disorders including: description, diagnosis, treatment, and research findings. The DSM has functioned as the main diagnostic reference of Mental Health professionals in the United States of America.

Even the most recent edition of the manual names the difficult nature of this task. "The need for a classification of mental disorders had been clear throughout the history of medicine, but there has been little agreement on which disorders should be included and the optimal method for their organization."[24]

The first edition of the DSM in 1952 listed homosexuality as a "sociopathic personality disturbance".

In 1968, DSM-II removed homosexuality from the sociopathic list, categorizing it with other sexual deviations. This classification regarded homosexuality a problem only when it was incompatible with the person's sense of self. In other words, if the individual was comfortable with his homosexuality, homosexuality was not considered pathological.

This presents an interesting problem: Does the problem lie in the individual's attitude toward homosexuality or in the homosexuality itself? Some purport that homosexuality "can never be compatible with the deepest levels of self, for homosexuality is symptomatic of a failure to integrate self-identity. Symptoms will always emerge to indicate its incompatibility with the true self."[25]

Work on DSM-III began in the early 1970's. It was published in 1980. In this edition, homosexuality was not mentioned by name at all. The closest reference is "Other Sexual Disorders Not Otherwise Specified." In this, they describe "persistent and marked distress about one's sexual orientation."[26] This is a general reference, not specific. It could refer to heterosexuality as well as homosexuality.

In short, the profession no longer appeared to consider homosexuality a noteworthy problem or even abnormal. How did this happen? Why the change? Does the current stance of the profession reflect a shining example of scientific insight? Or, does it reflect a disastrous example of bad judgment?

Changing Perspectives on Homosexuality
Part II: Science and Politics

The Gay Movement and the American Psychiatric Association

"The modern homophile movement did not surface until after World War II."[27] In the beginning, the gay movement was marked by a defensive posture and was chiefly concerned with basic human rights, free of injustices of the law.

By the early 1960's, there was great agreement by those in the psychiatric field that homosexuality was pathological. Karl Menninger in his 1963 introduction to the American edition of the British Wolfenden Report wrote:

"From the standpoint of the psychiatrist . . . homosexuality . . . constitutes evidence of immature sexuality and either arrested psychological development or regression. Whatever it be called by the public, there is no question in the minds of psychiatrists regarding the abnormality of such behavior."[28]

Clearly, this is not the kind of assessment to be received well by the gay rights movement. By the late 1960's, the tentative thrusts of the early leaders of the gay rights movement had become a full-blown attack, with homosexuality presented as an "'alternative life style' worthy of social acceptance on a par with heterosexuality."[29] The demand had gone from mere tolerance to social legitimation. The field of American psychiatry became the target for their radical disenchantment. The techniques of confrontational social protest, common in the 1960's, became the tool for change.

The year 1970 was a first. Gay activists in San Francisco disrupted the annual meeting of the APA. "Guerilla theater tactics and more straightforward shouting matches characterized their presence."[30] In the midst of a presentation by Dr. Irving Bieber, a protester interrupted by saying, "I've read your book, Dr. Bieber, and if that book talked about black people the way it talks about homosexuals, you'd be drawn and quartered and you'd deserve it."[31] At another panel on "issues of sexuality", the confrontation got even more dramatic. Nathaniel McConagy, an Australian psychiatrist, was presenting a paper on the use of aversive conditioning techniques for the treatment of sexual deviation.

"Shouts of 'vicious,' 'torture,' and 'Where did you take your residency, Auschwitz?' greeted the speaker. As that paper came to an end, and the chair prepared to announce the next presentation, demonstrators exploded with the demand that they be heard. 'We've listened to you, now you listen to us.' When urged to be patient, they retorted, 'We've waited five thousand years.' At that, the meeting was adjourned and pandemonium ensued. As one protester attempted to read a list of gay demands, he was denounced as a 'maniac.' A feminist ally was called 'a paranoid fool' and a 'bitch.' Some psychiatrists, enraged by the intrusion and the seeming inability of the Association to protect their discussions from chaos, demanded that their airfares to San Francisco be refunded. One physician called for the police to shoot the protesters. While most of those who had assembled for the panel left the room, some did not, staying to hear their profession denounced as an instrument of oppression and torture."[32]

This was a classic example of employing the offensive, yet effective, tools of social protest to enact change. Over the next three years, the gay community continued in its strategies for disruption and protest of the APA and its meetings.

At the threat of having its entire 1971 convention disrupted, the APA consented to have its first ever panel discussion by homosexuals. In spite of this concession, the gay activists developed and executed "a detailed strategy for disruption, paying attention to the most intricate logistical details, including the floor plan of the hotel in which the convention was to be housed."[33] At the end of this convention, the gay activists presented their demands for homosexuality to be deleted from the DSM.

The APA's body for naming pathologies, the Nomenclature Committee, went to work. On February 8, 1973, Charles Silverstein of the Institute for Human Identity made a presentation documenting how the "diagnostic label had served to buttress society's discriminatory practices against gay women and men."[34]

None of the members of the Committee "considered himself an expert on the theoretical or clinical dimensions of homosexuality."[35] Robert Spitzer, a member of the Committee, was committed to an expeditious resolution of the controversy. He "zealously assumed a central role in directing its considerations, suggesting appropriate clinical and research literature to his colleagues for study."[36] In many respects, the thinking and process of the Committee mirrored that of Spitzer's struggle.

Spitzer seemed to be compelled by the work of Bieber. At the same time, he could not deny that homosexuals were able to satisfactorily adjust to the demands of everyday life. "It began to seem to him that the inclusion of homosexuality in *DSM-II* constituted an unjustifiable extension of the concept 'psychiatric disorder.'"[37] "The inclusion of homosexuality in the nomenclature would have required the expansion of the concept of psychiatric disorder to include all 'suboptimal' conditions. From such a theoretical perspective, Spitzer warned, the classification of disorders would become a listing of a vast array of odd behaviors."[38] "Spitzer was careful to underline that he was not asserting that either these behaviors or homosexuality were 'normal.' Fully aware of the possibility that gay activists would claim the deletion of homosexuality from *DSM-II* as indicating that psychiatry had recognized it as being as desirable, as 'normal,' as heterosexuality, he flatly asserted, 'They will be wrong.' … Consequently, Spitzer recommended a new classification, 'sexual orientation disturbance,' be substituted for 'homosexuality' in *DSM-II*."[39]

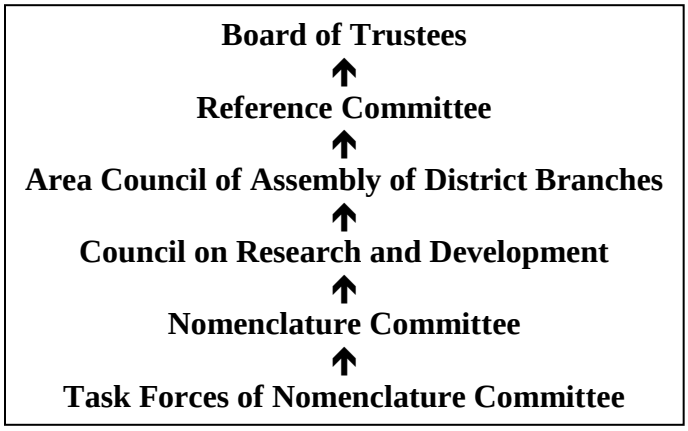
The procedure for changes to the DSM first involves the Nomenclature Committee establishing Task Forces to study the issue. The Nomenclature Committee, using the findings of the Task Forces makes a recommendation to the Council on Research and Development. The Council brings its recommendation to the Area Council of Assembly of District Branches. Once passed by the Assembly, it goes to the Reference Committee. The Reference Committee brings its proposal before the Board of Trustees for final approval necessary to change the nomenclature.

Unfortunately, there were a number of procedural errors made in their eagerness to bring a swift resolution to the conflict.

- In contrast with the typical practice, the Task Force was not appointed on the basis of their expertise. None considered themselves experts, including Robert Spitzer.
- The proposal brought before the Council was not the product of a full recommendation of the Nomenclature Committee but rather the recommendation of just one of its members, Robert Spitzer. [When confronted, the Committee remained conspicuously silent on this issue.]
- Based on its usual practice of endorsing the work of competent Task Forces, the Council blindly endorsed Spitzer's recommendation.
- The proposal bypassed the Area Council of the Assembly of District Branches because it had withdrawn its consideration in this matter. (They had actually called upon the Council to reword the labeling of homosexuality from "irregular sexual behavior" to a less pejorative wording.)

On December 15, 1973, the Board of Trustees made the final decision to delete the term "homosexuality" and replace it with the classification "sexual orientation disturbance."

"This category is for individuals whose sexual interests are directed primarily towards people of the same sex and who are either disturbed by, in conflict with, or will to change their sexual orientation. This diagnostic category is distinguished from homosexuality, which by itself does not necessarily constitute a psychiatric disorder."[40]



In addition, they released a statement on civil rights opposing both social discrimination against homosexuals and the criminal sanctions against homosexual activity.[41]

Those within the psychiatric profession who had held to the orthodox view of homosexuality now viewed themselves as being expelled. "One psychiatrist wrote to *Psychiatric News:* 'The Board of Trustees has made a terrible, almost unforgivable decision which will adversely affect the lives of young homosexuals who are desperately seeking direction and cure. That … decision will give young homosexuals an easy way out and make the job of practitioners like myself much more difficult.'"[42] Others asserted that this posture reflects a desertion of psychiatry's scientific posture. It had demonstrated a blatant disregard for scientific authority in its procedures and decision to remove homosexuality from *DSM II*. In the process, the APA had also disgraced itself.

Within two weeks, a petition was circulated calling for a referendum of the Association's entire membership on this issue. The Board of Trustees released a statement to the entire membership defending their actions. The National Gay Task Force orchestrated the process of obtaining signed copies of the letter and funding its distribution.

With over ten thousand psychiatrists participating in the vote, fifty-eight percent favored the board's decision and thirty-seven percent opposed it.[43] This poses some inherent challenges. Should matters of science be put up to a vote? Is this a matter of morality imposing upon objective scientific data? If the board claimed its decision was the result of scientific consensus, how does one explain a number as high as 37 percent voting against it?

Over a relatively short period of time, gay activists had succeeded in bringing about a very significant change. "Instead of being engaged in a sober consideration of data, psychiatrists were swept up in a political controversy. The American Psychiatric Association had fallen victim to the disorder of a tumultuous era, when disruptive conflicts threatened to politicize every aspect of American social life."[44] "The status of homosexuality is a political question, representing a historically rooted, socially determined choice regarding the ends of human sexuality."[45]

Ramifications of the Removal from the Psychiatric Manual

THE "NORMALIZATION" OF HOMOSEXUALITY.

- Fewer and fewer people are seeing homosexuality as anything but "normal". (Everyone from psychiatrists to the general public)

- Homosexuality becomes a "non-issue".
- Although Spitzer himself insisted that homosexuality is not "normal", the action of the Board of Trustees left a door wide open for the gay community to propagate the understanding that gay is normal and good.
- This view is being promoted within the public arena, especially public schools.
- Fueled by intentional strategies on behalf of the gay community (involving especially the media), public thought is being shaped; "Gay is normal and good."
- The culture starts believing and propagating that there really is no help, no hope and no healing for those who struggle homosexually.
- Our culture becomes less and less a place for open and honest conversation on this matter. Those who challenge this get labeled as hate-filled ignorant naïve "homophobes".

THE PERCEPTION OF HOMOSEXUALITY SHIFTS FROM "WHAT A PERSON EXPERIENCES" TO "WHO THEY ARE".

- There is a diagnostic shift for the pre-homosexual child.
- Ex-gays do not exist. Testimonies of ex-gays are dismissed on the basis that their experience is not the same, it's all an act, it doesn't last, etc.
- With decreasing availability of good help for those seeking healing, many jump to the conclusion that healing is an unachievable goal. (The thinking: "Since gay affirmative help is the predominant form of help, that means 'I must be gay.'")

HELP BECOMES INCREASINGLY HARD TO RECEIVE.

- Choice and diversity for treatment are discouraged. (This is a "pro-choice" issue in favor of diversity.)
- Believing that reasonable healing is unachievable and not worth the effort, therapists encourage gay-affirmative therapy.
- Seeking help is propagated by the gay community as "false hope".
- Now that thirty years have passed, an entire generation of mental health care professionals have been trained with this bias. (The school of thought is now perpetuating itself.)
- Qualified training for those providing mental health care becomes difficult to find and regarded as an anomaly.
- Insurance companies do not provide any coverage for people seeking help for unwanted homosexuality.

THE GAY COMMUNITY BECOMES UNDERSTOOD AS A DISTINCT OPPRESSED MINORITY GROUP.

- The perspective here is little different than dealing with the issues of racism and sexism. The differences are downplayed.

THE APA RELINQUISHES ITS RESPONSIBILITY TO THE FULL PURSUIT OF SCIENTIFIC TRUTH.

- Science is censored. Conversations on this within the APA are discouraged.
- Its bias shuns research on reparative therapy.
- The relationship between the APA and much of the Christian community becomes strained.
- The APA loses integrity.
- Conversations on this matter go from empirical scientific data to subjective anecdotal stories.

THE ACADEMIC COMMUNITY IS SWAYED BY THE APA.

- Desiring to be justice-oriented, objective and progressive, the academic community blindly trusts the leaders in the field, the APA. (Over time, they forget that the decision of the APA was a result of political pressure and not scientific data. This means they, over time, become closed to an objective approach to the issue.)
- Armed with little more than anecdotal stories of good friends who say they cannot change, they lose their objectivity and start overlooking good solid science.

- Afraid to sound uninformed, they run from the views that do not agree with what they are hearing from their gay friends. Intending to show their gay friends that they care, trust is placed in conclusions from studies that are basically "junk science". The intellectuals are co-opted and unintentionally advocate an anti-intellectual stance.

FAITH COMMUNITIES START ADOPTING THIS VIEWPOINT AS "GOSPEL TRUTH".

- Mainline denominations start adopting the viewpoint that homosexuality is just a normal variant of human sexuality created as good by God.
- Good hearted, well-intentioned people who believe in justice start believing in the stories of gays who do not wish to change.
- Active gays and lesbians are ordained and set apart in positions of leadership.
- The occurrence of "blessing" same sex unions increases.
- The perspective gradually shifts from "welcoming" to "affirming" to "blessing".

A Couple of Examples[46]

As things stand today, if a young person comes to realize that he is experiencing unwanted feelings toward a person of the same sex, the options for help are limited. If he can muster the courage to surmount the personal feeling of shame, he may talk with a friend about it. Having been taught within school that homosexuality is just another form of normal sexual expression, the friend could very likely say, "You experience those feelings. That means you must be gay. That's just how you are." If he goes to a school counselor, it is unlikely he would hear much other than, "It's society's problem for not being able to cope with it well." If psychological help is suggested, it is most likely 'gay affirmative' therapy. If the young person feels even more courageous, he may seek counsel from a pastor. As statistics have shown, pastors are most likely to follow the same line of thought. If parents or family members are brought into it, they may be left in a quandary, ill-equipped to make good decisions aware of all options.

Or, a father in despair tells his wife that he struggles homosexually. His wife would be left confused. The possibilities for help, hope and healing are not likely to be at the top of her mind. He may look to the yellow pages for a psychologist who can help. Nonetheless, he would have a difficult time finding any qualified psychologist who has the training and skills to work toward healing. He may find a non-licensed religious counselor who claims to have the expertise to deal with this. After seeking the Lord through scripture reading and prayers for deliverance, he is likely to get discouraged. The problem persists and he concludes that he must have been just born that way. He thinks, "This is not a problem I have. It is who I am." Embittered toward the Christian community and the rest of the hostile heterosexual world, he resigns himself to divorcing his wife and leaving his children with a broken home. The parents of the one struggling with homosexuality hear of their son's problem. With their limited knowledge, they wrestle with whether the situation was his "choice", the result of how they raised the child, or simply genetic. They find it difficult to believe that their son had simply chosen this difficult path. They also find it nearly impossible to face the option that their parenting could have "damaged" their child like this. So, they quickly gravitate to the school of thought that he must have been "just born that way".

I wouldn't be surprised if most who experience homosexual feelings describe them as unwanted at some point in life. In the midst of the internal angst of facing this reality, the many who deeply desire true healing have been lost. The culture says: "There is no help for you. There is no healing for you. There is no hope for you." It is like that option has dropped from the screen. At the same time, statistics have repeatedly shown that people can experience significant change from unwanted same sex attraction with an increased quality of life. In saying that the problem is society's and not the individual's, the real hope for change is being taken from

those who need that help, hope and healing. The one who struggles with unwanted same sex attraction swims up stream, against the current, in order to receive competent help. Instead of possibly living a healthy heterosexual life, the individual would be caught within the gay world and all that comes with it. This choice for help is being squeezed out.

"Gay activism pressured the healing professions to change their stance on homosexuality. In the process, those clients seeking change have been forgotten."[47]

Since 1973

In 1976, a Christian organization called "Exodus International" was formed to promote the message of "Freedom from homosexuality through the power of Jesus Christ."[48] Since their inception, they have grown to include over 100 local ministries in the USA and Canada. They are also linked to other Exodus world regions including over 135 ministries in 17 countries.

Advances have been made in the understanding of Bieber's triangular system, especially with respect to the role of the father. This came to the fore with the work of Moberly in the 1980's. She believed that the focus of psychiatry was incorrectly placed upon an assumed fear of the opposite sex when it should have been placed upon issues relating to the same sex. [49] "Every male has a healthy need for intimacy with other males. This desire emerges in early childhood and is satisfied first with the father, then later with male peers. When this drive is frustrated, homosexual attraction emerges as a 'reparative striving'."[50] It is a distorted attempt to meet legitimate needs. "Homoerotic feelings must be reinterpreted as emerging from the legitimate need for same-sex intimacy."[51] The term "Reparative Therapy" has been applied to the understanding of homosexuality being a reparative drive arising from the developmental deficit from earlier years. Therapy focuses upon understanding the problem and meeting the legitimate emotional needs in healthy ways.

In 1992, the National Association for the Research and Therapy of Homosexuality[52] ("NARTH") was formed as a response to the growing threat of scientific censorship. The organization has grown rapidly to over 1,000 mental-health professionals and concerned lay people. Gay activists continue to lobby the American Psychological Association and the American Psychiatric Association to declare any type of therapy that supports homosexuals in the effort to change as "unethical".

On the Causes of Homosexuality

NARTH agrees with the American Psychological Association that "biological, psychological and social factors" shape sexual identity at an early age for most people.

But the difference is one of emphasis. We place more emphasis on the psychological (family, peer and social) influences, while the American Psychological Association emphasizes biological influences--and has shown no interest in (indeed, a hostility toward) investigating those same psychological and social influences.

There is no such thing as a "gay gene" and there is no evidence to support the idea that homosexuality is genetic or unchangeable.

Numerous examples exist of people who have successfully modified their sexual behavior, identity, and arousal or fantasies.[53]

Scientists continue to be hard at work trying to prove the genetic origins of homosexuality. Research findings periodically make it to the news media in very short reports. Nonetheless, more thorough investigations by people like Neil and Briar Whitehead[54] have shown to date, that these studies come up short. "There is no scientific research indicating a biological or genetic *cause* for homosexuality. Biological factors may play a role in the *predisposition* to homosexuality. However, the general scientific consensus is that homosexuality is due to a combination of social, biological and psychological factors."[55] Even if there is a genetic predisposition, it is clear that genetic tendencies can be both fostered and foiled.[56] "Even if homosexuality was 50% due to genes, opposite environmental influences could almost nullify it."[57] Human behavior is a result of "nature and nurture" not just "nature or nurture".

"People who say that homosexuality is fixed and unchangeable don't have a full enough understanding of mainstream genetics. Those who say gays are born that way usually don't know enough about identical twin studies or gene linkage studies, hormonal research, brain structure, medical research into gender, or anthropology. They aren't acquainted with the huge amount of scientific data showing that sexual orientation is extremely elastic and that people slide round on the sexual orientation continuum for all sorts of reasons.

Society's thinking about homosexuality and genetics is very sloppy. Homosexuality has been labeled genetic, fixed, and unchangeable for reasons that have nothing to do with science."[58]

The evidence pointing to environmental factors has been so strong that Joseph Nicolosi, Co-founder of NARTH, has repeatedly claimed, "There is no model for normal development of a child that results in homosexuality."[59] Consequently, the newest forefronts are not in the areas of treatment but prevention.

"Cure" vs. "Change"

It is hard to find any credible source that believes that there is an absolute "cure" for homosexuality. There is a general consensus, though, that a homosexual who desires change may achieve it given sufficient determination and patience. It is essentially a life-long process. It could be likened to many other therapeutic issues such as alcoholism or self-esteem problems. As one of Moberly's clients reported:

"I have heard many theories in my search for understanding, but none have rung so true to my life experience as this one. I must say, this strikes at the core of homosexuality. Because of this understanding of

myself I have improved in self-esteem, confidence, maturity, and masculinity. It has also reaffirmed the goodness of my being. I walk as a man wounded but healing … but full of hope today and for the future."[60]

The work of gay activists has not slowed down. NARTH, at its annual conference in 1998, was disrupted by gay activists. They had to relocate to another building for their presentations. The media increases its portrayal of homosexuality as just another variation of normal human sexuality. Pressure intensifies to normalize gay marriages. Church bodies are ordaining practicing homosexuals and blessing gay unions.

In 1999, the same Robert Spitzer who played a pivotal role in removing homosexuality from the manual in 1973, talked with several people who were picketing the APA's annual meeting. They were concerned about an APA position statement stating that change of sexual orientation was not possible and should be discouraged. They claimed to be living examples of change. Consequently, Spitzer engaged in a study of 200 people who had claimed to experience change that has lasted at least five years. He made a report on the findings of the study at the APA's annual conference May 9, 200161. The study demonstrated that:

- Reparative therapy is sometimes successful.
- There was no evidence of harm to those who sought reparative therapy. In his report about this Spitzer said, "To the contrary, they reported that it was helpful in a variety of ways beyond changing sexual orientation itself."62

He concluded that this study "clearly goes beyond anecdotal information and provides evidence that reparative therapy is sometimes successful. … The American Psychiatric Association should stop applying a double standard in its discouragement of reorientation therapy, while actively encouraging gay-affirmative therapy to confirm and solidify a gay identity."[63] Furthermore, he wrote, "the mental health professionals should stop moving in the direction of banning therapy that has, as a goal, a change in sexual orientation. Many patients provided with informed consent about the possibility that they will be disappointed if the therapy does not succeed, can make a rational choice to work toward developing their heterosexual potential and minimizing their unwanted homosexual attractions."[64]

Justice, Scientific Findings and Faith

It is critical to separate out the legitimate issue of civil rights from the scientific and faith issues of nomenclature and theology.

In the civil arena, we know that homosexuals can function as well as anyone else in society. Their rights should be protected accordingly. Nonetheless, this does not mean they are the same as everyone else. The gay activists would like people to think they are the same in everything but they are not. No matter how hard people try to argue, any rational person can see that a man and a woman in bed is not the same as a man and a man in bed. Even Spitzer who was largely responsible for having homosexuality removed from the DSM says that homosexuality is "suboptimal" and "not normal".

For the Church the issue goes beyond justice. It is not if homosexuals are capable of functioning as well as anyone else. The question is this: "Is homosexuality God's intention for creation?"

I have yet to be persuaded by the attempts of the scientific community to establish homosexuality as normal and healthy. Kinsey's attempt to dismiss the term "pathological" on the basis that a certain percentage constitutes "normal" doesn't make sense. He could just as easily deem near-sightedness as normal and consequently desirable. Ford and Beach's attempts to normalize homosexuality through a sociological perspective come across inadequate. Just because something is common and socially sanctioned does not make

it "healthy" or "right". Hooker's conclusions dismiss the powerful reality of environmental factors and attempt to base this upon nominally helpful Rorschach tests. I tend to agree with Irving Bieber who dismissed the findings of Kinsey, Ford, Beach and Hooker on the basis that they were either irrelevant or the result of inadequate methodological competence.65 For people of faith with moral convictions, Szasz and Marmor's approaches are little help and distract people from dealing with the real developmental issues at hand.

It is at this point that I would like to name one reality. Science gives us data to work with. It is up to us to interpret the data. Values and convictions are often necessary components in that interpretation. For example, scientists have interpreted data concluding that the homosexual life arises from a suboptimal family system. The word "suboptimal" reflects a value judgment. Nonetheless, I doubt that many would find a detached, hostile, minimizing and openly rejecting father as not "good" according to their convictions and values. As a Christian, I carry values and convictions that say it is good for a father to be involved in the life of his child. It is good for a father to be kind and loving and affirming toward his child. It is not good for physical intimacy to occur before marriage.

Thus, I am going to step out and say that the detached, hostile, minimizing and openly rejecting father is not God's intention for creation. I am going to step out and say that a close-binding intimate mother domineering toward her husband is not God's intention for creation.

As we have already learned, scientists have also deemed this as "abnormal" or even "suboptimal". I do not believe God creates people to be "suboptimal". With that being the case, how could that which science deemed "suboptimal" be considered "normal" by people of faith? The thought seems untenable. It is very difficult for Christians to claim that what science has demonstrated as abnormal is really created as normal by God. I do not believe homosexuality can be God's intention for creation.

The Apostle Paul speaks of "sin" as "missing the mark" (1 Tim. 6:21). "The mark" is God's intention for creation. Homosexuality is missing that mark.

Particularly since the time of the Reformation, people have held to the scriptures as being of highest authority; even higher than peoples' experiences, opinions and thoughts. The findings of science only reinforce the perception from scriptures that homosexuality is not according to God's created order. It is simply not necessary to waste the time trying to make the Bible say something in order to agree with the scientific findings of our secular world. They are in agreement. We interpret our proclivity in light of the scriptures … not the scriptures in light of our proclivity.

God's intention for creation is anything but "if it feels good, do it." It means dying to self and going against your strongest temptations in order to realize what it means to live in the Spirit. Whether realized by the individual or not (intentional or unintentional sin), homosexuality cannot be a part of God's deepest desire for humanity.

In 1953, the Archbishop of Canterbury declared: "Let it be understood that homosexual indulgence is a shameful vice and a grievous sin from which deliverance is to be sought by every means."66 (Contrast this with the August 2003 Episcopal vote to accept the election of the first openly gay bishop in the worldwide Anglican Communion.)

What is not God's desire should not be blessed in any way. It would be inappropriate to elevate it within the privileged position of an ordained teacher, leader and role model within the Church (1 Tim. 3).

Changing Perspectives on Homosexuality
Part III: Fashioning A Compassionate Response

An Honest Look Within

The first indictment against many in the Church is that they are trusting in popular culture over the truth of God's Word and even science. "For the time is coming when people will not put up with sound doctrine, but having itching ears, they will accumulate for themselves teachers to suit their own desires, and will turn away from listening to the truth and wander away to myths" (2 Tim. 4:3-4). Society's perception of the issue is based upon and shaped by activists and the media—not real science or even faith. Let's not be so naïve as to believe it.

A second indictment for others within the Church is confusing the words "loving" and "nice". Many people feel strongly opposed to saying anything negative about homosexuality because they know someone who is gay and they do not want to do anything that is not perceived as "nice". They do not wish to do anything that would lead to hatred or discrimination. Unfortunately, this serves to feed a cycle of ignorance. Contrary to popular thought, Christians are not called to be "nice". Nonetheless, we do have a mandate to be loving. (Jn. 15:12) Sometimes being loving might mean speaking the truth in love instead of just avoiding conflict (and being "politically correct").

A third indictment is the abandonment and outright hatred of those crying for help. This is perhaps the most egregious offense of those who bear the name of Christ. Instead of directing people to the healing grace of God, they have sent them in the opposite direction from which God had intended. They are literally telling them to go to "Hell".

Gay advocates have been known to use the image of the leper. To many, a leper of today could be a homosexual. Very few want to have anything to do with him. Yet, the gay community often forgets a very important part of the story; "Then Jesus stretched out his hand, touched him, and said, "I do choose. Be made clean." (Lk. 5:13) Jesus did not say "celebrate your God-given Leprosy". He didn't just stand in solidarity with the leper. Instead, he touched him, and he was healed.

I believe the Church is being tested at this time. We are "in" the world. Will we be "of" it? (Jn. 17:15-16) Now is the time for the Holy Spirit to really shine within our midst. Now is the time for the Church to stand tall as a voice of hope in a despairing environment. Now is the time for the Church to be light in a very dark place. We know Jesus frees from all kinds of bondages. For those suffering the bondage of unwanted same sex attraction, we know there is hope.

When homosexuals seek help and get discouraged by the long and hard process of healing, brothers and sisters in the faith need to be there to encourage them and love them. "Enter through the narrow gate; for the gate is wide and the road is easy that leads to destruction, and there are many who take it. For the gate is narrow and the road is hard that leads to life, and there are few who find it." (Mt. 7:13-14)

The Christian community has a responsibility at this moment in time when misinformation and deception is clouding the help that so many desire and deserve. We have a responsibility to speak boldly and honestly and advocate for reforms within the mental health field. We can support therapists who heroically go against popular opinion in offering help to those in need. We can take an active role in Exodus International, the Christian based organization established to work with people coming out of homosexuality. We can support local ex-gay ministries. In no way should we cower in the face of worrying what others might think. When

forces present themselves within the culture and Church to redefine the basic institution of marriage and family, we would be wise to hold fast to the timeless teachings of the church and not allow for this perspective to be forced upon our culture as well.

The message is simple; “There is help. There is healing. There is hope.”

Briar Whitehead captured it quite well in a poem:

THE PIT

(Dedicated to those who struggle homosexually.)

A man fell into a pit and couldn't get himself out.

Respectable people came along and said:
"We don't associate with pit-dwellers."

An empathist came along and said:
"I really feel for you in that pit."

A socio-biologist came along and said:
“You were born in your pit.”

A psychiatrist came along and said:
“It can be very destructive to remove people from
pits they were born in.”

A psychologist came along and said:
"Accept your pit, that way you'll be happy."

A gay activist came along and said:
"Fight for the right to stay in your pit."

A politician came along and said:
"Discrimination against pits is illegal."

A researcher came along and said:
"What an interesting pit."

A religious fundamentalist came along and said:
"You deserve your pit."

A religious liberal came along and said:
"Your pit is God's beautiful gift to you."

A charismatic came along and said:
"Just confess you're not in that pit."

His mother came along and said:
"It's your father's fault you're in that pit”

His father came along and said:
"It's your mother's fault you're in that pit”

His wife came along and said:
"It's all my fault you're in that pit."

But Jesus, seeing the man, loved him, and reaching into the pit
put his arms around him and pulled him out.[67]

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"The Church in which you are to be ordained confesses that the Holy Scriptures are the Word of God and are the norm of its faith and life. … Will you therefore preach and teach in accordance with the Holy Scriptures and these creeds and confessions?"

"I will, and I ask God to help me."[68]

Appendix A: Progress in Treating Homosexuality[69]

1930	Stekel	"a number of cases of complete cure"
1949	Anna Freud	several cases that show good results (reparative tradition)
1952	Poe	a successful case based upon an adaptational view of treatment
1952	DSM I	Listed homosexuality among the sociopathic personality disturbances.
1956	Rubenstein	"A fair number of patients can be helped to a certain extent; some can improve well beyond original expectations."
1956	Ellis	64% of male homosexuals had a "distinct" or "considerable" improvement in achieving satisfactory sex-love relations with women.
1956	Eidelberg	described a successful treatment through brief psychoanalysis
1958	Ross and Mendelsohn	eleven of fifteen college students showed from mild to considerable improvement
1960	Monroe and Enelow	significant change in four of seven patients
1962	Bieber	27% cure rate
1964	Whitener and Nikelly	"considerable improvement" among 30 homosexual college students
1965	Mayerson and Lief	47% of their patients were functioning heterosexually after follow-up of a mean of four and a half years.
1968	DSM II	Removed homosexuality from the sociopathic list, categorizing it with other sexual deviations.
1969	Wolpe	a spontaneous reversal of homosexuality
1969	Wallace	a successful treatment through psychoanalysis
1969	Ovesey	three cases to be successful after a minimum of five years
1974	DSM III	Homosexuality was considered a problem *only* when it was dissatisfying to the person.
1974	Birk	significant improvement in a number of cases
1980	Pattison and Pattison	eleven who overcame through spiritually based conversion
1984	Schwartz and Masters	encouraging results through intensive psychotherapy with only 28.4 failure rate after five years
1986	van den Aardweg	65% achieved "radical" or "satisfactory" change.
1997	NARTH	45.4% reported a shift that made them more heterosexual than homosexual[70]
2001	Spitzer	Interviewed 200 who had found reparative therapy to be successful. There was no evidence of harm to those who sought reparative therapy.[71]

[1] Neil and Briar Whitehead, *My Genes Made Me Do It! A Scientific Look at Sexual Orientation* (Lafayette, LA: Huntington House Pub., 1999), pp. 9-10.
[2] Sigmund Freud, "A Child Is Being Beaten," in *Sexuality and the Psychology of Love* (1919), p. 145.
[3] Irving Bieber et al., *Homosexuality: A Psychoanalytic Study of Male Homosexuals* (New York: Basic Books, 1962).
[4] Ibid., p. 60.
[5] Ibid., p. 43.
[6] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 31.
[7] Irving Bieber et al., *Homosexuality: A Psychoanalytic Study of Male Homosexuals* (New York: Basic Books, 1962), p. 319.
[8] A.C. Kinsey, W.B. Pomeroy and C.E. Martin, *Sexual Behavior in the Human Male* (Philadelphia, PA: W.B. Saunders Press, 1948), p. 625.
[9] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 43.
[10] A.C. Kinsey, W.B. Pomeroy and C.E. Martin, *Sexual Behavior in the Human Male* (Philadelphia, PA: W.B. Saunders Press, 1948), p. 660.
[11] Paul Robinson, *The Modernization of Sex* (New York: Harper & Row, 1977), p. 69.
[12] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 45.
[13] Cleland S. Ford and Frank A. Beach, *Patterns of Sexual Behavior* (New York: Harper and Brothers, 1951), p. 143.
[14] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 52.
[15] D. McWhirter and A. Mattison, *The Male Couple: How Relationships Develop* (Englewood Cliffs, NJ: Prentice-Hall, 1984).
[16] Joseph Nicolosi, "Let's Be Straight: A Cure Is Possible," *Insight*, December 6, 1993, p. 24.
[17] Thomas Szasz, *The Myth of Mental Illness*, rev. ed. (New York: Harper and Row, 1974), pp. 11-12.
[18] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 54.
[19] Thomas Szasz, *The Manufacture of Madness* (New York: Delta Books, 1970), chapter 10.
[20] "Healing Words for Political Madness: A Conversation with Dr. Thomas Szasz," *The Advocate*, 28 December 1977, p. 37.
[21] Judd Marmor, "Introduction," in *Sexual Inversion* (New York: Basic Books, 1965), p. 17.
[22] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), pp. 61-62.
[23] Ibid., p. 64.
[24] *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (Washington, D.C.: American Psychiatric Association, 2000), introduction.
[25] Joseph Nicolosi, *Reparative Therapy of Male Homosexuality: A New Clinical Approach* (Northvale, New Jersey: Jason Aronson, Inc., 1997), p. 8.
[26] *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (Washington, D.C.: American Psychiatric Association, 1980).
[27] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 8.
[28] Karl Meninger, "Introduction," to Great Britain Committee on Homosexual Offenses and Prostitution *The Wolfenden Report*, authorized American edition (New York: Stein and Day, 1963).
[29] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 8.
[30] Ibid., p. 102.
[31] Gary Alinder, "Gay Liberation Meets The Shrinks," in Karla Jay and Allen Young (eds.), *Out of the Closets: Voices of Gay Liberation* (New York: Jove Books, 1977), p. 144.
[32] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 103.
[33] Ibid., p. 105.
[34] Ibid., p. 118.
[35] Ibid., p. 123.
[36] Ibid., pp. 123-124.
[37] Ibid., p. 124.
[38] Ibid., p. 127.
[39] Ibid., p. 128.
[40] American Psychological Association, press release, 15 December 1973, mimeographed.

[41] American Psychological Association, press release, 15 December 1973, mimeographed. "Whereas homosexuality in and of itself implies no impairment in judgment, stability, reliability, or vocational capabilities, therefore, be it resolved, that the American Psychiatric Association deplores all public and private discrimination against homosexuals in such areas as employment, housing, public accommodation, and licensing, and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon homosexuals greater than that imposed on any other person. Further, the APA supports and urges the enactment of civil rights legislation at local, state, and federal levels that would insure homosexual citizens the same protections now guaranteed to others. Further, the APA supports and urges the repeal of all legislation making criminal offenses of sexual acts performed by consenting adults in private."
[42] Roger Berlin, "Letter," *Psychiatric News*, 3 April 1974, p. 2.
[43] Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987), p. 148.

Results of the Referendum on Homosexuality

	Number	Percent
Favoring the board's decision	5,854	58
Opposing the board's decision	3,810	37
Abstaining	367	3
Invalid votes	9	*
Not voting on this issue	51	*
Total casting ballots	10,091	

[44] Ibid., p. 3.
[45] Ibid., p. 5.
[46] E. Warren Throckmorton, *Do Clients Who Have Sexual Orientation Distress Feel Pressured into Reorientation Counseling?* a research paper presented at the NARTH Annual Conference, November 2002. In his research findings, he discovered that there is more pressure for people not to reorient than for people to reorient. Therapists lack a basic knowledge of gay and lesbian issues and resources. Ministers are as likely as anyone to discourage a person to consider change.
[47] Joseph Nicolosi, *Understanding Homosexuality* (Encino, CA: National Association of Research and Therapy of Homosexuality), p. 1.
[48] www.exodus-international.org
[49] E. Moberly, *Homosexuality: A New Christian Ethic (*Greenwood, SC: Attic Press, 1983).
[50] E. Moberly, *Homosexuality: A New Christian Ethic* (Greenwood, SC: Attic Press, 1983), p. ix.
[51] Joseph Nicolosi, *Reparative Therapy of Male Homosexuality: A New Clinical Approach* (Northvale, New Jersey: Jason Aronson, Inc., 1997), p. 21.
[52] www.narth.com
[53] http://www.narth.com/menus/positionstatements.html, Dec. 23, 2003.
[54] Neil and Briar Whitehead, *My Genes Made Me Do It! A Scientific Look at Sexual Orientation* (Lafayette, LA: Huntington House Pub., 1999). See www.mygenes.co.nz for updates.
[55] "It's About Choice: For Those Seeking Freedom From Homosexuality", National Association for the Research and Therapy of Homosexuality.
[56] Niel Whitehead, paper presented at the NARTH Annual Conference (Orlando, FL, Nov. 9-10, 2002).
[57] Neil and Briar Whitehead, *My Genes Made Me Do It! A Scientific Look at Sexual Orientation* (Lafayette, LA: Huntington House Pub., 1999), p. 10.
[58] Neil and Briar Whitehead, *My Genes Made Me Do It! A Scientific Look at Sexual Orientation* (Lafayette, LA: Huntington House Pub., 1999), p. 10. See www.mygenes.co.nz for updates.
[59] Joseph Nicolosi, NARTH Annual Conference (Orlando, FL, Nov. 9-10, 2002) and "Love Won Out" Conference, (Oklahoma City, OK, Oct. 25, 2003)
[60] Joseph Nicolosi, *Reparative Therapy of Male Homosexuality: A New Clinical Approach* (Northvale, New Jersey: Jason Aronson, Inc., 1997), p. 21.
[61] Robert Spitzer, Powerpoint presentation to the American Psychological Association, May 9, 2001.
[62] http://www.narth.com/docs/evidencefound.html, Dec. 23, 2003.
[63] http://www.narth.com/docs/evidencefound.html, Dec. 23, 2003.
[64] http://www.narth.com/docs/evidencefound.html, Dec. 23, 2003.
[65] Irving Bieber et al., *Homosexuality: A Psychoanalytic Study of Male Homosexuals* (New York: Basic Books, 1962), pp. 304-6.
[66] D.J. West, *Homosexuality Re-Examined* (Minneapolis: University of Minnesota Press, 1977), p. 128.
[67] Briar Whitehead, *Craving for Love: Relationship Addiction, Homosexuality and the God Who Heals* (UK: Monarch Publications, 2002).
[68] Service of Ordination, *Occasional Services: A Companion to LUTHERAN BOOK OF WORSHIP* (Minneapolis, MN: Augsburg Press, 1982), p. 194.

[69] Joseph Nicolosi, *Reparative Therapy of Male Homosexuality: A New Clinical Approach* (Northvale, New Jersey: Jason Aronson, Inc., 1997), pp. 18-19.
[70] http://www.narth.com/docs/evidencefound.html, Dec. 23, 2003.
[71] Robert Spitzer, Powerpoint presentation to the American Psychological Association, May 9, 2001.

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"Let him who is without sin cast the First Stone." John 8:7

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