

## **NARTH does agree with the APA task force report when it states:**

Sexual behavior, attraction, and orientation identity are fluid -- i.e., changeable. "Recent research on sexual orientation identity diversity illustrates that sexual behavior, sexual attraction, and sexual orientation identity are labeled and expressed in many different ways, some of which are fluid" (p. 14; cf. p. 2, 63, 77).

Clients have the right to determine their own direction of treatment. As the Report says, Licensed Mental Health Providers (LMHP) "should strive to maximize autonomous decision making and self-determination and avoid coercive and involuntary treatments" (p. 76). "We also believe that LMHP are more likely to maximize their clients' self determination by providing effective psychotherapy that increases a client's abilities to cope, understand, acknowledge, explore, and integrate sexual orientation concerns into a self-chosen life in which the client determines the ultimate manner in which he or she does or does not express sexual orientation" (p. 69), and that "clients perceive a benefit when offered interventions that emphasize acceptance, support, and recognition of important values and concerns" (p. 63).

Religious beliefs in regards to homosexuality must be respected (cf. p. 5, 19-20, 51, 53, 56, 59, 64, 69, 70, 77-78, 82, 120), as well as the convictions of those who decide (apart from religious reasons) that their sexuality does not reflect their true self (cf. p. 18, 56, 68-69).

It is important that "scientific and professional information about sexual orientation ... (be) accurate... in order to counteract bias that is based in lack of knowledge about sexual orientation" (p. 122).



# **The NARTH Response to the APA 2009 Task Force Report**

The National Association for  
Research and Therapy of  
Homosexuality

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## NARTH Response to APA 2009 Task Force Report

In February 2007, the American Psychological Association (APA) appointed a six-member Task Force on Appropriate Therapeutic Responses to Sexual Orientation to review and update APA's 1997 resolution, "Appropriate Therapeutic Responses to Sexual Orientation." In August 2009, at its annual convention, the Task Force Report was released and new resolutions were approved by the APA Council of Representatives.

An official APA press release announced the revised resolutions and summarized the Report. It was entitled: *Insufficient Evidence That Sexual Orientation Change Efforts Work, Says APA: Practitioners Should Avoid Telling Clients They Can Change from Gay to Straight* (<http://www.apa.org/releases/therapeutic.html>).

The concluding paragraph in the October, 2009 issue of the APA Monitor summarizes well NARTH's position on the APA Task Force's report:

Julie Harren Hamilton, PhD, president of the National Association for Research and Therapy of Homosexuality (NARTH), said she appreciated what she described as the task force's recognition that clients have a right to self-determination, and its respect for religious diversity. But she disagreed with the task force's main conclusions, and charged that the task force was composed only of members opposed to sexual orientation change efforts.

"We believe that if the task force had been more neutral in their approach, they could have arrived at only one conclusion, that homosexuality is not invariably fixed in all people, that some people can and do change," she said.

(<http://www.apa.org/monitor/2009/10/orientation.html>)

## NARTH finds three major flaws with the APA task force report:

1. The Report is unscientific and lacks objectivity and impartiality.

All six members of the Task Force before their appointment were already on record as opposing sexual orientation change efforts (SOCE) through psychotherapy. No APA members who provide psychological care to persons dissatisfied with their homosexual attractions were appointed, despite being nominated. The Report declares that all of the studies of SOCE are flawed, but uses some of these studies to support its conclusions and excludes other studies which do not support its conclusions. Some of the standards for research quality are unnecessarily strict and inappropriate for studying the helpfulness of SOCE. The Task Force demands an impossibly high standard of proof for reorientation therapy which APA does not demand for therapies dealing with other difficulties such as alcoholism, obesity, or behavioral addictions.

The Report demands an impossibly high standard of proof for the effectiveness of SOCE, particularly through therapy, and then dismisses over a century of documented change. Yet the Report pushes "gay-affirmative therapy" - a virtually untested model - as the way to offer psychological care to those with unwanted homosexuality, while acknowledging "that the model presented in this report would benefit from rigorous evaluation" (p. 15). Also, in support of its claims, the Report cites studies (e.g., McCord, McCord and Thurber, 1962; and Kurdek, 2004) which failed to meet many (10 and 8 respectively) of the 16 standards of research quality by which the Task Force rejected the SOCE research. This selective use of standards shows significant bias.

2. The Report falsely claims as proven "scientific facts" that homosexuality is normal and that homosexual relationships are equivalent to heterosexual relationships and families.

The Report states: "Same-sex attractions, behavior, and orientations per se are normal and positive variants of human sexuality-in other words, they do not indicate either

mental or developmental disorders" (p. 2). Also, "Gay men, lesbians, and bisexual individuals form stable, committed relationships and families that are equivalent to heterosexual relationships and families in essential respects" (p. 2). The evidence for these "facts" either is not cited or nonexistent. The political decision to remove "homosexuality" from the DSM-II, APA resolutions, and opinion pieces by gay activists do not prove such assertions.

3. The Report irresponsibly ignores fifty years of scientific and clinical evidence that psychological care for unwanted homosexuality was accepted, effective treatment which never has been shown to be ineffective.

Until the 1973 political decision by the American Psychiatric Association that homosexuality no longer was a diagnosable disorder, psychotherapists commonly provided such care for clients seeking help for unwanted homosexual attractions. A variety of approaches, including: psychoanalysis, other psychodynamic approaches, hypnosis, behavior therapies, cognitive therapies, sex therapies, group therapies, religiously-mediated interventions, pharmacology, and others, have been used to help persons successfully resolve unwanted homosexual attractions. Older reports, including case studies, of successful change were "state of the art." They met the acceptable professional and scientific standards of the time.

A more comprehensive NARTH critique of the APA Task Force Report is forthcoming.

