

**Can Sexual Orientation Be Changed:
Should “Reparative Therapy” Be Attempted?
by James A. Stewart, M.D.**

A number of methods to change homosexual persons to heterosexual have been used over the past century. Castration, hormone therapy, prefrontal lobotomy, drug therapy, hypnosis, psychoanalysis, aversion therapy with electric shocks, religious counseling and prayer are among such efforts. Exodus International, Homosexual Anonymous, and One by One are among programs sponsored by various groups. The evidence in the medical literature suggests that failure is the result in most cases.

Homosexuality is defined by erotic stimulation by same gender persons, the presence of homoerotic fantasies and dreams. It is not identical with homosexual behavior, which may be conducted by both gay and straight. Bisexuality may be sequential with heterosexual marriages ending as a gay or lesbian recognizes his or her dominant orientation. The reported successes in “reparative therapy” are probably in bisexual persons who shift from homosexual relationships to heterosexual relations. Follow-up of such persons frequently indicates the continuing of homosexual fantasies or dreams and frequent return to some homosexual activities. It is not documented that gay or lesbian persons with no heterosexual impulses (Kinsey type 5 or 6) have been successfully changed.

Careful documentation as to the degree of homosexuality (Kinsey scale) in persons entering programs for change is usually lacking. Long-term follow-up of treated persons is uncommon. Several reports indicate a temporary change from gay to straight behavior may occur in 25 - 30% of those entering therapy. Relapse is common, as stated above.

The harmful effects of “reparative therapy” are guilt, depression, and occasional suicide in the vast majority of gay persons attempting and failing to change. The harm to spouses and children is obvious, when a gay spouse leaves his or her family. The labeling of a gay or lesbian as sick or sinner reinforces the societal homophobia and encourages the violence and murder of gay persons in our society.

The American Psychiatric Association (APA), the American Psychological Association, the American Medical Association, the National Association of Social Workers, and the American Academy of Pediatrics all have opposed “reparative therapy” because of harm caused to gay and lesbian persons. The APA no longer classifies homosexual persons as sick.

Religious denominations are divided as to the sinfulness of homosexuality. The acceptance of the evidence that sexual orientation is essentially fixed at a young age, such as 5 or 6 years of age, has caused many denominations to accept homosexuality as non-sinful, but

some consider homosexual behavior a sin. Such a position fails to recognize the basic human need for love and intimacy, whether gay or straight.

The evidence for a biologic cause of homosexual orientation has emerged in recent years through several avenues of medical research. The study of prenatal influences include the genetic and hormonal. Studies of identical twins have shown that the twin of a homosexual is also homosexual approximately 50% (range 35 - 95%) of the time, while for non-identical twins, non-twin siblings, and adoptive siblings, the rate is 5 - 16% in the five studies reported. This is true for both men and women. Dr. Hammer at the National Cancer Institute noted a family with an unusually high incidence of gay men, all on the mother's side of the family. He demonstrated a common pattern in gene xq28 in the gay men, absent in their straight relatives. Both of these approaches suggest a genetic component in sexual orientation.

Studies in animals and human diseases resulting in unusual levels of testosterone during fetal development show an impact on sexual development and orientation. A major effect is on brain development. In the past 7 years, several investigators have demonstrated differences in the brains of adult women from adult men, and also differences between brains of straight and gay men. While many of these observations need confirmation, they represent a probable second predisposing factor in the development of sexual orientation.

Genetic and hormonal factors are insufficient of themselves to cause homosexual orientation, since half of identical twins show non-identical orientation. Postnatal environmental influences are also important, though not well understood. Some sociological studies do not support the theory that a dominant mother and distant father cause homosexual sons. Children raised by 2 gay men or by 2 lesbians show no increased incidence in homosexuality compared to children raised by heterosexual parents. A pediatrician, Dr. Green, studied 66 "sissy" boys age 4 - 12 showing gender inappropriate behavior and interests. After 15 years of follow-up, 75% were of homosexual orientation. Therapy for some of the children and their families instituted to prevent this failed to do so.

It is interesting that a poll of psychiatrists in the American Psychiatric Association, asking them to vote on the most likely factors contributing to homosexuality, resulted in 90% of the psychiatrists choosing the biological and not the environmental.

People who are not sick do not need therapy. Churches attempting "Reparative therapy" should consider the evidence for the firm establishment of sexual orientation in early childhood. They should be held responsible for the guilt, depression, and suicides when the majority fail to change and for their failure to conduct careful follow-up over several years to assess the effects of their therapy.

It is hoped that further research and education of the public will gradually decrease societal homophobia and accept the natural diversity in human sexual orientation.

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