

assumptions about the phenomenology and ontology of same-sex and other-sex desires, fantasies, and attractions in order to improve the validity and interpretability of future research on these phenomena over the life course.

The Spitzer Study and the Culture Wars

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On May 9, 2001, Spitzer presented the current article, in oral form, at the annual meeting of the American Psychiatric Association (APA) in New Orleans and created an international media sensation (Lund & Renna, in press). With the study's publication, history may repeat itself. Given the manner in which subjects were recruited, much of this study's social impact hinges on whether or not one believes their accounts. Spitzer not only believes his subjects, he offers his own belief as "evidence" that some people can change a homosexual orientation.

Although he is not a sex researcher, the media is interested in Spitzer's beliefs because of what he symbolizes. In the 1970s, he served on the APA's Task Force on Nomenclature and Statistics, which recommended to the Board of Trustees that they remove homosexuality from the DSM. When the Board did so, dissenting psychiatrists, mostly psychoanalysts, petitioned the APA to hold a membership referendum on the matter. The APA membership voted to support the Board (Bayer, 1981). Although many psychiatrists were involved in that process over several years (Robert Campbell, Lawrence Hartmann, Judd Marmor, Richard Pillard, and John Spiegel, to name a few), Spitzer was singled out as a favored *bête noire* of the dissenters (Socarides, 1995).

In the following decades, these dissenters were gradually marginalized from the mental health mainstream. In the early 1990s, however, some began to speak publicly—both to and as representatives of—segments of society which regard homosexuality as an unacceptable form of social expression. In the contemporary debate known as the "culture wars" (Drescher, 2002a, 2002b; Dreyfuss, 1999; Shidlo, Schroeder, & Drescher, 2001), the clinical argument that homosexuality is an illness meshed seamlessly with a social-conservative, political message: Heterosexuality is the only normal expression of human sexuality and accepting homosexuality is harmful to society (Socarides, 1994).

These clinicians' antihomosexual arguments, however, are not directed toward a mental health mainstream which vigorously supports gay and lesbian civil rights, but toward lay audiences and policy makers (Lund & Renna, in press). They are intended to counter growing public and

political acceptance of homosexuality by challenging the popular belief that homosexuality is "biological" and "immutable." The recitation that one is not "born gay" because some people can change sexual orientation has become a mantra of those opposed to civil rights protections for gay men and women. Despite its religious roots, however, this movement does not use religion alone to deliver its antihomosexual message. Using the model of creation scientists (Tiffen, 1994), groups like the National Association for Research and Therapy of Homosexuality (NARTH) cite scientific data selectively to support their theories regarding the causes and treatments of homosexuality.

NARTH members have argued on the op-ed page of *The Wall Street Journal* that individuals unhappy about their homosexual feelings should have the right to seek treatment for change (Socarides, Kaufman, Nicolosi, Satinover, & Fitzgibbons, 1997). Their claims of supporting homosexual civil rights notwithstanding, sexual conversion therapists filed affidavits in support of Colorado's antigay Amendment Two (Socarides, 1993). They also supported unsuccessful defenses of sodomy laws in Tennessee in 1995 and Louisiana in 1998 (Cohen, 1998a, 1998b). Why do these therapists want to criminalize homosexuality, even though they believe it to be an illness? NARTH's current President says, "We believe harm would be done if our laws were to affirm homosexuality as indistinguishable from heterosexuality" (Nicolosi, 2000).

So what does this have to do with Spitzer's study? Spitzer's revamping of the American psychiatric diagnostic system in the *DSM-III* (American Psychiatric Association, 1980) gave him a standing among the international scientific community that no sexual conversion therapist has ever achieved. And, although once reviled by reparative therapists as "someone who crosses far over the line, from science to open advocacy of a political position" (Socarides, 1995, p. 166), antihomosexual social forces now seek to harness Spitzer's reputation—and the media attention he attracts—to legitimize their own.

And why so much media attention to this study? At the 2001 meeting of the APA, before Spitzer even presented his preliminary findings, conservative political groups used the event to put out the message to the press that the man who had removed homosexuality from the DSM had changed his mind. However, the media message was ambiguous—perhaps deliberately so—and it was not entirely clear what Spitzer had changed his mind about! It was the public relations machine's implicit message—that Spitzer had changed his mind about homosexuality not being an illness—which drove the media frenzy around his study and left scores of mental health professionals scrambling to respond to misleading headlines.

Buried in the small print, however, was Spitzer's now-official change of view: "Like most psychiatrists," says Dr. Spitzer, "I thought that homosexual behavior could be resisted—but that no one could really change their sexual orientation. I now believe that's untrue—some people can and do change" (Nicolosi, 2001). The story here is obviously Spitzer's change of heart. But did he actually change his mind?

It seems unlikely since, in 1973, it was Spitzer's suggestion that the *DSM-II* (American Psychiatric Association, 1968) replace homosexuality with a new diagnosis, sexual orientation disturbance (SOD). According to SOD criteria, only those "bothered by," "in conflict with," or who "wished to change" their homosexuality had a mental disorder. SOD, however, had two conceptual problems. First, the diagnosis could apply to heterosexuals, although there were no reported cases of unhappy heterosexuals seeking psychiatric treatment to become gay. In 1980, with Spitzer chairing the Task Force on Nomenclature and Statistics, SOD was modified in the *DSM-III* and replaced by ego-dystonic homosexuality (EDH). This new diagnosis, however, did not resolve the second, thornier issue of making patients' subjective distress about homosexuality the determining factor in making a diagnosis. Although SOD and EDH were a compromise in the 1973 debate, they were incongruous with an evidence-based approach to psychiatric diagnosis. In 1987, with Spitzer's reluctant approval, EDH was removed from the *DSM-III-R* (American Psychiatric Association, 1987; Krajeski, 1996; Spitzer, personal communication, January 23, 2003).

If Spitzer did not previously believe in the possibility of changing homosexuality, why did he invent the DSM disorders of SOD and EDH? In 1984, I heard Spitzer speak at a New York conference on homosexuality where he defended the still-extant EDH diagnosis, saying "If a guy comes to me and says he wants to change his homosexuality, I believe he should have the right to try and change." Thus, despite what the conversion therapy publicists would have the media and the public believe, it seems unlikely that Spitzer himself has undergone the conversion he now claims. Clearly, he has always supported trying to change same-sex attractions.

In 1965, songwriter Tom Lehrer wrote, "Once, the rockets are up who cares where they come down/that's not my department." Anecdotal reports of harm done to patients is the reason the American Psychiatric Association (2000) deemed conversion therapies unethical. However, Spitzer dismissed this issue, stating he did not interview anyone who was harmed (cf. Shidlo & Schroeder, 2002). However, the question has been raised whether researchers should consider any potential social harm which might arise from their scientific research (Byne,

Schuklenk, Lasco, & Drescher, 2002). To his credit, Spitzer has been willing to speak out against political misuse of his study. In September 2001, the Finnish Parliament debated a bill intended to grant same-sex couples the right to civil unions. With opponents of the bill citing Spitzer's study as "proof" that homosexuality could be changed, Spitzer's letter to the Finnish parliament was published in a major Finnish newspaper. Spitzer explained that while his report was "based on a very unique sample," such results "are probably quite rare, even for highly motivated homosexuals" (Hausman, 2001). He added in his letter to the parliament member that "it would be a serious mistake to conclude" from his research that homosexuality is a "choice." He emphasized that he is concerned with "scientific issues" related to sexual orientation, and that he "personally favor[s] antidiscrimination laws and civil unions for homosexuals" (Hausman, 2001).

After Spitzer's intervention, the Finnish civil unions bill passed (Stålström & Nissinen, in press). With the publication of his study, one can only hope that when Spitzer's "rockets" land elsewhere, he will find ample time and opportunity to respond to those situations as well.

Sexual Orientation Change: A Study of Atypical Cases

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This study must be understood in historical and sociocultural context.

Antihomosexual Bias

Although antihomosexual bias has recently diminished, much work remains to be done in order to eliminate it entirely. The mental health professions have been helpful in combating discrimination. However, for many years they were unfortunately responsible for adding fuel to the prejudicial fires. In the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 1952), homosexuality was included in the category of Sociopathic Personality Disorders. At that time, the view of the psychiatric establishment was that a person who was homosexual inevitably had a defective conscience. The second edition of the DSM (American Psychiatric Association, 1968) included it with the sexual perversions, such as pedophilia, sexual sadism, and fetishism. Public policy decisions were made on the basis of these clinical judgments. These decisions adversely influenced the lives of gay/lesbian people and contributed to negative stereotypes depicted in the media (Gonsiorek & Weinrich, 1991).