

There Is No Evidence Homosexuals Can Change, Only Evidence of Deception (*Salt Lake Tribune*, June 10, 2001)

BY TED PACKARD, KAY PACKARD and RON SCHOW

Dean Byrd, the lead author of a recent *Tribune* op-ed piece ("Homosexuality: The Innate-Immutability Argument," May 27) is a licensed psychologist who has been heavily involved in reparative therapy for homosexuals along the Wasatch Front for the past decade. His primary employment is within a faith-based institution.

To our knowledge Byrd has not been involved in any genetic research. Yet, unfortunately, he along with his two therapist/social work co-authors offers to the general public a superficial critique of genetic research related to homosexual orientation. In their eagerness to claim that science has not proved a genetic basis for homosexuality, Byrd, Cox and Robinson misinterpret the research they purport to analyze and use selective quotations in a fashion that belies the scientific objectivity they claim. The beliefs espoused by Byrd and his associates seem based more on their a priori views of the matter than on the relevant scientific literature.

In fact, the argument presented by Byrd and his associates is to some extent self-contradictory, since these three authors, and virtually everyone else, admit that "homosexual attraction, like many other strong attractions, includes both biological and environmental influences."

This is the second op-ed piece on homosexuality by Byrd published in the *Tribune* in less than a year's time and in both the conclusion is drawn that ". . . homosexual attractions can be diminished and that changes can be made." Thoughtful readers will be struck by the vagueness of this assertion. "Diminished" how, and to what degree? Exactly what kinds of "changes?"

Unfortunately, because this is a field about which the general public is ill-informed, Byrd & Co. are successfully getting out their message and having an enormous influence. Their theories about change of sexual orientation are accepted as fact by many church leaders, by some professional counselors, and by some homosexuals and their family members.

Over the past decade Byrd and a number of his associates have worked with hundreds and hundreds of homosexual clients, and yet to date they have produced no comprehensive summary of their work, even as they continue to promise change. In a published article (Nicolosi, Byrd, and Potts, 2000, *Psychological Reports*, Vol. 86, pp. 1071-1088) only 79 LDS subjects are included in a sample of 869 "successful" reparative clients based on a highly selected nationwide sample. This raises questions on the outcome for hundreds of other LDS clients treated by Byrd and the extensive network of therapists who are following his lead. Even on this most successful group of clients, the overall numbers reveal that 84 percent report that they continue to experience same-sex attractions. Furthermore, the 16 percent who reported their homosexual attractions have ceased, must also be considered tentative because no systematic outcome data were reported at, say, one or five years post-therapy.

The bogus claims for change therapy are used to label homosexuals as willful sinners, to brand their sexual behavior as perverted, and to deny them equal rights. These claims cause families to reject their homosexual members and religious organizations to excommunicate those who act on their homosexual feelings. And homosexuals end up being judged based on the supposition that change is possible if one wants it badly enough.

The situation would be viewed far differently if everyone understood that most individuals dealing with persistent same-sex attraction really do not have a choice that will allow them to experience generalized heterosexual feelings or arousal. Only a few with bisexual attractions might be placed in that category.

Even though Byrd, Cox and Robinson report no data on their reparative therapy practice in their op-ed piece, the more accurate truth about reparative therapy is gradually coming to light. Interested readers should consult material on change therapy at (LDSFamilyFellowship.org). Furthermore, two recently completed University of Utah doctoral dissertations speak directly to the topic. (See Beckstead, 2001, "The process toward self-acceptance and self-identity of individuals who underwent sexual reorientation therapy," and Bryzezinski, 2000, ". . . Identity development of same-sex attracted/gay men raised in the [LDS] church . . ."). A pernicious aspect of the Byrd, Cox, and Robinson article is the suggestion that high rates of suicide, mental illness, depression and anxiety disorder among homosexuals, are the result not of societal treatment, but of living a homosexual lifestyle, thus attributing further blame to already vulnerable individuals. No scientific or therapeutic evidence is offered for this assertion.

Until Byrd and others like him who are so convinced of the viability of their reparative therapy can demonstrate from their own practice the validity of their claims in professionally juried publications, they should cease advocating a form of therapy based on the illusion that fundamental change in sexual orientation is possible for all or most of the gay population. While reparative therapy may help a minority to suppress homosexual feelings and related behaviors, it has had an especially deleterious effect on the many while producing so little real change for the few. In contrast, therapy which is designed to help homosexuals make healthy choices, but not expect change, is increasingly available at university clinics, local mental health agencies, and from various therapists in this area.

We acknowledge that all of the truth on homosexuality is not yet in, and yet based on the extant research, therapeutic practice, and real-life experience of the vast majority of people working in this field, the overwhelming evidence is that reparative therapy has not delivered on its promise of fundamental change and that, in fact, negative treatment outcomes are a regular occurrence.

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