

THE AMERICAN PSYCHOLOGICAL ASSOCIATION AND HOMOSEXUALITY:  
A CASE OF SCIENTIFIC FRAUD

I. INTRODUCTION

The American Psychological Association (APA) is guilty of scientific fraud on the public and the judiciary for its misrepresentations about homosexuality. As an organization, the APA has failed to separate advocacy based on “scientific data and demonstrable professional experience” from advocacy by “agenda-driven ideologues” within its ranks “who show little regard for either scientific validation or professional efficacy.”<sup>2</sup> As a result of the APA’s lack of scientific integrity, the mental and physical health risks of homosexuality have been falsely represented to the public and the judiciary. The APA also falsely represents that it is committed to diversity and open-mindedness in the profession, when in fact it is opposed to patient autonomy to choose to seek change and clinician freedom to treat patients who desire to change their sexual orientations. Using an irrelevant research finding as its basis of scientific support, it has passed a resolution in favor of same-sex marriage. Using flawed and inadequate research, it has represented to the public that child-rearing by gay couples is as healthy for a child as dual-gender parenting.

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<sup>2</sup> Rogers H. Wright and Nicholas A. Cummings, *Destructive Trends in Mental Health: The Well-Intentioned Path to Harm* xiii (Taylor & Francis Group: 2005) [hereinafter DESTRUCTIVE TRENDS].

Those responsible for these actions by the APA know that many of their scientific representations are out-of-date, biased, untrue, and suppress large amounts of research that reaches an opposite conclusion, yet they intentionally continue to assert them as truth.<sup>3</sup> As a result, both individuals and the general public have been misled, and have relied on this misinformation to their detriment. The American judiciary has also relied on the APA's false scientific misrepresentations in amicus briefs presented in court decisions such as *Lawrence v. Texas*,<sup>4</sup> *Romer v. Evans*,<sup>5</sup> and *Goodridge v. Dept. of Public Health*,<sup>6</sup> establishing precedents which have the potential to exacerbate the harm caused by homosexuality that these psychologists seem so anxious to deny. The APA has become a political organization with a gay-activist agenda represented in its official publications, while portraying itself as a scientific organization neutrally reporting scientific data.

After homosexuality was taken out of the *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association in 1973, in itself a political—rather than a scientific—process, the APA has become the most extreme mental health guild in its pro-homosexual agenda. They have stifled research and review of studies that refute their political position, and have intimidated members within their ranks who spoke out against this abuse of the scientific process. In many cases, these stifled members have been entirely silenced so as not to lose their professional status, and others have been ostracized and their reputations damaged—not because their science was lacking in rigor or value—but because their results did not comply with the designated official “policy.” Influential leaders of the American Psychological

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<sup>3</sup> See Jeffrey B. Satinover, *The Trojan Couch: How the Major Mental Health Guilds Subverted Medical Diagnostics, Scientific Research and Jurisprudence to Undermine the Institution of Marriage*, paper presented at the NARTH Conference November 12, 2005.

<sup>4</sup> 539 U.S. 538 (2003).

<sup>5</sup> 517 U.S. 620 (1996).

<sup>6</sup> 798 N.E.2d 941 (2003).

Association (APA), who self-identify as “liberal activists” in their private lives, have come forward to publicly oppose the *illiberalism* of their fellow psychologists, stating that “psychology and mental health have veered away from scientific integrity and open inquiry, as well as from compassionate practice in which the welfare of the patient is paramount.”<sup>7</sup>

The scientific fraud occurring within the ranks of the APA must come to light for two very important reasons. Individuals are being harmed, sometimes irreparably so, by their reliance on the APA’s false misrepresentations; first, that homosexuality is just as healthy as heterosexuality, and second, that change is not possible. As a result, individuals who may otherwise have sought professional help and succeeded in changing or modifying their same-sex behaviors and orientation are learning from the APA that this is not possible.

Second, American courts have relied in some important cases on the APA’s false representations about homosexuality, with a resulting vast change in the social and legal landscape that has affected all Americans. Would the judges involved have made these decisions without the assurance that homosexuality is not a disorder? That it is not associated with psychopathology? That it is unchangeable? That gender is essentially irrelevant to both marriage and child-rearing? Did the judges notice that the briefs supporting the APA’s position in these cases were all written by the same small group of people, well-known gay activists and pedophiles, who cited much of their own biased or flawed research, which in turn cites either more of their own research, or trivial, out-of-date, or discounted research, while ignoring better, more recent, and more important research?<sup>8</sup> Or that the research paraphrased in support of their propositions actually supports the opposite conclusion, had they only quoted the relevant

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<sup>7</sup> DESTRUCTIVE TRENDS, xiv.

<sup>8</sup> See Jeffrey B. Satinover, *The Trojan Couch: How the Major Mental Health Guilds Subverted Medical Diagnostics, Scientific Research and Jurisprudence to Undermine the Institution of Marriage*, paper presented at the NARTH Conference November 12, 2005 [hereinafter TROJAN COUCH].

portions?<sup>9</sup> If the APA's scientific fraud is allowed to continue, more harm will follow, particularly to the institution of marriage and to the most vulnerable members of our society—children.

There must be accountability for such scientific fraud. Traditionally, the legal elements that constitute a claim of fraud include a false representation of a material fact, made either knowingly or with the intent to deceive or suppress the truth, which has induced reliance on the false representation.<sup>10</sup> This paper will address the APA's malfeasance as a case of scientific fraud, and is organized into four sections: Part II will identify six specific false representations and concealment of material facts made by the American Psychological Association, along with indications that they knew of or intended to conceal the truth. Part III addresses the flaws and misrepresentations in the research presented in the APA's briefs in the notable cases *Lawrence v. Texas*,<sup>11</sup> and *Romer v. Evans*,<sup>12</sup> to establish judicial reliance on the APA's false representations. In Part IV, a hypothetical case of scientific fraud against the APA will be presented in conclusion.

## II. THE APA'S FALSE REPRESENTATIONS OF MATERIAL FACTS MADE WITH KNOWLEDGE OR INTENT TO DECEIVE OR SUPPRESS THE TRUTH

The first elements of scientific fraud by the APA are its false representations of material facts made either knowingly or with the intent to deceive or suppress the truth.<sup>13</sup> Six misrepresentations will be addressed in this section: 1) The status of homosexuality as a mental health disorder, 2) the APA's representation of itself as committed to diversity and open-

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<sup>9</sup> *Id.*

<sup>10</sup> 37 Am. Jur. 2d Fraud and Deceit § 23.

<sup>11</sup> 539 U.S. 538 (2003).

<sup>12</sup> 517 U.S. 620 (1996).

<sup>13</sup> *Id.*

mindedness, 3) its claim that homosexuality is just as healthy as heterosexuality, 4) the APA's support of same-sex marriage and 5) child-rearing by homosexual couples, and finally 6) the assertion that sexual orientation change is not possible. Following a description of the APA's misrepresentations, the facts will be set forth, along with indications that the APA knowingly misrepresented them, or intended to deceive or suppress the truth in its publications and statements.

*A. The Status of Homosexuality as a Mental Health Disorder*

1. *The APA's Material Misrepresentation.*

Although the APA's web site correctly states that in 1973 the American Psychiatric Association "removed homosexuality from the official manual that lists mental and emotional disorders," they incorrectly state that "psychologists, psychiatrists, and other mental health professionals agree that homosexuality is not an illness, mental disorder or an emotional problem."<sup>14</sup> Further, they falsely state that "[o]ver 35 years of objective, well-designed scientific research has shown that homosexuality, in and of itself, is not associated with mental disorders or emotional or social problems."<sup>15</sup> The APA site states that once bias against homosexuality was recognized and studies conducted of homosexual persons not undergoing psychological treatment, "the idea that homosexuality was a mental illness was quickly found to be untrue."<sup>16</sup>

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<sup>14</sup> *Answers to Your Questions About Sexual Orientation and Homosexuality*, American Psychological Association, information for the public on sexuality, available at <http://www.apa.org/topics/orientation.html>.

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

2. *The Facts.*

A. *There is no agreement among psychologists, psychiatrists, and other health professionals that homosexuality is not a mental or emotional illness, disorder or problem.*

Homosexuality was removed from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* as a psychiatric diagnosis in 1973 not by valid scientific evidence, but by a political vote of 5,854 to 3,810 by members of the American Psychiatric Association.<sup>17</sup> The "scientific" research upon which the American Psychiatric Association officially relied was reported by individuals who lacked research credentials or practical experience with the homosexual population, conducted in a methodologically flawed and sometimes fraudulent manner, and presented with a biased and ideology-driven perspective; further, it purposely ignored directly contradictory research by credentialed and far more experienced researchers and clinicians.<sup>18</sup>

I attended a dinner with Dr. Robert L. Spitzer in May, 1999, and listened to his explanation of the decision that removed homosexuality from the psychiatric classification system. Dr. Spitzer reported that as a junior member of the task force on nomenclature and statistics which was charged with the classification of mental disorders, he was approached and persuaded by a group of gay activists that removing the diagnosis would eliminate the prejudice and stigma that many homosexuals experienced.<sup>19</sup> His desire to help minimize social discrimination against homosexual men and women led to this classification change, which was accepted by the classification committee only on the basis of his "compromise proposal

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<sup>17</sup> DESTRUCTIVE TRENDS, 9; William T. O'Donohue and Christine E. Caselles, *Homophobia: Conceptual, Definitional, and Value Issues*, in DESTRUCTIVE TRENDS at 66.

<sup>18</sup> See Jeffrey B. Satinover, TROJAN COUCH supra n.8. These facts and the underlying research relied on are analyzed in detail in Satinover's report.

<sup>19</sup> A. Dean Byrd, *Dr. Robert L. Spitzer, the Scientist, the Man*, unpublished manuscript.

suggesting that if homosexuals did not want help that they should not be forced into treatment,” while those who were bothered by homosexual attraction were entitled to treatment.<sup>20</sup> The vote was accompanied by a “political firestorm . . . created by gay activists,” during which psychiatrists who were intensely opposed to “normalizing homosexuality” were silenced by demonizing and threatening them, rather than by “scientifically refut[ing]” them.<sup>21</sup> In 1987, Dr. Spitzer’s proposal that those bothered by their homosexual attraction were entitled to treatment was disregarded, so that by vote of the members, not by scientific data—and whether or not homosexual individuals were bothered by their sexual orientation—homosexuality was declared not to be a mental disorder.<sup>22</sup>

Two years after this unscientific vote by the American Psychiatric Association, and knowing of this history and the lack of scientific consensus on the issue, the APA passed two resolutions contingent on further research, the first resolution stating that homosexuality was not a psychiatric condition, and the second that “there is no occupation for which being homosexual should be a barrier to employment.”<sup>23</sup> In the ensuing years, the APA then failed to make any effort to encourage or promote the research required to substantiate these resolutions,<sup>24</sup> and instead now treats the resolutions themselves as scientific evidence of the truth of their propositions. Nicholas A. Cummings, Ph.D., past president of the APA and sponsor of the resolution, “watched with dismay” as this research was not undertaken, and asked the task force

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<sup>20</sup> *Id.*

<sup>21</sup> DESTRUCTIVE TRENDS at 9. See also Kathleen Melonakos, *Why Isn't Homosexuality Considered a Disorder On the Basis of Its Medical Consequences?*, available at <http://www.narth.com/docs/consequences.html>. Jeffrey B. Satinover in TROJAN COUCH describes specific incidents, such as militant activists forcibly disrupting American Psychiatric Association conferences, shouting at and intimidating its members by name-calling and accusations, and demanding to present their views as officially sponsored “panelists.”

<sup>22</sup> *Id.* For further background into the persons, research, rioting, and politics behind the American Psychiatric Association’s decision, see Jeffrey B. Satinover, TROJAN COUCH supra n8.

<sup>23</sup> *Id.*

<sup>24</sup> *Id.*

charged with conducting this research why they had not even begun.<sup>25</sup> He subsequently discovered that all reference to the research requirement had been deliberately excised, or “sanitized” from the minutes, and therefore was not mandated.<sup>26</sup> Why? After becoming the APA’s president, Cummings appointed the first Task Force on Lesbian and Gay Issues in 1979,<sup>27</sup> only to find it being “hijacked by extremists”<sup>28</sup> who have since used it as a “power base[] . . . to influence the course and commitments of the APA.”<sup>29</sup> By then, “only research with predictably favorable outcomes” was permitted.<sup>30</sup> Cummings continues to watch these activists “exploit the stature of the parent body to further their own social aims – pushing the APA to take positions in areas where they have no conclusive evidence.”<sup>31</sup>

Additionally, numerous psychologists, psychiatrists, and other health professionals both speak about and write the results of their professional research that homosexuality is or may be a disorder, and have done so for years.<sup>32</sup> That not all mental health professionals agree that homosexuality is not a disorder is further manifested by homosexuality’s classification as a disease in the most recent edition of the International Classification of Diseases by the World

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<sup>25</sup> *Id.*

<sup>26</sup> Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, transcript of speech in the author’s possession. Cummings is very prominent within the APA, having been past president of the APA Division 12 and Division 29 as well as the recipient of five honorary doctorates for contributions to psychology, education, and Greek Classics. He is the recipient of psychology’s Gold Medal for lifetime contributions to practice. He is currently a distinguished professor, University of Nevada, president of the Cummings Foundation for Behavioral Health, and chairs the boards of both the Nicholas and Dorothy Cummings Foundation and CareIntegra.

<sup>27</sup> *Id.*

<sup>28</sup> *Id.*

<sup>29</sup> Nicholas A. Cummings & William T. O’Donohue, *Psychology’s Surrender to Political Correctness*, in DESTRUCTIVE TRENDS at 10.

<sup>30</sup> Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, speech presented at the 2005 NARTH Conference.

<sup>31</sup> Linda Ames Nicolosi, *Psychology Losing Scientific Credibility, Say APA Insiders*, available at <http://www.narth.com/docs/insiders.html>.

<sup>32</sup> That there is no “agreement” or consensus on this matter is easily observable by conducting even a basic search of psychological and psychiatric literature. Researchers documenting homosexuality as a disorder are too many to list individually, but for a sampling, see, e.g., Charles W. Socarides, M.D., *Homosexuality: A Freedom Too Far*; Joseph Nicolosi, Ph.D., *Reparative Therapy of Male Homosexuality: A New Clinical Approach*; Jeffrey Satinover, M.D., *Homosexuality and the Politics of Truth*. See also Jeffrey B. Satinover, TROJAN COUCH, supra n.8 for a description of similar research and findings that were available at the time of the 1973 decisions.



Health Organization.<sup>33</sup> Thus, the evidence is clearly against the APA's assertion that specialists "agree" that homosexuality is not a mental disorder, illness, or problem. The scientific evidence does not support this claim, nor is there political "agreement" within the APA. Rather, as is the case with almost all political issues, there is great controversy within the ranks of the APA regarding whether homosexuality is or is not a mental disorder. Yet the APA goes to great lengths to prevent this controversy from coming into the public eye.<sup>34</sup> There is no evidence of the political dispute in its publications intended for the general public. Instead, the APA's claim is asserted as a scientific fact, and those researchers and practitioners who disagree with the official APA party line are "shun[ed] and intimidate[ed]" with "loss of tenure or stature," "ridicule and even vicious attacks"<sup>35</sup> in order to silence them. A proliferation of research since 1973 focusing on "homophobia," or negative reactions and attitudes toward homosexuality, has served to further chill the willingness of researchers to openly reveal and discuss their scientific and value positions as they struggle with issues surrounding homosexuality.<sup>36</sup> Objective, unbiased science was clearly not the basis for the APA's official actions and decisions, which were carried out by the APA with knowledge that they were misleading the public by representing them as scientific, rather than political, results. By doing so, the APA also

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<sup>33</sup> William T. O'Donohue and Christine E. Caselles, *Homophobia: Conceptual, Definitional, and Value Issues*, in DESTRUCTIVE TRENDS at 66. See International Classification of Diseases (World Health Organization, 1980), available at <http://www3.who.int/icd/vol1.htm2003/fi-icd.htm>.

<sup>34</sup> Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, transcript of speech in the author's possession. Cummings states that "[o]nly research with predictably favorable outcomes is permissible" and that intimidation via accusations of homophobia is used to "silence anyone who would disagree with the gay activist agenda." *Id.*

<sup>35</sup> DESTRUCTIVE TRENDS at xv. Even those who may agree with the APA's official stance have been chilled by outspoken advocates. Nicholas A. Cummings, Ph.D., past president of the APA, reports that before he could open his mouth to voice his agreement with the "positions of a prominent female psychologist," he was interrupted and publicly told by her, "I don't know what you are going to say; but we could never agree because I am a lesbian and you are a straight white male." *Id.* at xxviii.

<sup>36</sup> William T. O'Donohue and Christine E. Caselles, *Homophobia: Conceptual, Definitional, and Value Issues*, in DESTRUCTIVE TRENDS at 68, 82.

misrepresents itself as a credible and trustworthy scientific organization rather than as little more than a social advocacy group on this issue.

*B. Well-designed studies for many years have shown and continue to show that homosexuality is associated with mental, emotional, and social disorders and problems.*

Contrary to the APA's public stance that 35 years of research has shown that homosexuality alone is not associated with mental disorders or emotional or social problems, there is a plethora of research that shows exactly the opposite.<sup>37</sup> While there is too much research to be summarized here, several representative examples can be given. For example, in one study, "reports of lifetime measures of suicidality [were] strongly associated with same-gender sexual orientation."<sup>38</sup> Even when controlled for substance abuse and other co-morbid psychiatric disorders, homosexual men showed a "substantially increased lifetime risk of suicidal behaviors."<sup>39</sup> Another researcher studying suicidality and mental health among young gay, lesbian, or bisexual persons, found that such youth are "at increased risk" for suicidal ideation, suicide attempts, major depression, generalized anxiety disorder, conduct disorder, nicotine dependence, other substance abuse or dependence, and having multiple disorders.<sup>40</sup> This small sampling alone demonstrates the reality, stated by one writer summarizing this research, that "there are very few studies on homosexuality that do not immediately and consistently make

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<sup>37</sup> See, e.g., John R. Driggs, Jr., M.D., *The Health Risks of Gay Sex*, Corporate Resource Council, 6-7; Jeffrey B. Satinover, TROJAN COUCH supra n.8, at 30.

<sup>38</sup> Richard Herrell et al., *Sexual Orientation and Suicidality: A Co-Twin Control Study in Adult Men*, 56 Arch. Gen. Psychiatry 873 (October 1999).

<sup>39</sup> *Id.* at 867. Other researchers agree that "there can be little doubt about the conclusion that homosexual orientation is associated with suicidality, at least among young men." Gary Remafedi, M.D., *Suicide and Sexual Orientation*, 56 Arch. Gen. Psychiatry 885-886 (October 1999).

<sup>40</sup> David M. Fergusson et al., *Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?*, 56 Arch. Gen. Psychiatry 876, 879 (October 1999).

apparent the very strong intrinsic association between homosexuality and psychological distress.”<sup>41</sup>

While the APA and some scientists tend to discount such research as reflecting merely the effects of social stigmatization of homosexuals, completely ignoring such a wealth of strong data to represent to the public that homosexuality is not associated with mental health problems is misleading. The association is “far beyond that which one would think could be attributed solely to the genuine and additional distress caused by social stigma and prejudice.”<sup>42</sup>

Researchers who find a connection between psychopathology and homosexuality are quick to point out that “societal oppression” may indeed be a cause of this connection, but that other possible explanations must also be explored.<sup>43</sup> It may instead be true that “homosexuality represents a deviation from normal development” that makes homosexuals susceptible to other mental illnesses, or that the consequences of the homosexual lifestyle—including behavioral risks associated with promiscuity and other sexual behaviors—increases psychopathology.<sup>44</sup>

Whatever is the case, the APA’s categorical denial of any association between homosexuality and mental illness is scientifically unsupported and misleading. It stifles needed investigation that “might help distinguish between causes and consequences” of the associations between homosexuality, suicidality, and psychopathology.<sup>45</sup> As one researcher put it, “it would be a shame . . . if sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis.”<sup>46</sup> By ignoring and/or suppressing research opposed to its public

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<sup>41</sup> Jeffrey B. Satinover, TROJAN COUCH, *supra* n.8 at 30.

<sup>42</sup> *Id.*

<sup>43</sup> J. Michael Bailey, Ph.D., *Homosexuality and Mental Illness*, 56 Arch. Gen. Psychiatry 884 (October 1999).

<sup>44</sup> *Id.*

<sup>45</sup> Richard C. Friedman, M.D., *Homosexuality, Psychopathology and Suicidality*, 56 Arch. Gen. Psychiatry 887-888 (October 1999).

<sup>46</sup> J. Michael Bailey, Ph.D., *Homosexuality and Mental Illness*, 56 Arch. Gen. Psychiatry 884 (October 1999).

stance on homosexuality, the APA has fraudulently misled the public regarding the connection between homosexuality and mental health problems.

*C. Studies conducted of homosexuals not undergoing psychological treatment and without bias against homosexuality have not demonstrated the “untruth” that homosexuality is a mental disorder.* The APA fails to acknowledge that the studies on which their statement is based were flawed because their sample populations were deliberately recruited to elicit the desired outcome.<sup>47</sup> Further, even these studies actually demonstrated a “strong association among homosexuality, suicidality, and alcoholism” that went unreported by their researchers.<sup>48</sup> The APA bases its statement on a myth that only biased research shows an association between homosexuality and psychopathology, because in it “gay men undergoing therapy seem [to be] dysfunctional, while volunteers from homophile organizations seem[] well.”<sup>49</sup> However, contrary to the APA’s assertion that researchers “quickly found” that unbiased studies of homosexuals not undergoing treatment reveal that homosexuality is not a mental illness, “the best published data on the association between homosexuality and psychopathology . . . converge on the same unhappy conclusion: homosexual people are at a substantially higher risk for some forms of emotional problems.”<sup>50</sup>

In fact, the findings of a large Dutch study, where social acceptance of same-sex behaviors and orientation is high so that bias is not an issue, corroborates U.S. findings on the association between homosexuality and psychopathology.<sup>51</sup> According to the Netherlands study, psychiatric disorders were more prevalent among homosexually active people compared to

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<sup>47</sup> Jeffrey B. Satinover, TROJAN COUCH, *supra* n.8 30-45.

<sup>48</sup> *Id.* at 36.

<sup>49</sup> J. Michael Bailey, Ph.D., *Homosexuality and Mental Illness*, 56 Arch. Gen. Psychiatry 883 (October 1999).

<sup>50</sup> *Id.*

<sup>51</sup> Theo G. M. Sandfort, Ph.D., *Same-Sex Sexual Behavior and Psychiatric Disorders: Findings from the Netherlands Mental Health Survey and Incidents Study (NEMESIS)*, 56 Arch. Gen. Psychiatry 85 (October 1999).

heterosexually active people. Homosexual men had a higher 12-month prevalence of mood disorders and anxiety disorders than heterosexual men. Homosexual women had a higher 12-month prevalence of substance use disorders than heterosexual women. More homosexual than heterosexual persons had two or more disorders during their lifetime. These findings from a cross-section of the Dutch homosexual population support the conclusion that people with same-sex sexual behavior are at greater risk for psychiatric disorders.<sup>52</sup> Therefore, the APA's assertion that unbiased research of homosexuals not undergoing treatment has "quickly" shown that there is no connection between homosexuality and mental illness is a false representation, as is their misrepresentation of the very research they rely on to oppose this view, and represents scientific fraud and the deliberate suppression of truth.

### *B. Commitment to Diversity and Open-Mindedness*

#### 1. *The APA's "Widely Bugled Commitment to Diversity and Open-Mindedness."*<sup>53</sup>

The APA has a commendable history of being an advocate for racial, ethnic, and cultural diversity, including in its membership.<sup>54</sup> Former presidents of the APA have been outspoken advocates for diversity and individual rights. For example, as a consequence of discrimination that "severely curtailed" or limited the choices of some such diverse individuals, past APA president Nicholas Cummings became a strong supporter of "rights" movements to "enhance[e] both opportunity and individual choice," including the appointment of the APA's first Task

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<sup>52</sup> *Id.* at 85-90.

<sup>53</sup> Rogers H. Wright, Ph.D., *Can You Trust Your Friendly Mental Health Provider? Only Some of the Time!*, transcript of speech in the author's possession. Rogers Wright is prominent within the APA, having been a past president of Division 12, founding president of Division 31, founding president of the Council for the Advancement of the Psychological Professions and Sciences (CAPPS), Fellow of the APA, a Diplomate in Clinical Psychology, the recipient of an honorary doctorate and a distinguished practitioner of the National Academics of Practice.

<sup>54</sup> DESTRUCTIVE TRENDS at xviii.

Force on Lesbian and Gay Issues.<sup>55</sup> Another former APA president, Dr. Robert Perloff, a fellow of APA's Lesbian and Gay division, has in the past and continues to support gay and lesbian issues. Additionally, the APA has published numerous resolutions related to sexual orientation and homosexuality, two categories typically associated with the terms "diversity" and "open-mindedness."

## 2. *The Facts.*

A. *Lack of sociopolitical diversity.* Diversity as one of psychology's "core values" does not extend to sociopolitical diversity, as within the APA "conservatives are vastly underrepresented," and even liberal members who disagree with the APA's political position on homosexuality are poorly tolerated.<sup>56</sup> "If psychology is to soar like an eagle, it needs both a left wing and a right wing."<sup>57</sup> So speaks Nicholas Cummings, who reports that in regards to enhancing the rights of homosexuals within the APA, the gay lobby has a "different agenda[] than that of freedom of choice . . . . [I]n their eyes[,] one has the right to be gay but one does not have the right to choose not to be homosexual."<sup>58</sup> The APA officially undermines diversity and open-mindedness by disparaging and opposing reorientation therapy for those who seek it, thus undermining a "patient's right to choose the therapist and determine therapeutic goals."<sup>59</sup>

Tactics that Cummings personally experienced as examples of this lack of diversity and open-mindedness by homosexual advocates within the APA include "reverse discrimination,"<sup>60</sup>

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<sup>55</sup> Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, transcript of speech in the author's possession.

<sup>56</sup> Richard E. Redding, *Sociopolitical Diversity in Psychology: The Case for Pluralism*, DESTRUCTIVE TRENDS at 303.

<sup>57</sup> *Id.* at xviii.

<sup>58</sup> Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, transcript of speech in the author's possession.

<sup>59</sup> DESTRUCTIVE TRENDS at xxx.

<sup>60</sup> See *supra* fn. 19. Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, transcript of speech in the author's possession.

barriers, delay, and prevention of research which lacks “predictably favorable outcomes,”<sup>61</sup> and accusations of homophobia to intimidate, silence, and restrict the freedom of expression of those who disagree with the activists’ viewpoints.<sup>62</sup> He notes that the APA is losing its credibility as scientists and professionals by its failure to keep individual member advocacy separate from the scientific and professional standards that must be upheld in order for the APA to remain a respected organization. Individual APA psychologists have always been, and continue to be, free to advocate individually as “concerned citizens” in favor of their preferred viewpoints.<sup>63</sup> However, certain individuals within the APA have crossed the line into viewpoint advocacy through exploitation of the organization, and are misleading the public that such advocacy is presented on the incontrovertible basis of “scientific data and demonstrable professional experience.”<sup>64</sup>

*B. Lack of Open-Mindedness and Tolerance of Individual Choice.* Perhaps the most significant evidence of the APA’s lack of tolerance, diversity, and open-mindedness regarding homosexuality is its opposition, hostility, and attempted suppression of psychotherapy aimed at assisting clients to change their sexual orientation.<sup>65</sup> The APA council has now attempted three times to pass a resolution making “recovery therapy” per se unethical to perform, regardless of a client’s desire to pursue such therapy.<sup>66</sup> Another former APA president, Dr. Robert Perloff, a Fellow of APA’s Lesbian and Gay division and personally a supporter of gay and lesbian issues, is firmly opposed to efforts within the APA’s gay community to “prevent psychotherapists from

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<sup>61</sup> Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, transcript of speech in the author’s possession.

<sup>62</sup> *Id.*

<sup>63</sup> *Id.*

<sup>64</sup> *Id.*

<sup>65</sup> *Id.*; Rogers H. Wright, Ph.D., *Can You Trust Your Friendly Mental Health Provider? Only Some of the Time!*, transcript of speech in the author’s possession.

<sup>66</sup> Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, transcript of speech in the author’s possession.

accepting clients who wished to develop their heterosexual potential.”<sup>67</sup> As a strong advocate of individual freedom of choice in matters of sexuality, he firmly argues that special interest groups, including the gay community, should not be permitted to tamper with an individual’s decision to transform his or her homosexuality into heterosexuality.<sup>68</sup> Because of Perloff’s efforts, and those of a few other prominent APA leaders, coalitions were formed that have thus far prevented this code change.<sup>69</sup>

Second, practitioners who practice such therapy have been threatened with removal from provider panel networks.<sup>70</sup> If this were to become a widespread practice, not only would such psychotherapists be “prohibited or badgered out of existence,” but “the consequent unavailability of such services [would] restrict[] a patient’s freedom to choose.”<sup>71</sup>

Finally, after the third failure by the APA’s gay coalition to amend its ethical code to prohibit practitioners from engaging in any therapy whose outcome is intended to change sexual orientation or preference,<sup>72</sup> the APA published on its website certain *Guidelines for Psychotherapy with Gay, Lesbian, and Bisexual Clients*.<sup>73</sup> In it, the only mention of “change” is to inform practitioners that they should explore clients’ “internal and external pressures” to change sexual orientation because they are the result of “negative stereotypes,” and that “agreement with the notion” that a client may seek change to cope with conflict or distress “may

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<sup>67</sup> A. Dean Byrd, Ph.D., *Former APA President Supports NARTH’s Mission Statement, Assails APA’s Intolerance of Differing Views*, available at <http://www.narth.com/docs/perloff.html>.

<sup>68</sup> *Id.*

<sup>69</sup> *Id.*

<sup>70</sup> *Id.*

<sup>71</sup> Nicholas A. Cummings, Ph.D., *The Painful Education of a Well Intentioned APA President*, transcript of speech in the author’s possession.

<sup>72</sup> Rogers H. Wright, Ph.D., *Can You Trust Your Friendly Mental Health Provider? Only Some of the Time!*, transcript of speech in the author’s possession.

<sup>73</sup> *Guidelines for Psychotherapy with Gay, Lesbian, and Bisexual Clients*, American Psychological Association, available at <http://www.apa.org/pi/lgbcc/guidelines.html>.



exacerbate the client's distress."<sup>74</sup> There is a complete absence of acknowledgment that some homosexual individuals may actually desire to change because it more closely represents their own values and choices. This rigid conclusion is hardly the view or action of a scientific organization that is committed to the values of tolerance, open-mindedness, and diversity, but rather those of an ideologically-driven special interest group intending to promote their social agenda at the expense of true diversity and open-mindedness.

Many disgruntled members within the APA are aware of its hostility toward any research or treatment outcomes at odds with gay affirmation, including at least two former presidents and a past president of Division 12.<sup>75</sup> Those who disagree with this position, who attempt to speak out against it or attempt to publish research, are subjected to intimidation and attempts at suppression.<sup>76</sup> When Dr. Robert Perloff agreed to speak to one organization in support of "the individual's right for self-determination of sexuality," he received a phone call from a former APA Board of Directors member warning him of their "deep[] concern[]" at his "audacity and political incorrectness" in making his address.<sup>77</sup> Such actions are nothing more than deliberate attempts intended to suppress open-mindedness and diverse scientific views regarding homosexuality, its etiology, effects, and treatment. Some members of the APA have recently resorted to a petition pleading with the president and governing boards of the APA to "acknowledge, affirm and promote client autonomy, self-determination and diversity in matters relating to human sexual adaptation," something that would hardly need to be done if the APA was acting in accord with its own stated ethical principles on diversity. Instead, the APA

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<sup>74</sup> *Id.*

<sup>75</sup> Linda Ames Nicolosi, *Psychology Losing Scientific Credibility, Say APA Insiders*, available at <http://www.narth.com/docs/insiders.html>, also A. Dean Byrd, *Book Review: Destructive Trends in Mental Health: The Well-Intentioned Path to Harm*, available at [www.narth.com](http://www.narth.com).

<sup>76</sup> See, e.g., DESTRUCTIVE TRENDS at xviii, xx, xxx, 9-10, 17-18, 65-83.

<sup>77</sup> A. Dean Byrd, *Former APA President Supports NARTH's Mission Statement, Assails APA's Intolerance of Differing Views*, available at <http://www.narth.com/docs/perloff.html>.

