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DOES THE APA REALLY CARE ABOUT PUBLIC HEALTH AND CHILDREN?

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JASON SALAMONE on 23 March, 2015 at 08:30

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In some of my [previous articles](#) I have made a case that the “heterosexual” and “homosexual” dichotomy is socio-political fiction and therefore so-called “sexual orientation” is also

fiction. But for the sake of addressing the claims of the American Psychological Association (APA), let's go along with these categories as having some scientific merit.

The APA is a very prominent professional and self-described 'scientific' organization: It is the most prominent of the US psychological associations. The public, both in the US and internationally, relies on it for allegedly unbiased factual information, especially for supporting decisions on important social issues and for developing curricula for schools.

In addition, individuals and parents rely on the group's website to gain knowledge about their own and their children's psychological development. There would be no reason for the unsuspecting public to believe anything other than that the APA, as a scientific organization with strict bylaws and standards, presents scientific fact to the best of its ability. However, the APA is misleading in its public presentation of the issues surrounding the issue of homosexual attractions and practice to such an extent as to be materially dishonest and, in the process, inflict harm not only in the US, but also around the world. This may very well be intentional. See [here](#): **Why the APA Cannot Be Cited...)**

It is worth noting here that two eminent psychologists, Rogers H Wright and Nicholas A Cummings (a former President of the APA), in their book, *Destructive Trends in Mental Health: The Well Intentioned Path to Harm*, (NY: Routledge (2005), decry the erosion of the patient care ethic and well-established standards of scientific research by special interest groups promoting political agendas. Cummings had this to say in this interview:

"By the mid-1990s, the Leona Tyler Principle was absolutely

forgotten. The political stances seemed to override any scientific results.” “We developed a group of psychologists that numbered around 200 to 250 that rotated themselves through all the offices of the APA. When a rule was passed that you couldn’t serve more than X number of sessions on council or in a certain particular office, they would rotate. They would run for another office and come back to council. So for years about 200 to 250 people were running the APA, and they were a very select inbred group. They were ultra-liberal and anything that wasn’t ultra-liberal was anathema.” The former APA president states, ”Unbiased, Open Research (on homosexual attraction) was never done.” See [here](#).

Dishonesty and Infliction of Harm

Let’s take the case of a boy who (tragically, but too commonly) is sexually molested or raped at a young age. Almost universally these molestations of boys are homosexual in nature, and very often boys who have gone through such a traumatic event question their sexual attractions upon and after entering puberty. A number of studies have shown a high correlation between childhood sexual molestation and later homosexual tendencies and attraction. Please see the research of Tomeo, M. E., Templer, D. L., Anderson, S., & Kotler, D. (2001).

For comparative data of childhood adolescence molestation in heterosexual and homosexual persons, see Archives of Sexual Behavior, 30, 535–541; and, Helen W. Wilson and Cathy Spatz Widom, Jan. 7, 2009, Archives of Sexual Behavior, “Does Physical Abuse, Sexual Abuse, or Neglect in Childhood Increase the Likelihood of Same-sex Sexual Relationships and Cohabitation? A Prospective 30-year Follow-up. And much more evidence [here](#).

Let us assume this young man, now 13 or 14, comes to the APA website to help him understand the turmoil he is feeling, or he consults a teacher or counselor who turns to the APA website for guidance.

Copied here, then, (directly below) is “Answers to Your Questions about ‘Sexual Orientation’ and Homosexuality,” as shown on the APA website in 2007 and in 2014. Since 2007, modifications have been made to what the APA asserts regarding homosexual attractions and practice, but the political slant and material dishonesty regarding this issue has continued. The APA quotes were all found at www.apa.org.

The APA website, 2007 & 2014: Content (www.apa.org)

The following are verbatim excerpts from the most prominent topics about homosexual attractions from the APA site in 2007 compared with 2014.

APA Website: www.apa.org

Answers to Your Questions about Sexual Orientation and Homosexuality

What Is “Sexual Orientation?”2007 – “Sexual Orientation” is an enduring emotional, romantic, sexual or affectional attraction to another person. It is easily distinguished from other components of sexuality including biological sex, gender identity (the psychological sense of being male or female) and the social gender role (adherence to cultural norms for feminine and masculine behavior). Sexual orientation exists along a continuum that ranges from exclusive homosexuality to exclusive heterosexuality and includes various forms of bisexuality. Bisexual persons can experience sexual, emotional and affectional attraction to both their own sex and the opposite sex. Persons with a homosexual orientation are sometimes referred to as gay (both men and women) or as

lesbian (women only). Sexual orientation is different from sexual behavior because it refers to feelings and self-concept. Persons may or may not express their sexual orientation in their behaviors.”

2014 – “Sexual orientation refers to an enduring pattern of emotional, romantic and/or sexual attractions to men, women or both sexes. Sexual orientation also refers to a person’s sense of identity based on those attractions, related behaviors and membership in a community of others who share those attractions. Research over several decades has demonstrated that sexual orientation ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex. However, sexual orientation is usually discussed in terms of three categories: heterosexual (having emotional, romantic or sexual attractions to members of the other sex), gay/lesbian (having emotional, romantic or sexual attractions to members of one’s own sex) and bisexual (having emotional, romantic or sexual attractions to both men and women). This range of behaviors and attractions has been described in various cultures and nations throughout the world. Many cultures use identity labels to describe people who express these attractions. In the United States the most frequent labels are lesbians (women attracted to women), gay men (men attracted to men), and bisexual people (men or women attracted to both sexes). However, some people may use different labels or none at all. Sexual orientation is distinct from other components of sex and gender, including biological sex (the anatomical, physiological and genetic characteristics associated with being male or female), gender identity (the psychological sense of being male or female)* and social gender role (the cultural norms that define feminine and

masculine behavior). Sexual orientation is commonly discussed as if it were solely a characteristic of an individual, like biological sex, gender identity or age. This perspective is incomplete because sexual orientation is defined in terms of relationships with others. People express their sexual orientation through behaviors with others, including such simple actions as holding hands or kissing. Thus, sexual orientation is closely tied to the intimate personal relationships that meet deeply felt needs for love, attachment and intimacy. In addition to sexual behaviors, these bonds include nonsexual physical affection between partners, shared goals and values, mutual support, and ongoing commitment. Therefore, sexual orientation is not merely a personal characteristic within an individual. Rather, one's sexual orientation defines the group of people in which one is likely to find the satisfying and fulfilling romantic relationships that are an essential component of personal identity for many people."

The first question one may have, regarding these definitive scientific statements, is fairly obvious. The APA states that "sexual orientation is an enduring emotional, romantic, sexual or affectional attraction to another person."

Moreover, how does the APA define "enduring?" Does it mean that it never changes? And since the APA themselves had to admit that change can and does happen, then how does this correlate with the experience of those who have changed sexual attraction? <http://barbwire.com/2015/02/16/change-therapy-scientific-testimony-data-gay-activists-dont-tell/>

I would like to know if the APA agrees with my statement here, which directly flows from their statement above: We have an enduring emotional attraction to our parents. Does that define

our “sexual orientation?” We have enduring emotional and affectional attractions to childhood and current friends. Is that our “sexual orientation?” If a boy has enduring emotional attractions to his friends, does that define his “sexual orientation?” A boy to his mother? To his father? A little girl to her (girl) friend?

What about the phrase “to another person?” A person? The APA certainly goes on to correlate sexual orientation to one’s relation to gender, not a person, but one has to ask why the APA is phrasing this in such a way. This is from the same prestigious organization that devotes great resources to covering this topic. Aside from being nonsensical, the statement is too vague. How wouldn’t this be intentionally done?

The sentence defines of this crucial term – “sexual orientation” – in a manner that is so broad as to be almost meaningless. One might speculate that because the statement is so patently false, that perhaps its phrasing was just a mistake. However, because the definition of “sexual orientation” for the APA as a professional organization carries legal ramifications and “sexual orientation” is, and has been, the subject of a great number of publications and ‘advocacy’ on the APA’s part, the likely reason the APA is defining “sexual orientation” in this way is to try to deflect critics through obfuscation as much as anything else. Perhaps it is also an attempt to reduce their legal exposure. One can only assume that the APA does not wish to define the term accurately because, if it did so, its later assertions (statements of Science according to the APA) would neither follow nor make sense. The APA’s next sentence, on examination, clarifies how misleading the first one is, since the APA clearly defines

“sexual orientation” as sexual: “It is easily distinguished from other components of sexuality.” This reasoning makes no sense at all. If an “enduring sexual attraction” is inherent in the definition of “sexual orientation,” then how could it easily be distinguished from other components of sexuality?

(rhetorical) (APA Website: www.apa.org)

What Causes People to Have a Specific “Sexual Orientation?”

2007 – “There are numerous theories about the origins of a person’s sexual orientation; most scientists today agree that sexual orientation is most likely the result of a complex interaction of environmental, cognitive and biological factors. In most people, sexual orientation is shaped at an early age. There is also considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, play a significant role in a person’s sexuality. In summary, it is important to recognize that there are probably many reasons for a person’s sexual orientation and the reasons may be different for different people.”

The first and most important difference between 2007 and 2014 is that in 2007, the APA stated there is considerable recent evidence that biology plays a significant role in a person’s sexuality – and in 2014, that tremendously important statement has been changed to say: “. . . no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors.” What happened between 2007 and 2014 that the APA would like you to forget? The identical twin studies done around the world and the studies of the Human Genome are what happened – and both show there is little chance that homosexuality is genetic or biological. (Please go to www.mygenes.co.nz for a comprehensive discussion of these

studies and their results.)

Briefly, the identical twin studies contained over 10,000 pairs of identical twins which showed that over 90% of the time, when one twin was gay, the other was not – amazing results that no one expected to be so clear cut. In the Human Genome studies, equally decisive results showed no “gay” gene or genes after the researcher specifically tried to find a connection between human genes and homosexual desires. In addition, let’s look at the wording used by the APA: “Most,” “most,” “most,” “considerable,” “probably,” “may be different for different people.” Can’t get much safer than this wording. Contrast this vagueness and lack of definitiveness, as regards the causes of “Sexual Orientation,” with just several brief paragraphs later, the APA’s very definitive statements on the impossibility of modifying said “sexual orientation.”

The direction of millions of lives have been changed based on this organization’s assertions. Again, many have given up hope of marrying someone of the opposite sex and many have contracted diseases such as AIDS as a result, at least in substantial part, of not believing that there was a point in addressing underlying psychological issues that may contribute to compulsive and dangerous sexual behavior.

APA Website: www.apa.org

Is Homosexuality a Mental Disorder?

2007 – “No. Psychologists, psychiatrists and other mental health professionals agree that homosexuality is not an illness, mental disorder or an emotional problem. Over 35 years of objective, well-designed scientific research has shown that homosexuality, in and itself, is not associated with mental disorders or emotional or social problems. Homosexuality was once thought to be a mental illness because mental health

professionals and society had biased information. In the past the studies of gay, lesbian and bisexual people involved only those in therapy, thus biasing the resulting conclusions. When researchers examined data about these people who were not in therapy, the idea that homosexuality was a mental illness was quickly found to be untrue. In 1973 the American Psychiatric Association confirmed the importance of the new, better designed research and removed homosexuality from the official manual that lists mental and emotional disorders. Two years later, the American Psychological Association passed a resolution supporting the removal. For more than 25 years, both associations have urged all mental health professionals to help dispel the stigma of mental illness that some people still associate with homosexual orientation."

First, the “scientific” evidence that the APA cites for its removal of homosexual attractions as a mental disorder is found [here](#). (The AGLP is a homosexual activist caucus within the board of directors within the APA. What is a political lobby doing within a scientific organization?)

Anyway, the 2 researchers they cite are Alfred Kinsey and Evelyn Hooker....

For evaluation and refutation of the Kinsey Studies, please explore these 4 links: [Here](#), [here](#), [here](#), and [here](#), and for evaluation and refutation of the Evelyn Hooker study, please explore these 4 links: [Here](#), [here](#), [here](#), and [here](#).

Moving On:

Again the APA answers definitively “no,” that homosexual practice is not a mental disorder. But for the man who was raped, and is now acting out homosexually so as not to face those horrible thoughts and feelings of his being attacked and ‘invaded,’ are his actions not part and parcel of an emotional

problem, which resulted from homosexual abuse? Isn't acting out to avoid painful feelings and thoughts "disordered," in that the acting out is a way not to address the painful feelings? The boy who was molested and who feels unable to handle those horrific feelings of the assault and "invasion" and whom instead acts out homosexually so he feels in control. Can not his actions, without judgment, be seen as disordered in that the feelings and thoughts are in his mind, and he is acting out so as not to come to grips with them, to "face them," to use a term in common parlance?

He may or may not be able to face his painful feelings , but the acting out homosexually to avoid these feelings can certainly be seen to be that of an emotional problem, that of a disorder, and one that I may add deserves our compassionate help and support, not our denial, dismissal and dishonesty.

Of important note here is that the APA's dishonesty regarding this subject, as well of those of similar organizations, has discouraged therapies for treating those in need. How many individuals could have been helped, could currently be helped? How many not because of **alleged social stigma**, but have killed themselves as a result of lack of help?

What other societal problems are made worse by this dishonesty? Many boys who have been molested have a higher chance at becoming violent out of a sense of rage and helplessness. They can be more likely to hurt others and/or especially themselves, and in so doing undermine their own lives and those of others.

By lying to these children and teens about homosexual issues not arising out of this sexual molestation, we are not giving them the avenues to work out many of their specific issues. We are in fact making it worse – we are lying to them about who

they are, often fueling rage and violence. Do not many of these children and teens have a sense of the origins of their subsequent problems, but just can't place their finger on it or connect all the dots? What do you think the effect is of having society, and "professionals" representing society, continue to lie to them? Common sense would dictate that their anger, their fury, their sense of estrangement and injustice would increase.

Many of those who were homosexually molested go on to molest or rape others, of both sexes, again often propelled by feelings of rage and helplessness at having suffered what they did. Not providing the facilities to help them deal with the common homosexual feelings that arise from such experiences blocks off pathways to their ability to heal.

One can assume if they are told they are just "gay," and that is that, it will cause them not to seek help. But the problem will, again, likely remain and manifest itself in forms very destructive to themselves and others.

To conclude, what is very apparent is the intentionally misleading nature of this, the APA's definitive statements regarding "sexual orientation" and homosexual practice. A point was made to the very cautious, misleading and contradictory definitions laid out earlier in 2007. It was, I strongly believe, to obfuscate and enable the dishonest and misleading statements that were to come later.

If the boy in our previous example went to the APA's website, he would conclude that these homosexual thoughts and impulses were immutable, and could not be changed. One can see this boy, who remembers being molested or raped and how that traumatized him, and he is now having significant problems (and who can connect the two, at least to a degree,

but doesn't understand what is going on – killing himself after being told there is no help for him.) Or he may go and act out these resultant issues and contract HIV/Aids. See [here](#) and [here](#).

While many argue that it may not be a mental disorder on its own, same sex attracted men have significantly higher rates of depression, substance abuse and suicide than opposite sex attracted men, and do so not related to social stigma. See [here](#). Here are just a few studies that show that the APA's statements ignoring the dangers inherent in homosexual desires are not truthful:

A 2011 study analyzed the impact of sexual orientation on suicide mortality in Denmark during the first 12 years after legalization of same-sex registered domestic partnerships (RDPs), using data from death certificates issued between 1990-2001 and Danish census population estimates. This study found that the age-adjusted suicide risk for same-sex RDP men was nearly eight times greater than the suicide risk for men in a heterosexual marriage. (Mathy, R. et al. 2011. "The Association between Relationship Markers of Sexual Orientation and Suicide: Denmark, 1990-2001," Social Psychiatry and Psychiatric Epidemiology, 46: 111-117)

A 2007 study published by the New York Academy of Medicine found that over 32 percent of active homosexuals report that they have suffered "abuse" by one or more "partners" during the course of their lives. Fifty-four percent ($n = 144$) of men reporting any history of abuse reported more than one form. Depression and substance abuse were among the strongest correlates of intimate partner abuse. (Houston, E. & McKiman, D.J. 2007, "Intimate Partner Abuse Among Gay and Bisexual Men: Risk Correlates and Health Outcomes," Journal of Urban

Health 84: 681-690.)

In addition to the clinical experience outlined above, a 2002 study of lifetime abuse victimization revealed that 7 percent of heterosexual males reported being abused whereas 39 percent of males with same sex attraction reported being abused by other males with SSA. (Greenwood, G. et al. 2002. "Battering victimization among a probability-based sample of men who have sex with men," American Journal of Public Health, 92:1964–69).

How can a professional organization not tell the Truth to a child, an adolescent – how can it do that to anyone?

APA Website: www.apa.org

What about Therapy Intended to Change People from “Gay” to Straight?

2007 – “Some therapists who undertake so-called conversion therapy report that they have been able to change their clients’ sexual orientation from homosexual to heterosexual. Close scrutiny of these reports however show several factors that cast doubt on their claims. For example, many of the claims come from organizations with an ideological perspective which condemns homosexuality. Furthermore, their claims are poorly documented. For example, treatment outcome is not followed and reported overtime as would be the standard to test the validity of any mental health intervention. The American Psychological Association (APA) is concerned about such therapies and their potential harm to patients. In 1997, the Association’s Council of Representatives passed a resolution reaffirming psychology’s opposition to homophobia in treatment and spelling out a client’s right to unbiased treatment and self-determination. Any person who enters into therapy to deal with issues of sexual orientation

has a right to expect that such therapy would take place in a professionally neutral environment absent of any social bias. Some therapists who undertake conversion therapy report that they have been able to change their clients' "sexual orientation" from homosexual to heterosexual. Close scrutiny of these reports however show several factors that cast doubt on their claims. For example, many of the claims come from organizations with an ideological perspective which condemns homosexuality. Furthermore, their claims are poorly documented. For example, treatment outcome is not followed and reported overtime as would be the standard to test the validity of any mental health intervention. The American Psychological Association is concerned about such therapies and their potential harm to patients. In 1997, the Association's Council of Representatives passed a resolution reaffirming psychology's opposition to homophobia in treatment and spelling out a client's right to unbiased treatment and self-determination. Any person who enters into therapy to deal with issues of sexual orientation has a right to expect that such therapy would take place in a professionally neutral environment absent of any social bias."

A very definitive statement from the APA. No qualifications, again as compared to all its torturous and 'pretzel – like' qualifications earlier in introducing and developing this subject matter. The APA again is asserting that this place on this spectrum, at least on the exclusively homosexual side, is fixed. Is it as well fixed on the exclusively heterosexual side? If not, why the difference? The APA must know of all the cases of as the **research shows**. See [here](#).

Many of these people based on their temperament have come out of of their molestation often with the development of

homosexual thoughts and impulses, or do not feel as comfortably around the opposite sex as they did prior to such experiences, and have conflicting thoughts and feelings, – the more so if the trauma had been repeated.

If their opposite sex attraction was compromised by abuse, then their same sex attraction is not immutable. And if these persons attempt to address their traumas in order to regain their attraction to women, is that impossible for them to do? The APA would have you conclude here that it is impossible. Of note as well is the APA throwing in statements and comments that have nothing to do with their own self directed question. “Even though most homosexuals live successful, happy lives, some homosexual or bisexual people may seek to change their sexual orientation through therapy, sometimes pressured by the influence of family members or religious groups to try and do so.” This has nothing to do with the question. This is nothing to do with science. This is homosexual socio-political advocacy... nothing more.

Let’s return again to the story of this young man who was sexually molested, he then has a definitive answer. An answer that may influence his whole life – and shorten it. No girlfriends; no natural marriage; his same sex feelings are all immutable. Too bad for him according to the APA.

In fact, there is so much evidence of change that, and again, even the pro-homosexual activist APA had to admit that reparative therapy is not harmful...

“On the basis of the Task Force’s findings, the APA encourages mental health professionals to provide assistance to those who seek “sexual orientation” change by utilizing affirmative multi-culturally competent (Bartoli & Gillem, 2008; Brown, 2006) and client-centered approaches (e.g., Beckstead & Israel,

2007; Glassgold, 2008; Haldeman, 2004; Lasser & Gottlieb, 2004) ..."

Please Read more at <http://barbwire.com/2015/02/16/change-therapy-scientific-testimony-data-gay-activists-dont-tell/>

We must demand that the APA tell the scientific truth about homosexual attractions and practice, particularly for those who don't want to have it. Homosexual activists repeat lies over and over again until the masses believe it. So we will repeat the Truth over and over and over again... There is NO valid and reliable evidence that homosexual attraction is innate and unchangeable.

Read more at <http://barbwire.com/2015/03/23/needs-image-1000-does-the-american-psychiatric-association-really-care-about-public-health-and-children-2/>