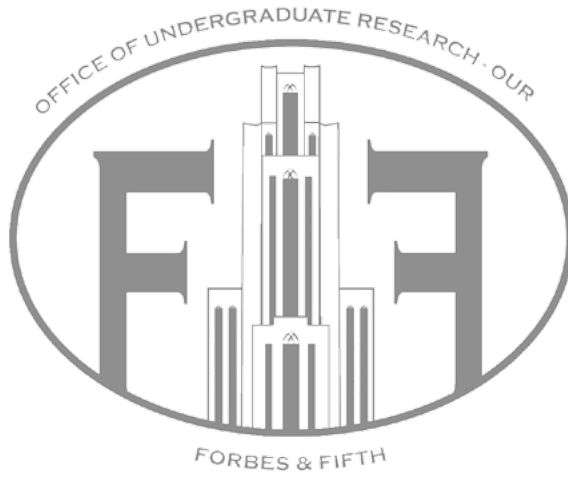




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FORBES & FIFTH



Define Repair.

Cameron Michael Swaim, a boy of twenty, approached his father's pulpit in front of hundreds of members of Garden Grove Friends Church—a Quaker church in Orange County, CA. He stared out at familiar faces, and they welcomed him with a respectful silence. He was raised in the church, the son of the head pastor, Mark Swaim. He is in the Quaker ministry's equivalent of seminary: a three-year program that educates and trains students in the theology and history of the Christian Quaker tradition so that they may one day become Quaker pastors. At the time of the sermon, Cameron was only in his first month of the program. It was his first sermon, and his nervousness was evident as he stumbled through phrases and frantically flipped through pages as he located the relevant scripture passages he had chosen in the preceding weeks. Despite the anxiety, his voice had a practiced steadiness, pausing for the best word to use, never searching for it out loud.

He defined words from scripture and analyzed etymologies from their Greek origins; "Repent is from the Greek word meaning 'a change of mind.'"¹ He began the discussion with the assertion that prayer must be transformative: a way for God to proofread the "stories we tell ourselves." "There's a specific story that God constantly brings to my mind for me," he continues after a pause. "That story that I tell myself is that I will always be rejected." He pauses intermittently between clauses, his words echoing over the white noise of the recording. "These stories create our sinful nature because they infest our minds... warp them... distract them from God... so therefore we cannot understand what God is trying to tell us... So we need to change the stories, we need to change our sinful nature, we need to change the way that we think."

These "stories" Cameron describes are our rationalizations that we assemble and use to justify our actions to ourselves and to the people around us. They are the lists of trespasses a coworker had conducted that earned them the title of "traitor." They are the DIY psychoanalytic explanations of a lover's unchangeable flaws that grant us the ability to say "no more." They are also the pronouncement that we're young, and thus can buy packs of cigarettes without having to worry about the repercussions. Cameron has grown up to find that the possible justifications we search for in ourselves are too numerous and too differing to

say this is the best way. That is, until he found faith, which steadied his swaying, questioning soul. The answer reverberated throughout his rationality: any story that does not have its roots in the Word of God is, comparatively, unimportant.

Much of the sermon was in regard to this disconnect between what we want and what God wants, the morals we invent and the morals set forth in scripture. The language he used was abstract with the exception of one moment that was conspicuously concrete: “We have this ability to ask God, ‘Why?’ We have this ability to come before God and present our requests... This past month we prayed that Governor Brown would not sign the bill SB 1172. I can’t tell you how many times I was on my knees in tears, begging God, for my children.” It was in this moment that his voice quivered from a subdued sob, deep in the throat—a potential humiliation that was almost completely suppressed, the minute twitching of vocal cords squeaking through the defenses. He continued. “Governor Brown signed this bill and I was furious... questioning God, ‘Why?!’”

SB 1172 is a bill stating that “any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject the provider to discipline by the provider’s licensing entity.”² The controversial bill passed through California’s Senate and was eventually approved by Governor Jerry Brown on September 30, 2012. The bill’s passing was considered a major win for LGBT activists, both for being the first of its kind and in preventing parents from forcing their homosexual or bisexual children, directly or through coercion, to attend so-called “reparative therapy,” also sometimes called “sexual conversion therapy” or “sexual reorientation therapy.” The bill was approved on the basis that the California government has the ability to prohibit the practice of any therapeutic techniques deemed unscientific and potentially harmful to the patient. In Governor Brown’s words, “This bill bans non-scientific ‘therapies’ that have driven young people to depression and suicide. These practices have no basis in science or medicine and they will now be relegated to the dustbin of quackery.”³

Cameron has attended reparative therapy since the age of fifteen, and has done so voluntarily. “I wasn’t prepared to deal with the situation at hand,” he told me, “and my parents weren’t prepared to deal

with the situation at hand.” The situation was his “same-sex attraction” (refusing to use the term “homosexuality” for a condition in remission). Repeatedly, in fact, he paused in our discussion to look up definitions for words—not because he didn’t know what they meant, but because he wanted to know the exact definition of the words he was using, such as “orientation,” “addiction,” and “habit.” He preferred to call homosexuality an “addiction” because it got in the way of his happiness, his home life, and, most importantly, his relationship with God. “[My homosexuality] ruins relationships,” he explained. “It interferes with school, work, and my priorities.”

Cameron was not a sex addict in the way one tends to think of them: barhopping alone, looking for anonymous sex, and doing so without an off-switch. This “interference” all comes back to his relationship with God. Ultimately for Cameron, being a cook at Pizza Hut forty hours per week was for God. Being a pastor was for God. Devotion to family was even for

God. Cameron’s story is that, “Love from humans is always conditional. Parents, family—they’re still human. In comparison to God—who is

“The Bible is the outline of how to earn God’s approval, and the Bible’s stance on homosexuality is what Cameron called ‘cut-and-dry.’”

love—we will always fall short.” He tells this story because he is assured that nothing is greater than the pursuit of God’s approval. The Bible is the outline of how to earn God’s approval, and the Bible’s stance on homosexuality is what Cameron called “cut-and-dry.”

He proceeded to tell me in a matter-of-fact, rehearsed manner that his same-sex attraction had begun at age four. I did not understand this initially, so he explained that he had had sexual encounters with a male cousin and that this had been the seed of his same-sex attraction—Cameron does not remember this, but he is told. In actuality, he consciously remembers his first “emotional” feelings toward another boy at ten. He now knows he was confused, but when he looked at the other boys and felt a vivid attraction, it “masked the confusion.” He now knows the “clarity” of his attraction lured him into the lifestyle. With the persistent reinforcement of the gay-as-sin edict from his Bible

study groups, parents, friends, coworkers, pastors, and, now, therapists, he now knows why his homosexuality had always felt so unnatural to him: “gay is unnatural.” With his insulation from the sinful secular community of public high school and deciding to be homeschooled, he now knows “society and my views don’t line up on certain things.” He has spoken to men who have successfully changed. He now knows he can change the story he tells himself—he now knows that the story he tells himself is all that is keeping him tethered to his sinful attractions.

Ex-gay proponents largely exist in Evangelical Christian denominations and believe that homosexuality, as well as other “sexual deviancies,” is a life choice. Furthermore, homosexuality is a sin in the eyes of God, and a Christian with such desires should either be helped out of their affliction or, if they fail to renounce their lifestyle, become ex-communicated. The help that can be offered is reparative therapy—whether this is counseling from a pastor or a professional reparative therapist—giving these conflicted individuals their “Right to Self-Determination.”

Immediately following the SB 1172’s passing, a lesser-known group of activists, collectively called the “Ex-Gay movement,” de-

clared that their rights were violated by the bill and filed a lawsuit headed by Aaron Bitzer and the Pacific Justice Institute—“dedicated to defending religious, parental, and other constitutional rights.”⁴ Bitzer claims to have been a reparative therapy success story, purporting that his same-sex attraction waned away completely, while his heterosexuality waxed. While ex-gay critics argue that homosexuals are often pressured into entering these therapies against their will, Bitzer uses the same argument in favor of them: “It’s important for these therapies to be available for minors because they need to have the freedom to explore their sexuality for themselves and not be pressured into taking on an

“The discourse on the homosexual lifestyle has changed somewhat since the 1990s; the ‘choice’ of homosexuality is no longer the choice to have the same-sex attraction, but has become the choice to attempt to change it or not.”

entire identity based on certain biological reactions that they have.”⁷⁵ The discourse on the homosexual lifestyle has changed somewhat since the 1990s; the “choice” of homosexuality is no longer the choice to have the same-sex attraction, but has become the choice to attempt to change it or not.

Brad Dacus, President of PJI, declared that, “This outrageous bill makes no exceptions for young victims of sexual abuse who are plagued with unwanted same-sex attraction.”⁷⁶ This statement is referring to the collection of psychoanalytic theories that claim a traumatic event in childhood is often the source of homosexual urges due to a distorted view of what sex is supposed to be, and was forced upon the child. Although once popular prior to the 1960s, the popularity of these theories did not survive the movement in psychology in the 70s and 80s that focused less on psychoanalytic approaches and more on empirical experimental designs. On top of this, in 1974 the American Psychological Association declared that Homosexuality and Bisexuality be taken out of the Diagnostic and Statistical Manual for Mental Disorders (DSM)—and thus, sexual orientation not be an issue of mental health any longer.⁷⁷ This removal significantly reduced the amount of psychoanalytic pursuits of a “cure” for which there was no disorder. Yet, a minority of psychologists are still proponents of the categorization of Homosexuality as a disorder—the late Charles Socarides, M.D., especially, was the largest supporter of this view.

Dr. Socarides learned Psychoanalysis in the tradition of Freud—believing that the unconscious mind goes through sequential developmental steps, and that disruption at any point can cause behavioral abnormalities. “My long clinical experience and a sizable body of psychoanalysis research dating all the way back to Freud tell me that most men caught up in same-sex sex are reacting, at an unconscious level, to something amiss with their earliest upbringing—overcontrolling mothers and abdicating fathers. Through long observation I have also learned that the supposedly liberated homosexual is never really free. In his multiple, same-sex adventures, even the most effeminate gay was looking to incorporate the manhood of others, because he was in a compulsive, never-ending search for the masculinity that was never allowed to build and grow in early childhood.”⁷⁸

Despite being an advocate of this “absent-father, overbearing-

mother” hypothesis from very early in his career, Dr. Socarides’s first son, Richard Socarides, came out as gay to his father in 1986 and has been a major gay activist since the early 1990s.⁹ Dr. Socarides did not mention the sexuality of his son in any interview or publication, and did not mention any justification for the emergence of homosexuality in his son under his own rubric of parental imbalance. Needless to say, if his theory of homosexuality was correct and he was truly trying to prevent homosexuality in his own children, he would have been in the ideal position to raise non-deviant, heterosexual children.

Instead of reconsidering his theory after his son’s coming out, he co-founded the National Association for Research & Therapy of Homosexuality (NARTH) in 1992, which aims to be a “professional, scientific organization that offers hope to those who struggle with unwanted homosexuality.” This organization continues to be the largest supporter of reparative therapy in America, and aims to preserve scientific “diversity” as well as the patient’s right to therapy.¹⁰

Both the “anti-gay” and “pro-gay” groups claim that the other is founded in unsound logic. Both claim the other is discriminating against them. Anti-gay proponents claim that homosexuality is mentally unhealthy (causing depression and often leading to suicidal ideations), whereas the pro-gay camp claims that conversion therapies are mentally unhealthy (they only succeed in forcing the patient to repress their homosexuality instead of changing it). Specifically, the type of repression encouraged by many reparative therapies has been known to inspire self-loathing, lowered self-esteem, hopelessness, and depression.¹¹

“The ‘there’s nothing wrong with being gay’ argument is reciprocated by the ‘there’s nothing wrong with giving someone the *the right to self-determination*’ argument.”

Even the organization Parents, Families and Friends of Lesbians and Gays (PFLAG)¹² is reciprocated by the anti-gay organization Parents and Friends of Ex-Gays and Gays (PFOX)—the latter addition (“...and Gays”) is a misnomer that is solely “friends” of the gays that are attempting to convert to heterosexuality.¹³ The “there’s nothing

wrong with being gay” argument is reciprocated by the “there’s nothing wrong with giving someone the ‘the right to self-determination’” argument. And finally, both gays and ex-gays claim that they are being who they actually are: “true to themselves.” With each side appealing to the same arguments and justifications, the ability to criticize each side relies on the science that each side uses to back up its story.

In general, the evidence for each stance comes from different disciplines; the majority of research supporting the efficacy of reparative therapy comes from psychiatric case studies, whereas the stance that reparative therapy is fraudulent draws on studies in psychology and neuroscience. Cameron was convinced that it’s possible when he started meeting with a so-called “life coach” (i.e. unlicensed therapist) who indicated that he, himself, had once been a homosexual but had successfully converted to heterosexuality. In all cases, it is difficult to determine if the “convert” had been bisexual prior to therapy, thereby repressing homosexual impulses and retaining an outlet in their hetero-life. These case reports and testimonials have been the sole evidence used to justify reparative therapy—a type of evaluation often criticized for its unscientific subjective nature—with the exception of one scientific article published in 2003 by Dr. Robert Spitzer.¹⁴

Dr. Spitzer collected data from over 200 participants, sitting down with them after they had attended reparative therapy and asking them questions comparing amounts of homosexual and heterosexual attractions before and after therapy (on a 0 to 100 scale: 0=completely heterosexual, 100=completely homosexual). In this study, a significant number of these men and women indicated that they had successfully changed. Of those who had ranked themselves as a twenty or above before therapy, 47% of men and 84% of women claimed that they dropped below twenty afterward.¹⁵ A man who dropped from a 25 to a 15 would fall into this category—but what does that mean? To accommodate this question, Dr. Spitzer attempted to clarify the question to the participants: “Suppose each time you saw someone that you were sexually attracted to, you noted whether they were a man or a woman. After you did this 100 times, how many times would it be a man and how many times a woman?”¹⁶ For Spitzer, further elaboration was not necessary.

Dr. Spitzer did not ask what sexual attraction meant to them.

He did not ask if the reparative therapies instructed them to first identify themselves as heterosexual with homosexual tendencies. He did not specify between recognized attraction and pre-muddled, instinctual attraction. He did not ask them before the therapy started what their sexual orientation was, and how much homosexual attraction constituted it. Most importantly, he did not ask if some reparative therapies successfully enabled change from homosexual to heterosexual. Instead, his study actually addressed the question, “How do individuals undergoing reparative therapy describe changes in sexual orientation?” A different question.

He realized this difference in 2012 when he withdrew his claim that change was possible, and instead stated in a credible scientific journal, “I offered several (unconvincing) reasons why it was reasonable to assume that the participants’ reports of change were credible and not self-deception or outright lying. But the simple fact is that there was no way to determine if the participants’ accounts of change were valid.”¹⁷ This reassessment was a huge setback for the ex-gay movement, as there were no scientific publications arguing their view since 1986.

However, many ex-gayers did not let this defeat go to their heads—or in their heads, rather—because several ex-gay organizations, NARTH¹⁸ and PFOX¹⁹ included, still cite Spitzer’s 2003 article as credible evidence in favor of reparative therapy. They don’t comment on this reversal. Dr. Spitzer is well aware of this misuse of his name, and has attempted, to no avail, to get his study and his name removed from the mouths of ex-gay advocates. They ignored him. He responded by saying, “I’m curious as to whether [these organizations] have said anything, or how they live with themselves, when the one study that they have always cited is taken away from them.”²⁰

Dr. Spitzer’s latter curiosity—how they live with themselves—is an important one. The continued enthusiasm in the efficacy of reparative therapy in the wake of the wealth of contradictory, empirical evidence can only be the result of ignorance of the evidence, unwillingness to sacrifice their jobs or practices despite the mounting evidence against them (some clinics estimate hundreds of clients every year), and/or an extreme anti-gay bias that prevents them from seeing the most rational interpretation of data.

This last possibility is probably the case, given the interpreta-

tions they provide. On NARTH's website, amongst the list of clinical studies—mind you, very few of which are bona fide, peer-reviewed studies that have been published in scientific journals—there is a review of a major twin study that investigates the role of genetics in homosexuality (only the study was published in a scientific journal, and not the review). Twin studies allow geneticists to determine the importance of genes in the determination of a trait by being able to quantify the percentage of twins that are homosexual that also have a homosexual twin. This study used a staggeringly large number of twins—9,153—and found that 27.0% of homosexual men and 16.2% of homosexual women had a homosexual twin. These numbers seem small, but compared to the averages homosexual incidence in the whole study (3.1 % and 1.2%, respectively) the chances are greatly increased.²¹ Furthermore, this specific group of twins was classified as being in “non-shared environments,” meaning that environmental influences on determination of orientation were considered insignificant due to minimal overlap. With a homosexual twin, a person is about ten times more likely to be gay than the average. The authors conclude that this number is very significant and that homosexuality, clearly, has a large genetic component. The NARTH reviewer did not see this conclusion as clear, to say the least.

The name of the review was “Latest Twin Study Confirms Genetic Contribution To SSA Is Minor”²²—“SSA” being same-sex attraction, a term used to indicate a syndrome, as opposed to “homosexual,” which contains implications of identity. As the title indicates, the reviewer thought that any percentage smaller than 100% co-occurrence was not total and, thus, “minor.” Through rhetorical maneuvers, taking the 16.2 and 27.0 percentages out of context, and omitting the “non-shared environment” distinction, “10 times more likely” became “minor” and “weak.” One may think of the laypeople that read this review and don't fact-check the writing of a person with a PhD. One may think of the teenager coerced into reparative therapy by his or her parents based on this rhetorical maneuver. One may see Cameron, scraping together every dollar he makes in order to pay for reparative therapy—a therapy justified with semantic slight of hand.

The problem with psychological studies, on either side of the aisle, is their limited empirical nature. Participants in these studies must identify themselves as gay or straight in order to create the experimental

groups, but this method of evaluation is too dependent on their word (as Dr. Spitzer had pointed out). Also, psychology studies can't give two people the same environment for their entire childhood, allowing for a tornado of confounding variables. More biological approaches in genomics, neuroanatomy, and brain-imaging studies are bringing this tired psychological discourse into the light of the empirical.

One word Cameron did not look up was “natural,” the definition of which may have been another “cut-and-dry” use. A subset of the

“The problem with psychological studies... is their limited empirical nature.”

world's emu population may have been cut-and-dryly unnatural in their homosexuality—as with chickens, penguins, dogs, elephants, and many other species where exclusive homosexual behavior has been observed in the wild populations. Yet, in Cameron's case and the cases of millions of Americans like him, he does not believe in Evolution, and, hence, the natural homosexuality of other animals means nothing to him. Even the chimpanzee, genetically our closest relative, has a homosexual minority, but Cameron does not see any animal as fit for comparison with humans. God created them separately, and it was humans that were made in God's image. Therefore, it must be humans that live and abide by God's laws (heterosexual marriage included).

The shocking resemblance in the embryonic development of most animals, across genera and kingdoms, is one of the most profound pieces of evidence for a common evolutionary origin—all mammals (including humans, now) have gills for a period of development, as well as reptiles, avian, and fish. Also, there are two major embryonic phases of sexual differentiation that occur in all mammals: the differentiation of the genitalia and of the brain. The former occurs in humans in the first two months of pregnancy, whereas the latter begins around halfway through the pregnancy and is thought to continue until the first few months after birth. These processes are mediated by sex hormones, the most important of which being testosterone. Many neuroscientists believe that it's the disruption of the sexual differentiation of the brain that causes homosexuality, bisexuality, and also being transgender—all

varying in degree and timing of the disruption.²³

How this sexual differentiation of the brain actually manifests itself is by inducing changes in so-called “sexually dimorphic” regions of the brain (a term that simply means that those certain regions have different sizes, functioning, and other characteristics between men and women). For every sexually dimorphic brain region that was examined, the homosexual men had atypical features for the average characteristics of men, but instead had typical characteristics of heterosexual women (and homosexual women had the typical characteristics of heterosexual men).

The majority of sexual dimorphic regions of the brain are caused by the actions of testosterone in the blood—its presence causes masculinization of the brain, and its absence causes feminization. In addition, the window of opportunity that testosterone affects these brain regions is only within the late-pregnancy, early-infancy period—that is to say, after this time the size and function of these regions are set in stone. Furthermore, when fetal mice or other mammals have experimentally-altered testosterone levels in sex-atypical ways (lower for males, higher for females), they mature to have homosexual behavior in adulthood. Therefore, many endocrinologists and neuroscientists conclude that sexual orientation is significantly influenced by hormones controlling sexual differentiation in the womb.²⁴

Cameron believes change is possible. He believes in a God that would not create a creature that was chronically unable to actualize its purpose, unable to play its role in the Plan. He’s aware of the poor success rate of therapy but knows that God has given him his homosexuality as a test. So even if he fails to change his orientation (a possibility he has seriously considered given the failure of reparative techniques thus far), he has accepted another course to satisfy His expectation. “There’s always celibacy,” he told me, and continued to explain that the “tools” he uses to suppress²⁵ his homosexual urges could be employed to help in celibacy. His main tools are employed in the following order (moving onto the next if the prior technique fails): 1) “grounding myself with deep breathing and connection myself with the Earth...,” 2) “If I can’t get grounded in a minute, I call somebody. I talk about it,” and 3) “Finally, I have scripture verses and I pray.” These tools are what reparative

therapy has provided for him in order to overcome the totality of sexual desire. Although Cameron says that they have helped a lot and that his homosexual desires are losing intensity, he is still skeptical of their efficacy.

As of now, Cameron interprets God's plan for him is to be a heterosexual man who will one day marry a woman and have a family. He was not willing to change his interpretation of scripture, which he believed was realized in him explicitly by the Holy Spirit—his interpretation is divinely presented by Him. Yet, he also admits that his church taught him this, his parents taught him this, and his reparative therapist taught him this. After much bullying and ostracism growing up, his understanding that he will always be a “fish swimming against the current” pushed him further and further from acceptance of, and even exposure to, outsider beliefs and views.

Cameron recalled to me a private Facebook message, sent to him after the New York Times article was published, by a man had begun to push the envelope and ask Cameron how he justified going into reparative therapy to change his orientation. Instead of ignoring the blatantly confrontational question or responding with an equally argumentative counter-question, Cameron proceeded to explain that he was a Christian that believed that the Bible indicated the immorality of Homosexuality and was in the process of righting himself in the eyes of the being who he loved the most and who loved him the most, God. At the end of Cameron's response, he told the man not to be angered or offended by his words, but to take them for what they were: his personal beliefs. The man responded simply, “Well, you're certainly entitled to be wrong.”

The man may have included sensible reasons why homosexuality is moral, either secularly or in his interpretation of scripture. He may have included psychological and neuroscientific data implicating the non-changeable nature of homosexuality. He may have included a historical perspective of homosexuality—a recurring history of discrimination, oppression, and ostracism—showing homosexuals to be the very “poor” and “meek” peoples that earn the most sympathy and consolation from God and Jesus. He may have pointed to the fact that homosexuality is observed in salmon, elephants, emus, chickens, chimpanzees, and thousands of other species²⁶—data which potentially contradicts the as-

sertion that it is “unnatural.” He may have laid down the stepping stones in front of Cameron—all the way from reparative therapy to self-worth, freedom from repression, freedom from conditional happiness.

Unfortunately, the conversation never got to these points. Cameron correctly interpreted the type of person that he was having a conversation with: a bigot. Cameron responded rationally to this insult by ceasing the conversation—a conversation that would have been a yelling match. Maybe this man had gone through reparative therapy, witnessed the destructive nature of fraudulent psychoanalytical theories of homosexuality, and had suffered the traumatic consequences of repressing what will never go away. Maybe the personal nature of the subject had awakened a deep-seated anger, anger that had poured out, amok with passion, in order to salvage his own mind: a mind wrought with self-hatred and manipulated trust. Cameron would never hear this story.

Yelling is only for one’s own ears and the ears of like-minded individuals, and the aisle widens with every increase in decibels. Cameron reflected on the conversation with the man: “I don’t like dogmatism—it’s not good for me and it’s not good for society. Who the FUCK are you to tell me how to live my life?” These words could have been uttered by an atheist, an LGBT activist, a lesbian woman, or a gay man. Many people ostensibly justify their dogmatic claims by conjuring this image that they are on the “side” of science, on the “side” of reason, but science and reason are intrinsically non-dogmatic—any theory can be overturned, every model is only provisional, pending, and awaiting the emergence of a new and better data. These people are counterproductive to the project of Science, and will continue to be until they realize that bridges collapse when either side refuses to lay down girders toward the opposite shore. Science needs to be shown and not yelled.

“Science needs to be shown
and not yelled.”