

My interview with Dr. Robert Spitzer
Warren Throckmorton, PhD

One of the most prominent psychiatrists of the last half century is Robert Spitzer. Shaper of the APA's standard setting diagnostic system, Dr. Spitzer has indelibly influenced the way mental health care is provided.

In March, 2004, I had an opportunity to visit with Dr. Spitzer in his residence while filming a documentary called *I Do Exist* regarding sexual orientation.¹ Dr. Spitzer had presented his study of 200 ex-gays at the 2001 American Psychiatric Association convention in New Orleans to great media fanfare. This study was published in the October 2003 issue of the *Archives of Sexual Behavior* (Spitzer, 2003).

I had been slated to attend the New Orleans meeting to co-present with Mark Yarhouse regarding ethics and reorientation therapy. That presentation which Dr. Yarhouse delivered was later published in the journal *Psychotherapy* (Yarhouse & Throckmorton, 2002).

In the interview, Dr. Spitzer mentions a symposium he organized for the 2000 APA conference in Chicago. He organized the symposium after talking with Anthony Falzarano and other ex-gays at the 1999 APA convention (Spitzer & Friedman, 2000). The planned symposium was titled "Ethical Issues in Attempts to Ban Reorientation Therapies" and was to take the form of a debate regarding the ethics of banning sexual reorientation therapy. Gerald Zuriff was to debate along with me in opposition to a ban. Dr. Spitzer and Dr. Richard Friedman, MD, were slated to moderate the event. The debate was cancelled shortly before the convention however, due to withdrawal of the opposing debaters. After the symposium was cancelled, Dr. Spitzer began to prepare the study that we discuss in this interview.

Dr. Throckmorton: Dr. Spitzer, you researched individuals who were dissatisfied with their sexual feelings, what did you learn from that study?

Dr. Spitzer: Well it was a study of 200 people who had been homosexually oriented. In order to get into the study, they had to have had at least five years of a change, where they had previously been predominately homosexual, now are predominately heterosexual. What we learned was that the changes that were recorded were not just in behavior, but were in their feelings, their fantasies, what attracted them, and how they performed sexually. So it was a very meaningful change for the great majority.

Dr. Spitzer: I'm sorry; I would think that you would start with, what were you trying to find out?

Dr. Throckmorton: Certainly, that would be a good place to go, what were you trying to find out in this study?

Dr. Spitzer: Well, within the mental health profession, there's almost a unanimous consensus that homosexual orientation is pretty fixed, and that when you hear of a person who says that they were gay and have become ex-gay, they will acknowledge that the change is really in the way that they view themselves but their feelings and fantasies have not really changed. And that's the accepted view, and I kind of accepted that view.

I had an interesting experience, I was at the American Psychiatric Association annual meeting several years ago, and it was picketed by a group of people who were ex-gay. They were very unhappy with the American Psychiatric Association and I started talking to one of them and he started to tell me of how he changed. He was a very religious person and religion had been an important part of his change, and it occurred to me, gee, could it really be that it's not as fixed as everybody thought? So I tried to organize a symposium to have both sides, and that symposium was accepted, but the other side, the gay activist side withdrew from the symposium. But in the meantime I decided that I could do a study of it.

My own research work is in structured research work, as in assessments so I thought it was something I could do. And I contacted NARTH and Dr. Nicolosi and I asked him if I could interview a bunch of people that he felt had changed. I think he was a little startled to have me call him up because I had been involved in the 1973 decision to remove homosexuality from the DSM II. But he agreed and what he said was that he wanted to know the results after I had seen a few patients. I think he was afraid that maybe I was setting him up, conning him. So I made up a tentative interview. And the interview kept being modified as I spoke to people. But as soon as I spoke to a few of the people, it seemed pretty obvious to me that these were people who gave a very credible story of how they had changed. So the real purpose was to see whether it was true that essentially no one could change. Now it was not a study of how often they can make that change, but it was a study of whether there are some people who can make a change in more than just how they view themselves, but also in their fantasies, in their arousal. I developed a very systematic structured interview which I think is much more methodologically sound than in previous studies. Most previous studies, they have one or two measures of homosexual/heterosexual attraction. But we had 9 different measures

which we used. We used various scales, and it was, I think, methodologically quite superior. What we found was that there were some significant changes. We also sent questionnaires to many of the people who were married, and we also had questionnaires on marital adjustment to their spouses. And they, by and large, reported quite good functioning.

Dr. Throckmorton: How has the study been received?

Dr. Spitzer: I do have to say that one of the concerns that people have, and this study has been criticized severely by many people, particularly gay activists, who apparently, many feel quite threatened by it. They have the feeling that in order to get their civil rights, it's helpful to them if they can present the view that once you're a homosexual you can never change. Which may actually, they may be right politically that it does help them, but it may not be scientifically correct.

Now the real issue, or one of the major issues is can you believe these people? And the study has been criticized on the grounds of, well, these are people who had a particular viewpoint and what they're doing is justifying their claims that they have made, either lied or deceived themselves. So one of the major criticisms is that, well, ok, these have said something, but do we know it's actually true? And there's no easy answer to that. When I listened to them, I have a kind of clinical feeling that these people were telling me the truth. While there may be some who were exaggerating, but that's not true with all who reported change. And there were some who reported change, some not very much, many disappointed that they had not changed more.

So why do I think that it's believable? One is that they didn't report absolutely total change, which I think if, you know, if you're going to exaggerate, you're going to exaggerate more. In addition, the marital adjustment that the spouses told, mainly women; what they said about their marriage, what the individuals said about their marriage is from a marital adjustment scale, where we had norms, what a community sample generally reports. Now you would think that if these were people who wanted to give a good story that they would report better than normal, or better than usual, better than average, sexual functioning. And they didn't, they reported just about the same.

And I think that, what, also makes me think, in addition is that when they talked about the therapy what went on in the therapy, for a small number, it was very religious, uh, dramatically religious experiences. I remember one woman said that, in the middle of having sex with her lesbian partner, and all of the sudden, she heard Jesus say, "What are you doing?!" but that was relatively rare. Most of the changes seemed to be associated with the usual things that one hears about in psychotherapy. People talking about their background, their family, how they saw masculinity, femininity, so it seemed believable to me.

Now the other issue is that the study has been severely criticized on the grounds that you will give a false impression that change is easy, and that it's common for those who go into this kind of therapy, to make this change. Now, of course, this study was not a study of how often, because we only started with people who had made a change. My own sense of this is that we had a great deal of difficulty getting those 200. It took us about two years, and we had several sources where we could make it known that in the study we wanted people who had changed to participate. Since it was so hard to get those

200, and we were not flooded with hundreds of people, my own view and I, there's no way that I can be sure, is that probably a relatively rare experience that people change as much as these people did.

It also important to realize that there were some of the people that we did not accept, because they had only changed in their behavior. There were those who said, well, I know now that I am heterosexual because God made me this way, but I still have homosexual feelings. Now even those people who we did not admit into this study, many of them felt that, by controlling their sexual behavior, which made it possible for them to live a life more in tune with their own values – religious values – that were very valuable. So what we conclude, or what I conclude is that change occurs on a continuum it probably is not nearly as common as some of the therapists who do this, there aren't nearly as many these days as there were many more 20 or 30 years ago. But I've asked two of the more well known practitioners of this kind of therapy how often are they successful, and they say, well it depends on the way you define success, but if you define success in terms of a change in behavior, and in feelings, there's about 30 percent or something like that. Now I suspect it's much lower, but I could be wrong. So whether it's 2 %, 10%, or 15%, but what I am sure is that it's not 0%. And that's what this study was about, whether it's actually 0 percent.

Dr. Throckmorton: And those people who didn't change, dramatically, there were some people in the study who changed only a small amount.

Dr. Spitzer: Yeah

Dr. Throckmorton: Are you saying that those people are satisfied with the experiences of counseling?

Dr. Spitzer: Oh yes. They were disappointed that they had not made more of a change, but they certainly all felt that the therapy they had had was very meaningful to them. Of course, if not, they wouldn't have been in the study. Now this study has also been criticized on the ground that we didn't study harm done by this kind of therapy. Well there's nothing to study for these people because there's nothing to study because they got into the study because they felt that it would help them. But you know I'm sure that there are many who entered this therapy and are disappointed and harmed, but that's not what this study was about.

Dr. Throckmorton: I know earlier you talked about measures that you had used, but let me ask this in a bit of a different way, how would you define sexual orientation?

Dr. Spitzer: Well I think by sexual orientation were talking about two main things, one is sexual identity, how one feels, in terms of how one labels oneself. But ultimately, sexual orientation refers to what you are attracted to, what kind of fantasies do you have what arouses you? And of course, also, what behavior you engage in. but of course, one could be homosexually or heterosexually oriented and not engage in any sexual behavior, one could be celibate, which is really determined by, what is sexual arousing. That's the fundamental issue.

Dr. Throckmorton: What do people say about why they wanted to change sexually or change their sexual orientation?

Dr. Spitzer: We asked all of them what was the most important reason, and many gave several reasons and we made, after listening to them, a list of the most common, so we have some notion that, of the frequency. For many, it was that they wanted to stay married or get married; for many, it was a religious conflict, they felt that their religious values conflicted with homosexuality. Many of them were unhappy with what they would perceive is a gay lifestyle of promiscuity that they had felt was associated with being gay. Those were the main reasons.

Dr. Throckmorton: Did you learn anything in your conversations with participants about approaches that were helpful for people, the counseling and therapy approaches that were helpful?

Dr. Spitzer: Most of the people were in more than one kind of therapy, one type. Many were seeing individual therapists, many were seeing group, were involved in groups, usually religiously organized group experience. And the group experience was clearly very helpful to many to get the support that they got. Most of the therapists, there were very few psychiatrists, I think only three of the patients had seen psychiatrists, most were seeing counselors, psychologists, pastoral counselors.

Dr. Throckmorton: And did they record anything about their therapy that was helpful to them.

Dr. Spitzer: Um, no. I remember I asked them, what was the most important thing you learned in your therapy? Different people mentioned different things. Many of the people in terms of, well, we didn't study this systematically, but many of them gave the theory that, many reparative therapists believe and that struggle with gender and comfort and what not, and sexualizing relationships to get intimacy, many of them spoke of that.

Dr. Throckmorton: Let me take a little different route. Given your experience in this research, how would you view the development of sexuality?

Dr. Spitzer: (Laughs) Well I'm no expert in that. The only thing I can say is that I'm impressed; the twin studies show that there must be, at least it convinced me, that there's a genetic component. But I assume that like with almost everything else that both biology and environment are important. Well what particular environment, well, I know the theories, but I don't know which is correct.

Dr. Throckmorton: Are you aware of any studies that would implicate a certain type of environment?

Dr. Spitzer: No, no I don't think so. Now it's interesting that there is I think many who do this kind of therapy who believe that many of the individuals who have become

homosexual have been sexually abused, raped, and what not. We actually asked about that and didn't find a very high frequency of reports of that. Now I assume it's higher than in what would be in a community. We didn't publish that because, we just didn't want to get into that. And also, in some of those reports, they were not always certain whether they were necessarily accurate reports. Some of them reported in therapy that, you know, I had been abused when I was four years old but only as a really recovered memory, or a false memory...there's really no way to know.

Dr. Throckmorton: That's a whole other kettle of fish

Dr. Spitzer: Yeah, that's a whole other kettle of fish.

Dr. Throckmorton: Were there any mental health consequences of attempting to change?

Dr. Spitzer: The majority of subjects reported moderate to severe depression before they went into therapy. And a marked change, very few were depressed after therapy. So that was an important finding, I think, that depression was, you know, there was a tremendous conflict over homosexuality, and many were very depressed that they had made previous efforts, that was another interesting thing, was many of the subjects reported that they had gone to mental health professionals and were told, just, you know, accept it, that there's no way to change. And they were not satisfied with that, and were very depressed thinking that they could not, you know, change.

Dr. Throckmorton: Were there any other mental health consequences.

Dr. Spitzer: Well, many had been so depressed they were suicidal. And a few had made actual attempts. So, I mean they reported a very unhappy state of mind before they changed. The other thing is that the change was not quick...another reason why I believe in credibility; you would think that, if you want to present the best way of presenting therapy, you would say that it started to work pretty soon. You wouldn't say that it was on average two years before there was really much change, which was the case. Many said it took several years before they actually noticed change, and on average it was two years. The people were in some kind of therapy for an average of 7 years. But, often that was still being in some group experience they would keep going to a support group for several years.

Dr. Throckmorton: Did you find that any of the people that you interviewed were still in some kind of treatment?

Dr. Spitzer: Yeah well some, I think about 15% were in some kind of support group, so in some sense they had not stopped some type of support group or therapy.

Dr. Throckmorton: You touched on this before, now going back to, where we began in your reasons for wanting to do this study, would you say that your viewpoint on this has changed at all?

Dr. Spitzer: Um, sure, you know, one of the issues that critics have, you know, brought up is: have I really changed my viewpoint or what did I really think? Well, one thing I do recall is there was I believe in the early 80s, Geraldo did a show on 'Can gays change?' and the producer got in touch with the American Psychiatric Association because they wanted someone to represent the official viewpoint, so they picked me. And I was up there, and what I said was the official viewpoint, and that was that reports of change were just anecdotal, there were no systematic studies. I was quite, you know, not believing of it. So I mean, that was my view. I think if I would have been asked 5 or 10 years ago, I doubted, now I didn't know, but I certainly thought probably, that nobody really changed.

Dr. Throckmorton: And now?

Dr. Spitzer: Well, now I think that that is not the case. Although again I have to say I think it's probably relatively rare.

Dr. Throckmorton: Ok.

Dr. Spitzer: (Laughs) You won't eliminate that relatively rare?

Dr. Throckmorton: I guess I would just, I'll maybe press you a little on that. Really, because of the way that your particular study was done, we really don't know for sure.

Dr. Spitzer: No, no, we certainly don't know for sure. And there, one could say, well you know, just because we had trouble finding 200, you know, you've become heterosexual, you want to forget about your previous life, you know. So that may be. But it would seem to me that if it was very common, and even when they went to therapists we didn't have a lot of people to refer, but again, it may be some not wanting to participate.

Dr. Throckmorton: Now, has the American Psychiatric Association's position changed since the time the Geraldo show was on?

Dr. Spitzer: Yeah, well actually I don't think they had a position statement. That was their viewpoint, that was the position at that time. There have been position statements, as you know, you know, more recently.

Dr. Throckmorton: Do you feel, in your opinion, do you think that those position statements should be, maybe, looked at again.

Dr. Spitzer: I think they should. They will not be, it's not going to happen in the near future. There's no way it's going to happen. I think the only issue is whether it goes beyond the position statement whether they go to, you know, saying that it's an ethical violation to do this kind of therapy. But those position statements are not going to change. There's no, there's a gay activist group that's very strong and very vocal and are recognized officially by the American Psychiatric Association. There's nobody to give the other viewpoint. There may be a few who believe it but they won't talk.

Dr. Throckmorton: So, in some respects then the changing of a viewpoint of an organization has to do with the dynamics within that organization, not exclusively related to the literature or the science, but maybe to the people who are active.

Dr. Spitzer: Sure, sure and then it's also that you're part of a culture and what's going on in the culture. There are dramatic changes obviously and attitudes toward homosexuality, television, its amazing what you see now on television.

Dr. Throckmorton: Thank you, Dr. Spitzer.

References

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¹ www.idoexist.com