IN THE UNITED STATES DISTRICT NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

KELVIN J. COCHRAN *Plaintiff,* **V.** **CITY OF ATLANTA, GEORGIA; AND MAYOR KASIM REED, Inn** *Defendants*	**Honorable Judge Leigh Martin May** **Case No:** **1:15-cv-00477-LMM**

DECLARATION OF DR. MICHELLE CRETELLA, MD, FCP THE PRESIDENT OF THE COLLEGE OF PEDIATRICIANS

I, Michelle Cretella, declare under the penalty of perjury, pursuant to 28 USC sec. 1746 as follows:

1. I am the President of the American College of Pediatricians. I am a retired board certified general pediatrician with a special interest in adolescent mental and sexual health. I am a retired medical doctor who practiced pediatric medicine in the states of Connecticut, Virginia and Rhode Island between 1994 and 2013. I have been certified by the American Board of Pediatrics since October 1997.[1]

[1] I graduated from the University of Connecticut School of Medicine in 1994; completed my internship and residency in general Pediatrics with honors at Connecticut Children's Medical Center in 1997, and completed a College Health Fellowship at the University of Virginia Health Center in 1999. I have served on the Board of the American College of Pediatricians since 2005 during which time I also Chaired the Adolescent Sexuality Committee, the Pediatric Psychosocial Development Committee and the Scientific Policy Committee. From 2010-2015 I served on the Board of Directors for the Alliance for Therapeutic Choice and Scientific Integrity (formerly the National Association for Research and Therapy of Homosexuality or NARTH). I continue to serve on the Medical Committee of the Alliance for Therapeutic Choice. My full time position as President of the American College of Pediatricians began in April of 2015. Avocations include personal training, youth ministry and serving as a certified abstinence

2. In addition to being the President of the American College of Pediatricians, I served on the Board of Directors of the Alliance for Therapeutic Choice and Scientific Integrity (formerly the National Association for Research and Therapy of Homosexuality or NARTH) from 2010-2015, and continue to serve on the Medical Committee of the Alliance for Therapeutic Choice.

3. I have conducted a review of the scientific literature regarding whether sexual orientation is changeable or immutable, and what follows are my findings and conclusions:

The Scientific and Medical Literature Demonstrates that Sexual Attractions Are Fluid

4. Ronald Bayer in his well researched book, Homosexuality and American Psychiatry: The Politics of Diagnoses, notes that in reviewing the history of debate in both the American Psychiatric Association and the American Psychological Association, it is clear that the decision to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM II) was never based on any new science concerning homosexuality or any re-evaluation of the current research at that time. Instead, the impetus for removal was political pressure from homosexual activists and the desire to decrease discrimination and harassment sustained by gay-identified individuals. Bayer essentially states that the declassification of homosexuality from the list of mental disorders should not be viewed as a "proximation of scientific truth" but rather as "an action demanded by the ideological temper of the times."[2]

5. Accordingly, Dr. Judd Marmor, a past president of the American Psychiatric Association who was instrumental in removing homosexuality from the DSM II, acknowledged that homosexuality had multiple roots and was in fact malleable. Even after homosexuality was removed from the DSM II as a diagnosis he stated, "The fact that most homosexual preferences

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educator for my local Catholic school. I live in Rhode Island with my husband of twenty-two years and our four children.

[2] Bayer, Ronald. Homosexuality and American Psychiatry: The Politics of Diagnoses, Princeton U. Press (1987), p.4

are probably learned and not inborn means that, in the presence of strong motivation to change, they are open to modification, and clinical experience confirms this."[3]

6. Decades of research and clinical experience confirms that homosexuality is not a biologically determined trait like race. Environment - who we interact with and how, and the culture at large - play a major role in forming one's sexual orientation. Sexual orientation is not fixed at birth but rather is environmentally shaped and unfolds slowly across childhood, adolescence and even into adulthood for some individuals.[4] Francis Collins, MD, former director of the Human Genome Project and current director of the NIH, has concluded that "there is an inescapable component of heritability to many human behavioral traits. For virtually none of them is heredity ever close to predictive." Regarding homosexuality, he states "sexual orientation is genetically influenced but not hardwired by DNA ... whatever genes are involved represent predispositions, not

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[3] Marmor, J. Homosexual Behavior: A Modern Reappraisal. New York: Basic Books, 1980, p. 276-277.

[4] Whitehead, Neil. My Genes Made Me Do It! accessed 5/6/13 from http://www.mygenes.co.nz/download.htm; Langstrom, N, Rahman Q, Carlstrom, E, Lichtenstein, P. (2008). Genetic and environmental effects on same- sexual behavior: A population study of twins in Sweden. *Archives of Sexual Behavior*, DOI 10.1007/s10508-008- 9386-1; Santilla P, Sandnabba NK, Harlaar N, Varjonen M, Alanko K, von der Pahlen B. (2008). Potential for homosexual response is prevalent and genetic. *Biological Psychology*, 77, 102-105; Bailey, J.M., Dunne, M.P., & Martin, N.G. (2000). Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology*, 78 (3), 524-536; Bearman, P.S., & Bruckner, H. (2002). Opposite-sex twins and adolescent same-sex attraction. *American Journal of Sociology*, 107 (5), 1179-1205; Frisch, M. & Hviid, A. (2006). Childhood family correlates of heterosexual and homosexual marriages: A national cohort study to two million Danes. *Archives of Sexual Behavior*, 35, 533-547. Satinover, Jeffery. "How Might Homosexuality Develop? Putting the Pieces Together." http://www.narth.com/docs/pieces.html; Whitehead, Neil "2002 Study Shows The Importance of Social Factors, Cannot Detect Genetic Factors in SSA." http://www.narth.com/docs/detect.html

predeterminations."[5] Environment and free will decisions interact with these predispositions and play an important role in the development of same-sex attraction (SSA). In 2008 the American Psychological Association noted that a majority of researchers agree that sexual orientation develops from a combination of environmental and biological influences.[6] The debate concerns whether or not change of sexual orientation is enduring or even possible.

7. Homosexuality affirming researchers believe that inborn biological factors trump any environmental contribution. Therefore, they consider sexual orientation to be immutable. These researchers and therapists view SSA as a normal variant of human sexual development. Any effort to alter or eliminate SSA is equated with trying to change a person's ethnicity. Homosexuality affirming therapists therefore oppose re-orientation therapy in all cases, arguing that those who are ambivalent about their same-sex attractions actually suffer from "internalized homophobia" and require counseling that will allow them to accept their innate homosexuality. However, as noted above, the scientific literature does not support this innate/essentialist view of homosexuality.

8. Consequently, other researchers maintain that science tells a very different story – one of minimal biological influence, and a high degree of sexual fluidity. They argue that an objective review of the data strongly suggests that unwanted SSA is changeable for many who desire that outcome. These therapists consider all SSA to be a developmental psychosexual adaptation.

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[5] Collins F. *The Language of God: A Scientist Presents Evidence for Belief.* New York. Free Press. 2007 (p.260)

[6] American Psychological Association 2008 Task Force Report on the origins of homosexuality accessed May 14, 2013 from: http://www.apa.org/topics/sexuality/orientation.aspx, p. 4.

They are also united in the defense of a client's right to informed consent and self determination.[7,8]

9. This divergence of opinion regarding homosexuality and sexual orientation change efforts is recognized in some current medical textbooks, including the 2009 edition of Essential Psychopathology and Its Treatment. On page 468 of this text the current science regarding the nature of homosexuality and its fluidity is summarized as follows:

> "While many mental health care providers and professional associations have expressed considerable skepticism that sexual orientation could be changed through psychotherapy and also assumed that therapeutic attempts at reorientation would produce harm, recent empirical evidence demonstrates that homosexual orientation can indeed be therapeutically changed in motivated clients and that reorientation therapy does not produce emotional harm."[9]

Adventitious Change

10. Before reviewing some of the literature regarding therapeutic attempts to change sexual orientation, it is appropriate to note the evidence for spontaneous change of sexual orientation. The American Psychiatric Association acknowledges the existence of sexual fluidity: "Some people believe that sexual orientation is innate and fixed; however, sexual orientation develops across a person's lifetime. Individuals may become aware at different points in their lives that they are heterosexual, gay, lesbian, transgender, or bisexual."[10] That enduring change of sexual

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[7] Satinover, Jeffery. Homosexuality and the Politics of Truth. Baker Book House Company, Grand Rapids, MI,1996.

[8] Nicolosi, J. and Nicolosi, L. A Parent's Guide to Preventing Homosexuality. Intervarsity Press, Downers Grove, IL, 2002.

[9] Maxmen, J. S., et al. (2009). Essential Psychopathology and its Treatment, 3rd edition, New York: Norton and Co.

[10] American Psychiatric Association 2008 On-line Fact Sheet Regarding FAQs about sexual orientation available at: http://www.psychiatry.org/mental-health/people/lgbt-sexual-orientation (accessed May 17, 2013).

attractions and behaviors may occur adventitiously has been recognized and documented for decades.[11] In his book *My Genes Made Me Do It! A scientific look at Sexual Orientation*, Dr. Neil Whitehead writes extensively about this point, noting that: "Neutral academic surveys show there is substantial change. About half of the homosexual/bisexual population (in a non-therapeutic environment) moves towards heterosexuality over a lifetime. About 3% of the present heterosexual population once firmly believed themselves to be homosexual or bisexual. Sexual orientation is not set in concrete."[12] This has been well documented among women in recent years by Drs. Lisa Diamond, Elisabeth Thompson and Elizabeth Morgan.[13]

11. Additionally, the period of adolescence is well recognized for its sexual fluidity and instability of same-sex attractions. The most detailed studies to date regarding spontaneous change in sexual orientation in adolescents were conducted in 2007 and 2010. The first, by Savin-Williams and Ream, is a very large longitudinal study that documented changes in attraction so great even between the ages of 16 and 17 that the authors questioned whether the concept of sexual orientation had any meaning for adolescents with same-sex attractions. Seventy-five percent of adolescents who had some initial same-sex attraction between the ages of 17-21 changed to experience opposite sex attraction only.[14] The second highly detailed study demonstrating significant change away from same-sex attractions in adolescents involved an

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[11] Whitehead, Neil. *My Genes Made Me Do It – Homosexuality and the Scientific Evidence*. Retrieved on 2/26/13: http://www.mygenes.co.nz/.

[12] Ibid. Retrieved on 2/26/13: http://www.mygenes.co.nz/.

[13] Diamond, Lisa. Sexual Fluidity: Understanding Women's Love and Desire, 2009, Harvard University Press; Elisabeth Morgan Thompson and Elizabeth M. Morgan, "Mostly Straight Young Women: Variations in Sexual Behavior and Identity Development." Developmental Psychology, 2008, 44 (1), 15-21

[14] Savin-Williams, R. C., & Ream, G. L. (2007), *Prevalence and Stability of Sexual Orientation Components During Adolescence and Young Adulthood*, Archives of Sexual Behavior, 36, 385-394.

enormous sample of 13,840 youth and was published by Ott et. al. in 2010. Of those initially "unsure" of their sexual orientation, 66% ended exclusively heterosexual.[15]

Assisted Change

12. It stands to reason that if spontaneous change of sexual orientation occurs, then at least some of those who are motivated to seek therapeutically assisted change should succeed. Most therapy utilized to alleviate same-sex attractions involves conventional therapeutic approaches. Thus, several different psychological approaches to help someone overcome SSA are in use in today's psychiatric community. Although opponents of the therapy attempt to lump all processes used simply as "reparative/conversion therapy", in fact, there is no one therapeutic model used and the modalities practiced involve conventional therapeutic approaches. For example, some may utilize a purely psychoanalytic approach, others use psychodynamic methods, cognitive behavioral therapy (CBT), Emotionally Focused therapy (EFT), Eye Movement Desensitization and Reprocessing (EMDR), non--aversive classical conditioning, assertiveness training and social skill building, and others. There are also at least two sets of ethical guidelines for mental health professionals regarding how to proceed with sexual orientation change efforts.[16]

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[15] Ott, M. Q., Corliss, H. L., Wypij, D., Rosario, M., & Austin, S. B. (2010), *Stability and Change in Self-Reported Sexual Orientation Identity in Young People: Application of Mobility Metrics*, Archives of Sexual Behavior

[16] Throckmorton, W. and Jones, S. "Sexual Identity Therapy: Guidelines for Managing Sexual Identity Conflicts" accessed May 14, 2013 from http://www.drthrockmorton.com/sexualidentitytherapyframework0506.pdf, and NARTH Practice Guidelines for the Treatment of Unwanted Same-Sex Attractions and Behavior," accessed May 14, 2013 from http://www.scribd.com/doc/115508811/NARTH-Practice-Guidelines

13. That a diversity of therapeutic approaches are successfully employed reflects the fact that all therapy is concerned with behavioral and attitudinal change of some kind. Consequently, it is not surprising that the success rates for change of orientation are in the same range of success rates for treating other similar behavioral challenges. For example, the overall success rate for Alcoholics Anonymous is a mere 25 percent,[17] and the composite success rate for rehabilitating criminal behavior, for example, is at best 40 percent.[18] Regarding change of sexual orientation, Dr. Judd Marmor said "There is little doubt that a genuine shift in preferential sex object can and does take place in somewhere between 20 and 50 percent of patients with homosexual behavior who seek psychotherapy with this end in mind."[19] Similarly, Dr. Jeffrey Satinover, a noted psychiatrist, researcher, and author of Homosexuality and the Politics of Truth, reviewed the scientific literature regarding sexual orientation change efforts and found a composite success rate of 50%.[20] Factors that predict success have also been identified. These include seeking treatment prior to initiating homosexual activity, age under 35, the presence of past or coexisting heterosexual attractions, a high motivation to change, and working with a therapist who believes that change is possible, are all associated with a greater likelihood of success.[21]

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[17] Whitehead, Neil My Genes Made Me Do It! p. 247 accessed May 14, 2013 from http://www.mygenes.co.nz/download.htm

[18] Cummings, Nicholas and Wright, Rogers [eds.] Destructive Trends in Mental Health: The Well-Intentioned Path To Harm. Routledge, NY (2005) p. Xxvii.

[19] Marmor, J. (1975) "Homosexuality and Sexual Orientation Disturbance" in A. Freedman, H. Kaplan and B. Sadock (eds.) Comprehensive Textbook of Psychiatry II (2d ed.) Baltimore, Lippincott Williams and Wilkins, p. 151.

[20] Satinover, Jeffery. Homosexuality and the Politics of Truth. Baker Book House Company, Grand Rapids, MI,1996 (Table 7, p. 186).

[21] Kaplan, H. and Sadock, B., Synopsis of Psychiatry Behavioral Sciences Clinical Psychiatry, sixth edition, Williams & Wilkins, 1991 (p. 752).

14. In 1998, Dr. Warren Throckmorton conducted an extensive review of reorientation reports published in the Journal of Mental Health. He documented that multiple forms of standard, ethical therapeutic interventions had successfully effected change of sexual orientation, and confirmed that the possibility for successful change exists at all ages.[22] Throckmorton reaffirmed these findings seven years later in 2002 concluding, "My literature review contradicts the policies of major mental health organizations because it suggests that sexual orientation, once thought to be an unchanging sexual trait, is actually quite flexible for many people, changing as a result of therapy for some, ministry for others, and spontaneously for still others."[23]

15. Possibly the most impressive study of change, due to the large number of subjects studied and to the many facets of sexual orientation investigated, is that published by Dr. Robert Spitzer in 2003. In 1973, Dr. Spitzer was instrumental in declassifying homosexuality as a mental disorder and today remains a "gay rights" supporter. For decades he firmly believed that change of orientation was impossible. In 2003, after studying a group of 200 "ex-gay" men and women, he reversed his stance. All participants gave evidence of achieving degrees of long-term change in their sexual orientation up to and including complete heterosexuality without suffering any negative consequences from therapy.[24]

16. Shortly after publication, Dr. Hershberger, a researcher highly skeptical of change therapies, questioned the legitimacy of the subjects' responses in the Spitzer study and decided to subject

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[22] Throckmorton, Warren "Attempts to Modify Sexual Orientation: A Review of Outcome Literature and Ethical Issues." *Journal of Mental Health*. Vol. 20, October 1998 (pp. 283-304). http://www.narth.com/docs/attemptstomodify.html

[23] Throckmorton, Initial Empirical and Clinical Findings Concerning the Change Process for Ex-Gays, Professional Psychology: Research and Practice, Vol. 33 (June, 2002), p. 242-8. See also Gay to Straight Research Published in APA Journal, http:www.narth.com/docs/throckarticle.html.

[24] Spitzer, Robert L., "Can Some Gay Men and Lesbians Change Their Sexual Orientation?," Archives of Sexual Behavior, Vol. 32, No. 5, Oct. 2003: 403-417.

the data to a Guttman scalability analysis to answer this question. The Guttman test is a scalagram that is used to determine where or not reported changes occur in a cumulative, orderly fashion.

17. Following this analysis, Hershberger concluded, "The orderly, law-like pattern of changes in homosexual sexual behavior, homosexual self-identification, and homosexual attraction and fantasy observed in Spitzer's study is strong evidence that reparative therapy can assist individuals in changing their homosexual orientation to a heterosexual orientation. Now it is up to those skeptical of reparative therapy to provide strong evidence to support their position. In my opinion, they have yet to do so."[25]

18. Despite Dr. Spitzer's "apology" to the homosexual community for publishing this study,[26] there has been no new data to contradict his original results. Dr. Spitzer's research remains scientifically sound, and his original conclusion - that some highly motivated individuals with unwanted homosexual attractions can change - still stands.[27] This is why Dr. Kenneth Zucker, editor of the Archives of Sexual Behavior, never published an official retraction of Spitzer's study.

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[25] *Ex-gay Research: Analyzing the Spitzer Study and Its Relationship to Science, Religion, Politics, and Culture* was edited by Jack Drescher and Kenneth Zucker (2006, Harrington Park Press, an Imprint of Haworth Press, Inc.) as cited at: http://narth.com/2010/11/yet-another-attempt-to-discredit-the-spitzer-study-fails/ (accessed 5/9/13)

[26] Benedict Carey, "Psychiatry Giant Sorry for Backing Gay 'Cure,'" Health Section, New York Times (May 18, 2012), accessed July 1, 2012, at www.nytimes.com/2012/05/19/health/dr-robert-l-spitzer-noted-psychiatrist-apologizes-for-study-on-gay-cure.html?pagewanted=all.

[27] Rosik, Christopher. "Spitzer's 'Retraction': What Does It Really Mean?" (June 1, 2012). Accessed July 1, 2012, at http://narth.com/2012/06/2532.

19. In 2007, Drs. Jones and Yarhouse published a long-term study of a cohort of "ex-gays" who participated in religiously mediated therapy to change their sexual orientation. Jones and Yarhouse established through a scientific, longitudinal study that change of sexual orientation is possible for some individuals through involvement in religious ministries, and that the attempt to change on average does not appear harmful.[28]

20. In 2010, Elan Karten examined the sexual reorientation experiences of a convenience sample of 117 men using a survey-based correlational design. His study, like Spitzer's, finds that change occurs on a continuum: ranging from the elimination of homosexual attractions to the diminishing/management of homosexual attractions. Significantly, on average, the men in this study reported positive changes w/ respect to psychological well-being as a result of their change efforts. In particular, 100% of the men reported increases in self-esteem and 99.1% in social functioning, while 92.3% reported decreases in depression, 72.6% in self--harmful behavior, 58.9% in suicidal ideation & attempts, and 35.9% in alcohol and substance abuse.[29] These findings of satisfaction with and benefitting in a variety of ways from sexual orientation change efforts replicates those of an earlier study by Drs. Nicolosi, Byrd and Potts.[30]

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[28] Jones, Stanton and Mark Yarhouse, Ex-Gays? A Longitudinal Study Of Religiously Mediated Change in Sexual Orientation. Intervarsity Press, Downers Grove, IL, 2007. See also their more recent article: Stanton L. Jones & Mark A. Yarhouse (2011), "A longitudinal study of attempted religiously -mediated sexual orientation change" Journal of Sex and Marital Therapy, Vol. 37, 404-42

[29] Karten, E. Y, & Wade, J. C. (2010). Sexual orientation change efforts in men: A client perspective. Journal of Men's Studies. 18, 84-102.

[30] Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports,* 86, 1071-1088.

21. In summary, while sexual attractions may not be consciously chosen, one can choose what to do with these attractions once recognized. No one is "born gay." Biological and environmental influences may be fostered or foiled. Therefore, SSA is indeed changeable to varying degrees for many - but not all - who desire this outcome. Sexual orientation change efforts including gender affirming processes are no different from any other psychological therapy. Every form of therapy is an attempt to affect attitudinal and behavioral change of some sort. No therapy - whether pharmacologic, surgical or psychological - is without risk of harm. No therapy has a 100% guarantee of success. Parents, psychosocially mature adolescents and adults have the right to make informed healthcare decisions based on accurate and unbiased information.

22. I attest under the penalty of perjury that the above mentioned statements are true and accurate.

Michelle A. Cretella, M.D.