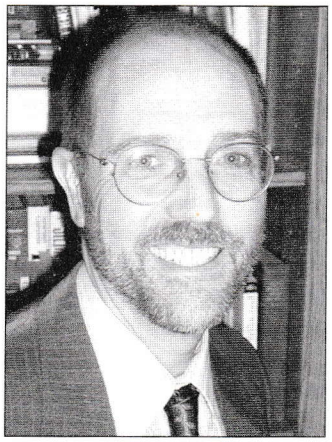
Further Reflections on *The Counseling Psychologist*'s Special Issue on Conversion Therapies and Religion

By Christopher H. Rosik, Ph.D.

In September, 2004, *The Counseling Psychologist* came out with a special issue on conversion or reorientation therapies and religion (Vol. 32 [5]). The articles and commentaries included in this issue are important to many NARTH members who are professional therapists with religiously-grounded value frameworks. In what follows, I want to briefly touch on the articles in this special issue, identify some key themes in the articles and from this make some observations regarding the lessons we need to learn from this work.



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The introduction to the special issue is provided by Susan Morrow and A. Lee Beckstead from the University of Utah. They clarify that the focus of this issue is to advance the scholarly understanding of why religiously conflicted individuals with same-sex attractions pursue conversion therapies, their experiences of such, and how to provide clinical care that does not add to the existing conflicts.

In the next article, these same authors report on a study of 50 individuals who were Latter Day Saints and sought conversion treatment. They report on the participants' depictions of their motivations, perceptions of the benefits and harms of treatment, and factors that led to the synthesis of a positive identity. They noted that all of the participants made some change in self-acceptance, and attributed this to the client's acceptance or rejection of reparative therapy's principles.

Douglas Haldeman from the University of Washington next presented three clinical cases as a vehicle for outlining a rationale for his "person-centered" approach to treatment of same-sex attractions. He describes this approach as a discernment process with goals that may or may not result in a path similar to gay-affirmative therapy. Erinn Tozer and Jeffrey Hayes from Pennsylvania State University then report on their study of 76 women and 130 men surveyed through the Internet. They concluded that individuals with an intrinsic religious orientation tended to view conversion therapy as a viable option and that internalized homophobia mediated this relationship. In my judgment, however, this relationship may be confounded by the participants tending to be in the latter phase of solidifying a GLB identity and by the construct circularity of the instruments used whereby internalized homonegativity may simply be a measure of devout religiosity.

The special issue ends with a number of commentaries on the main articles. The most helpful of these is by Roger Worthington from the University of Missouri-Columbia, who argues for the need to differentiate between sexual orientation, sexual identity, and sexual orientation identity. His hope is that the debate over conversion therapy may be depolarized somewhat by both sides acknowledging that their treatment focus is on sexual identity and that sexual orientations are relatively immutable. The least helpful commentary is that of John Gonsiorek from Capella University, whose comments seemed to be dripping with condescension and reproach for reorientation therapies and practitioners. Other commentaries are made by Marie Miville and Angela Ferguson, from Columbia and Harvard Universities, respectively, as well as Julia Phillips from the University of Akron. A brief final rejoinder from the authors of the featured articles ends the special issue.

Key Themes

Positive Themes. To be fair to the authors, there was what I would consider to be a number of positive aspects to the scholarship presented in this issue. Foremost was the clear recognition of the importance and legitimacy of religion and religious concerns in the lives of many persons who seek to increase their heterosexual potential. Haldemann, for example, acknowledges that religious affiliation can serve as an organizing aspect of identity and that not all conflicted religious homosexuals can let go of their conservative religious traditions. More affirmatively, Miville & Fergus state, "It is sometimes a difficult but no less healthy or adaptive strategy to 'choose' family or religion over an 'out' sexual identity as counterintuitive as that may seem for many psychologists" (p. 769). In fact, Haldeman presented a case where a man he was seeing ended up choosing faith and his family over his sexual orientation.

A second helpful acknowledgment made by at least some of the authors was that legitimate treatment goals and outcomes need not be rigidly dichotomized into committed gay-affirmation or complete change in same-sex attractions. This appeared to be at least a partial nod to the ethical mandate to respect diversity. Haldeman noted that not all clients can enter into or benefit from gay-affirmative therapy and warned that gay clinicians may be at particular risk of countertransference reactions toward conservatively religious clients.

Changes in Identity to be Respected

Changes in client identity, such as codifying one's sense of self around religious faith and values, are to be respected even when same-sex attractions may continue to some degree. There is generally not the impression in this special issue that a conservative religious identity has to be jettisoned in favor of an out gay identity whenever homosexual feelings are not completely eliminated.

A third theme that seemed positive to me concerned the authors' willingness to acknowledge that some clients did report benefit from conversion therapies. This was evident to a sufficient enough degree that in the final rejoinder the authors reported a substantial number of the reviewers of the main articles criticized their proconversion therapy biases. Yet what was most fascinating to me is that none of the authors could in any way approve of such therapy as a viable option. Reading the articles I often felt that I was witnessing these authors going as far as they could stomach in recognizing some clients' beneficial experiences of reorientation therapy.

The male authors in particular seemed wedded to an essentialist view of sexual orientation that per force must explain any client reports of benefit in terms that do not question the unassailable immutability of homosexual orientation. These explanations for reported benefits from conversion therapy included direct or indirect changes in self-acceptance and identity (Beckstead & Morrow), sexual identity management (Haldemann), being in the early stages of GLB identity development (Tozer & Hayes), lacking awareness of unconsciously registered harm (Worthington) and client acceptance of unscientific etiological explanations of same-sex attractions (Phillips).

This apparent willingness to acknowledge client benefit from conversion therapies needs to be further tempered by the fact that many of the authors view such a concession as only a temporary necessity. The ultimate goal is not to enhance the understanding and practice of whatever is therapeutic in conversion therapy, but to create a society in which there will be no religious conflicts concerning homosexuality and no client interest in modifying same-sex attractions. "Until homonegative and heterosexist systems are changed," assert Beckstead and Morrow, "counselors and researchers must develop broader approaches that help those within these systems to value themselves" (p. 688). Similarly, Haldeman concludes his treatise by stating, "Until the world is free of antigay bias and prejudice, we need to be as responsive to all people that are affected by it" (p. 714).

Negative Themes. The most disappointing aspect of this special issue is the complete lack of diversity in the attitudes toward change-oriented therapies. One might hope that in a journal focusing on conversion therapy and religion, the editors would solicit a contribution from at least one author who had some sympathies toward reorientation treatment and/or a traditional religious sexual ethic. Alas, in this regard the results of this scientific "dialogue" were predetermined. "Despite our wish to avoid contributing to polarization of religious/spiritual and sexual orientations," write Morrow and Beckstead, "all of the authors hold that conversion therapies are based on oppressive, misleading, and unsupportable hypotheses and that such therapies have the potential to cause considerable damage to clients who undergo them" (p. 648). So much for a fair or objective hearing on the topic.

The authors conclude with an outright acknowledgment that their goal was not primarily to be objective: "In light of the fact that we all identify as LGB-affirmative and almost all as either lesbian or gay—as well as "out and proud" about our identities—it became clear to us that it is not possible to choose between objectivist 'science' and politics in the interest of fairness or neutrality." (p. 780).

I only wish the position statements of our main professional mental health organizations concerning reorientation treatments would be so forthcoming about their priorities.

A second theme is the rejection of legitimizing change-oriented therapies as consistent with the ethical principle of diversity. The fact that this argument even has to be addressed by some of the authors suggests that the work of Mark Yarhouse and others on this subject is gaining ground. Gonsiorek in particular seems to react emotionally to the diversity argument, summarizing his view as follows: "The progression, then, seems to be to use a diversity argument to gain acceptance of nonscientific thought as scientific so that diversity of both ideas and people can then be attacked from within psychology. Conversion therapy, then, is a kind of intellectual virus, as it operates within psychology, attempting to trick a host into gaining entry so that it can attack from within using its own mechanisms" (p. 757). By juxtaposing religious values with the principles of science and viewing the former as incompatible with the latter, Gonsiorek creates a handy straw argument. In doing so he seems to adopt a very positivist view of social science and avoids having to acknowledge the well know dictum that "all data are theory laden," as evidenced, for example, in the way the researcher's value presuppositions shape how constructs are operationalized and what hypotheses are considered for testing.

Another theme was the criticism of conversion therapies for their lack of empirical support. Even the supportive studies were dismissed in an offhanded manner. "Thus," stated Morrow and Beckstead, "the research base that supports the effectiveness of sexual reorientation is void of systemic, well-established methodologies that are needed to obtain valid scientific results" (p. 645). They critique the studies by Spitzer and others and point out some valid limitations, but seem unwilling to acknowledge the reality

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that the study of gay-affirmative therapies in particular, and homosexuality in general, is replete with these same sorts of methodological drawbacks (e.g., sample selection bias, problematic variable definitions, lack of long-term outcomes). In addition, as I have pointed out many times before, critiques of conversion therapy based on limited research support are a kind of double bind argument. Even as opponents of change-oriented treatments demand more empirical support for such therapies, they display no inclination to offer their considerable access to research funding and technologies to proponents in organizations like NARTH who have comparably miniscule resources. It is thus a convenient if not somewhat disingenuous argument.

Finally, I would consider the most egregious theme of this issue to be the repeated caricature of the motives of conversion therapists. The authors' basic understanding of the belief system of reorientation therapists is summarized most clearly by Worthington:

> The proponents of sexual reorientation treatments tend to rely on a common set of assumptions that (a) heterosexuality is biologically, psychologically, and morally superior to same-sex orientations; (b) the "causes" of same-sex orientation (apart from heterosexuality) are known and understood; (c) same-sex orientations are a choice; (d) sexual orientation, apart from sexual orientation identity, can be changed; (e) treatment designed to effect change is not only reasonable and appropriate but also preferred; and (f) the pursuit of "effective" reorientation therapies is needed (pp. 745-746).

Item (a) may be accurate for many change-oriented clinicians. The rejection of this tenet suggests the following assumption for opponents: Anatomical functionality nor emotional complementarily have no bearing on societal preferences among sexual orientations, which should all be equally esteemed (and to believe otherwise is immoral). Item (b) seems to me to be an overstatement. While many of us have etiological perspectives on same-sex attractions that include influences anathema to gay-affirmative therapies, the most reputable spokespersons for reorientation treatments appear to me to hold an interactionist viewpoint, where same-sex attractions are the result of an individualized mixture of biological, temperamental, psychodynamic and environmental factors. Since there is no clinical condition I know of whose cause is completely understood (otherwise treatment would be 100% effective), to accuse reorientation therapists of such hubris is a bit of a slander. Presumably, opponents hold the inverse belief: The causes of homosexuality are unknown and not understandable at present. This would be rather ironic in light of the heavy-handed marketing of the gay gene theory in the normalization of homosexuality over the past 15 years.

Item (c) also reads at best as a caricature and at worst as a smear of the conversion therapist. I am unaware of any professional clinician working with clients in the modification of their same-sex attractions who would hold that all of them have made conscious choices to be gay, lesbian or bisexual. If this were true, then conversion treatment would be primarily a single session venture. The implication is that opponents hold the following view: Choice plays absolutely no role in same-sex orientations. Yet there is ample literature to refute this notion, particularly among lesbians. Clearly, the all-or-nothing view of choice in same-sex attractions is an untenable position given modern scholarship. Item (d) seems accurate as far as it goes, that in some instances clients do appear to experience change in sexual orientation that is beyond simple modifications in sexual identity. Opponents presumably would hold the alternate belief: Only changes in sexual identity, not sexual orientation, can ever occur. Fortunately, this perspective is so extreme that it takes only one case to refute it, and the work of Spitzer and others have amply provided us with such examples.

I believe most NARTH members would agree with item (e) regarding reorientation treatments being reasonable and appropriate when freely sought by the client, though not all might feel these treatments should be preferred. Therefore, I surmise that the opposite assumption held by opponents goes something like this: Change-oriented treatment is unreasonable and inappropriate and should be discouraged (if not banned). At least this much is clear—say good-bye to client autonomy and choice. Finally, I am sure that item (e) would also be endorsed widely by NARTH members. We understand there is a professional obligation to identify the active components of therapeutic conversion treatments and further develop the effectiveness of our work. By way of contrast, opponents appear to hold the following assumption: There is no such thing as effective reorientation treatment so it is useless to try to make improvements. Again, all that is needed to refute this is a single case to the contrary, and there is now such a multitude of data supporting the therapeutic occurrence of change that the open-minded person must acknowledge it.

Given these reported assumptions, which we have seen are not all together accurate, the contributors to this special issue too often proceed to rather wild and alarmist speculations about the ultimate ends of reorientation therapists. Worthington asserts, for example, "the consequence of applying these assumptions to professional psychological practices results in the oppression of SSA individuals" (p. 746). An even more fascinating accusation that of overt promotion of theocracy, is offered by Gonsiorek: "At their core, conversion therapies seek to legitimize the use of psychological techniques and behavior science to enforce compliance with religious orthodoxy" (p. 755).

Moreover, it appears to be incomprehensible to most of the authors that some clients can and do make informed, free decisions to pursue reorientation therapy. "The self-determination argument...," comment Morrow and Beckstead, "is called into question as opponents of reorientation point out the fallacy of choice in a society that restricts the freedom to choose. Specifically, the choice to change-orientation is unclear as long as religious, familial, and societal pressures make same-sex attractions unacceptable" (p. 645). I wonder why this logic is never applied to other facets of religious and societal life. For example, is it not possible for a devoutly religious couple to freely choose to seek therapy that might help them avoid divorce in spite of the fact that divorce is seen as a negative within their religious tradition? Must their faith tradition be revised to where divorce is equally affirmed with marriage before such a couple can be considered able to make a free choice for marital therapy? An affirmative answer to this latter question would seem to be the untenable implication of these authors' sentiments.

Some Lessons We Should Learn

In reading through this special issue and observing the aforementioned themes, I am convinced that this work has some very important lessons to teach NARTH members.

Change-oriented therapies and their practitioners remain a clear target for ostracization and ultimate professional elimination. As Morrow et al., conclude in their rejoinder, "Given that conversion therapies rest on faulty scientific claims and risk serious harm to clients, we contend again that such therapies are unethical, and we agree with Worthington and Gonsiorek that the American Psychological Association (APA) should be encouraged to follow the lead of the National Association of Social Workers and other professional organizations in taking a stand against conversion therapies" (p. 782). Even religiously affiliated training programs can expect increasing scrutiny, as Gonsiorek implied in his ominous sounding observation that, "APA tolerates discrimination on the basis of sexual orientation in some of its training programs but on no other basis—for now" (p. 758). Clinicians thus need to be very cognizant that an activist segment of their professional associations perceives it to be a moral imperative for you to be at least marginalized and preferably forbidden from providing professional mental health services to clients who seek to change.

The version of the gay-affirmative position represented in the journal assumes an obligation to encompass societal change and therefore is committed to being socio-politically aggressive. Their vision for GLB psychological health is that an individual gay-affirmative transformation cannot occur without societal gay-affirmation transformation as well. As Morrow et al. contend, "...there are not individual solutions for social problems; we propose that counseling psychologists have a responsibility to effect change at a societal level if we hope to promote integration within clients in conflict" (p. 780). This may help explain why allowance for scholarly debate, representation of diverse viewpoints, unhurried deliberative process, and acknowledgement of the limitations of social scientific findings all appear to go out the window in decisions such as the American Psychological Association's recent position statement endorsing gay marriage. The presumed moral rectitude of the social change takes precedence over such considerations. This is a fine example of the ends justifying a means wherein the social scientific endeavor is compromised.

The current sociopolitical and professional climate surrounding the practice of reorientation therapies strongly suggests the need for practice guidelines. I think the time has come for NARTH to develop such practice guidelines for at least two reasons. First, we want to promote ethical and effective treatment to clients seeking change. Second, as the special issue displayed, if we do not define what it is we do in our therapy, then opponents will do this for us, and in a derogatory fashion. I would recommend that NARTH authorize a committee to develop a working draft of practice guidelines, and then submit this to the membership for comment before authorizing a final version of the guidelines. The formal guidelines can then be posted on the NARTH web site to be downloaded by anyone wishing to know. Again, this would be instructive for those wanting to learn about and/or practice change-oriented treatments and help prevent mischaracterization of our approach by those interested in discrediting our work. One of my initial suggestions for these guidelines is that they be inclusive enough to encompass our diversity while providing clear rationale for core aspects of treatment. Relevant studies from the scholarly literature could be copiously referenced to underscore the theoretical and scientific basis of treatment. I would further recommend that terms such as "conversion" or "reorientation" be avoided in favor of more specifically behavioral descriptions of what occurs. This permits the recognition of a broader range of treatment goals that are not narrowly limited to defining success only as complete elimination of same-sex attractions. It also avoids aspects of our terminology that may have out grown their usefulness given opponents' significant efforts to stigmatize them.

Practitioners of change-oriented therapies need to be provided with practical tools that can assist them in minimizing the potential clinical, ethical and legal risks of this field. I would like to see NARTH provide for its professional members downloadable forms specific to working with clients seeking change. For example, it would be quite beneficial to have a boilerplate version of a consent to treatment form for same-sex attractions that could be adapted by clinicians according to their unique situation. The availability of such resources to members only might also serve well the goal of continuing to expand our membership base.

The conducting of empirical research must be a top priority for NARTH. No other association has more intellectual

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resources (if not always the financial resources) to conduct research from outside the constricted bounds of a blindly gay-affirmative psychology than NARTH. We must do more than merely comment on the research being published (though this is an important function). We have to go beyond this by actually contributing to the scholarly literature and doing so with the utmost professionalism if we are to be taken seriously as a valid voice within the psychological sciences. This research is not aimed at our activist opponents, who are beyond persuasion, but toward the broad middle of mental health professionals who are (at least in private) willing to consider reasoned arguments and are not ideologically wedded to a hostile position in the debate over the legitimacy of change-oriented therapies. Despite the vast resources behind gay-affirmative research, these individuals and institutions do not have easy access to one source of data that we can readily procure—clients who have and are experiencing change in their same-sex attractions. Our research needs in various ways to document these realities and hold them out to our professions so that the experiences of these clients does not get ignored or discounted.

Conclusion

The Counseling Psychologist has provided a useful service by publishing this special issue, although perhaps not completely in the manner the editors may have envisioned. NARTH can be encouraged that the validity of clients' religious values and the possibility of their experiencing benefit from conversion therapy are affirmed in this work. Alternatively, the special issue offers yet another sober reminder that there are powerful forces at work in our professions intent on reshaping the psychological and moral sensibilities of Western culture regarding human sexuality. Therapists who engage in change-oriented treatments and the clients who experience change in same-sex attractions constitute a formidable obstacle to the attainment of this mission, and as such are a prime target for professional delegitimization. NARTH is in a unique position to assist its practitioners through providing professional resources, conducting research, and being a supportive voice in our professions and the greater culture. Collectively, we have a voice that is now more than ever being taken seriously, as I believe is substantiated by the publication of this special issue.