

New Journal Article Makes the Case for Reorientation Therapy

By Linda A. Nicolosi

During this time when pressure by gay activists continues against reorientation therapy, few writers are bold enough to step up to the plate and make a case in its defense. Christopher Rosik has done so in his well-documented new article, which is posted on the NARTH website.

Dr. Rosik describes the mental-health associations' efforts to oppose reorientation therapy on the basis that it is unethical. The article then outlines several reasons why clients would seek such therapy. It reviews the data suggesting that change is possible and that psychotherapeutic assistance is indeed ethical. It closes by outlining a framework within which such therapy could be conducted.

One reason for the intellectual silence regarding sexual reorientation therapy is institutional disinterest in research projects that could provide supportive evidence for reorientation therapy. As Dr. Rosik states, funding for such a project can rarely be found:

"Institutions, which are designed to fund and conduct research, are simply not going to sanction any study of homosexuality that can be construed as falling outside the affirmative position. An academician who chooses to research homosexuality in this climate would be committing vocational suicide by investigating hypotheses or publishing findings of a non-affirming nature."

Another barrier is the unspoken rule that non-gay-affirming articles will generally not be published, so the author of such a study may very well discover he is wasting his time:

"Moreover, even were such research conducted, attempting to publish it in the vast majority of highly regarded professional journals is a herculean task. The publishing organizations and their affiliated manuscript reviewers are typically committed to an affirmative perspective and unlikely to be receptive to studies not in line with this."

This "unspoken rule" has created a situation in which it is often repeated that *little or no research exists* to support conversion therapy. In fact, the American Psychological Association blatantly states in its brochure, "Answers to Your Questions about Sexual Orientation and Homosexuality," that homosexuality is not changeable.

**"Conversion Therapy
Revisited: Parameters
and Rationale
for Ethical Care," by
Christopher Rosik, Ph.D.,
The Journal of Pastoral Care,
Spring 2001, vol. 55,
no. 1, pp. 47-67.**

Dr. Rosik says that this claim that "there is little contemporary research to support conversion therapy" is in fact "inaccurate and misleading."

In support of the claim that change in attractions is possible, Dr. Rosik cites the research of Lisa Diamond, who found that almost 40% of the women she studied had made shifts in their attractions between lesbianism and heterosexuality. Most of this change had occurred *without* psychotherapy;

in fact, 58% of 90 women in lesbian partnerships said they had made a conscious choice in assuming their sexual orientation.

In discussing the likely causal factors relating to homosexuality, besides conscious choice (which is more common in lesbianism), Dr. Rosik identifies childhood gender-identity disorder as a factor, and cites the success reported by clinicians working with gender-disturbed children.

He also points to the research linking childhood sexual abuse with development of a homosexual orientation in both men and women, and observes that these experiences could constitute "an important developmental influence on sexual orientation for a significant portion of homosexual men and women." In the studies he surveyed, sexually abused adolescent boys were up to seven times more likely to self-identify as gay or bisexual than their non-abused peers. One recent study of 110 gay and bisexual men found that fully *half* the sample had a history of abuse, with an average frequency of about 25 sexual contacts per child before the age of sixteen.

Should conversion therapy be banned because of the difficulty of achieving the therapeutic goal? If so, Dr. Rosik says, then there should be a similar ban on therapy to, for example, promote weight loss; in such a case, only affirmative counseling would be permissible.

Indeed, if psychology truly wishes to acknowledge (and celebrate) diversity and multiculturalism, it cannot exclude reorientation therapy.

Dissatisfied homosexually oriented persons "deserve to be treated with the same respect and dignity afforded to anyone in the human community," he says. "In a counseling setting, this translates into being given the freedom to select the type of treatment and identify the treatment goals." ■