

# APA SYMPOSIUM SEEKS COMMON GROUND

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*The following article describes the symposium on sexual-reorientation therapy held this past summer at the annual meeting of the American Psychological Association. The event was organized as a reading of papers (not a debate). Two psychologists spoke for the "therapy can be ethical and effective" position.*

*Two gay-activist psychologists approached the subject from a gay-affirming position. Surprisingly, one of the two--Douglas Haldeman--actually defended the client's right to pursue reorientation therapy.*

*Psychologist Martin Koretzky attended the symposium as an observer. His report is as follows:*

A remarkable program took place on August 7th at the American Psychological Association Annual Meeting for the Year 2000.

Held in Washington, D.C., the two-hour Symposium was entitled "Gays, Ex-Gays, Ex-Ex-Gays—Examining Key Religious, Ethical, and Diversity Issues." The event was co-sponsored by APA Division 36 (Psychology of Religion), along with Division 44 (Society for the Psychological Study of Lesbian, Gay and Bisexual Concerns) and the APA Public Interest Directorate.

With a tone of mutual respect, the four speakers presented data, observations and opinions originating from both sides of the divide which usually separates proponents vs. opponents of sexual reorientation therapies. A standing-room-only audience of approximately 200 psychologists listened with rapt attention throughout.

Symposium Chair Mark A. Yarhouse, Psy.D., of Regent University introduced the session. He explained to a somewhat restless audience the desire of all participants to seek common ground, guided by the ethical principle of respect for the values and wishes of individuals seeking treatment. With these words, and with the subdued and professional tone of each presenter, the audience settled into quiet attentiveness.

The first presentation consisted of preliminary results of a recent study by Ariel Shidlo, Ph.D. of Columbia University and Michael Schroeder, Psy.D. of The Schroeder Group. The study is entitled, "National Study of Sexual Orientation Conversion: Empirical and Conceptual Issues."

The methodology included interviews with former patients who answered advertisements placed in gay publications, and former patients referred through Exodus International contacts. The preliminary data indicated sever-

al factors considered "helpful" in their lives by former patients, and a larger number of factors considered "hurtful."

The next presenter was Warren Throckmorton, Ph.D. of Grove City College with a paper entitled "Review of Empirical Findings Concerning Ex-Gays." Dr. Throckmorton drew a distinction between two philosophical perspectives: the "essentialist" position (that categories such as homosexual, bisexual and heterosexual are fixed and unchangeable), and the "social constructionist" position (that sexual identity is socially constructed, and thus changeable). He also noted the vagueness and definitional imprecision of the term "sexual orientation."

Those with an "essentialist" position tend to see sexual orientation as intrinsic to "who a person really is." They believe that reorientation therapy may succeed in changing self-identity, but they say it will never change sexual orientation, because orientation is fixed and immutable.

Those theorists who view sexual orientation as "socially constructed," however, usually accept self-reports of change at face value. If a person says he is "ex-gay," the social-constructionist will tend to assume that his change in self-identity is equivalent to a change in sexual orientation.

Building on these distinctions, Dr. Throckmorton reviewed empirical studies of individuals seeking change, with particular focus on studies which include ex-gay ministries as a treatment component. He cited a number of studies which report successful sexual-orientation change, as well as reports of individuals who did not change, and feel they were harmed by therapy.

He noted the limitations of these studies, but then observed that debating about their conflicting results may constitute a mistaken focus. Instead, Dr. Throckmorton concluded, the mental-health professions should investigate how therapists can reduce the likelihood of negative therapeutic outcomes.

Next, Douglas C. Haldeman, Ph.D., an independent practitioner in Seattle, WA, presented "Gay Rights, Patient Rights, Implications of Sexual Orientation Conversion Therapy." Dr. Haldeman is a prominent gay-affirmative theorist who has criticized reorientation therapies.

Dr. Haldeman said that studies which have investigated the effectiveness of sexual-reorientation therapy lack scientific rigor. Thus it is impossible, he said, to make meaningful generalizations about these treatments. "From the perspective of gay theorists and activists, however," Dr. Haldeman said, "the question of conversion therapy's efficacy, or lack thereof, is irrelevant. It has been seen as a social phenomenon, one that is driven by anti-gay prejudice in society..."

Surprisingly, though, Dr. Haldeman went on to say that such therapy is not necessarily harmful or unethical: "There appear to be many dissatisfied homosexually-oriented individuals who seek psychological guidance or spiritual intervention to achieve a goal they identify as a

change in sexual orientation...some...particularly those who have experienced less invasive styles of conversion therapy, seem not to have been affected adversely..."

He went on to reiterate strongly the well-known APA position that mental-illness-based views of homosexuality lack all scientific merit, and therefore should not be discussed in a scientific symposium. He also stated his conviction that historically, the conversion therapy movement appears to be intimately associated with anti-gay prejudice.

But he granted that the client with strong religious convictions about sexuality has the right to pursue change. He said, "A corollary issue for many is a sense of religious or spiritual identity that is sometimes as deeply felt as is sexual orientation. For some it is easier, and less emotionally disruptive, to contemplate changing sexual orientation, than to disengage from a religious way of life that is seen as completely central to the individual's sense of self and purpose."

"However we may view this choice," Dr. Haldeman said, "or the psychological underpinnings thereof, do we have the right to deny such an individual treatment that may help him to adapt in the way he has decided is right for him? I would say we do not."

The final paper, delivered by Dr. Yarhouse, was entitled "Respecting Religious Diversity: Possibilities and Pitfalls." Dr. Yarhouse stressed that religion is a legitimate, though often overlooked expression of diversity. True respect for diversity requires tolerance of conservative religious expression, as well as liberal expression.

He identified ways in which gay-affirmative theorists and conservative religious persons fail to appreciate each other's perspective. He placed special emphasis on religious vs. sexual priorities in organizing one's core identity.

Finally, Dr. Yarhouse identified a continuum of service options for clients who experience same-sex attraction, including reorientation/reparative therapy, chastity/celibacy, sexual-identity management, and gay-affirmative therapy. Respect for client values and wishes, he said, should guide the choice of service selected.

Several areas of agreement seemed to emerge from the presentations. First, all agreed that respect for client diversity must include the right of conservative religious persons to receive interventions in keeping with their deeply-held values.

Second, "best practice" approaches to be encouraged are those which are humane and voluntary. Coercive techniques, all agreed, should be avoided.

Finally, all seemed to agree that there are no conclusive answers possible at this time about treatment efficacy, given existing research and methodology.

Naturally, many highly contentious areas of disagreement remain. Two of these areas were highlighted by questions from audience members near the end of the program.

A gay-affirmative psychologist from a rural area expressed heated objection to the notion that sexual reorientation ministries could be tolerant and non-punitive, based on her own experiences. Dr. Yarhouse responded that a range of options are available in his own area, and urged her to look beyond her immediate experience.

A psychologist asked why NARTH has not been allowed a presence at APA meetings. Dr. Haldeman responded that NARTH's position that homosexuality constitutes a developmental disorder goes against APA policy, and therefore cannot be included in the discussion.

More impressive than particular findings, in my opinion, was the simple fact that such a symposium was held at all--especially with such a tone of mutual respect and lack of rhetorical excess.

According to Dr. Yarhouse (private communication), the program began with a conversation between Dr. Haldeman and himself at the previous year's APA conference in Boston. The two agreed that the purposes of the symposium should be to :

(1) discuss the empirical research and implications through the lenses of gay theorists and conservative religious persons, with an eye toward any possible areas of mutual agreement, and

(2) do so in a way that modeled for the audience respect and mutual regard for each other's perspectives, despite areas of disagreement.

The composition of the psychologist audience seemed quite diverse, with representatives of various religious backgrounds (e.g., Jewish, Christian, Mormon), including liberal and conservative expressions of each of these. More than half seemed to be gay/lesbian supporters, some of whom were also religious--with a significant, though considerably smaller number of religious conservative persons.

To this observer, the symposium fully accomplished the purposes noted above. One can only hope that this effort will become a model for future thoughtful discussion of all issues surrounding sexual orientation, identity and change.

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