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Feature Article: **JAF6381**

SEXUAL ORIENTATION CHANGE EFFORTS: WHAT'S BEING REPAIRED?

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This article first appeared in the CHRISTIAN RESEARCH JOURNAL, volume **38**, number **01** (2015). For further information or to subscribe to the CHRISTIAN RESEARCH JOURNAL, go to: http://www.equip.org/christian-research-journal/.

SYNOPSIS

"Reparative therapy," "conversion therapy," and "sexual orientation change efforts" (SOCE) are terms used to describe any efforts to redirect homosexual tendencies toward heterosexual behavior. These processes are strongly opposed by organizations such as the American Psychiatric Association and other counseling groups. The opposition to SOCE approaches is based on three assumptions these groups make. (1) Homosexuality is today considered a normal variant of sexual behavior and not a mental illness. (2) There are no good data to indicate that SOCE approaches have been successful. (3) Traditional religious prohibitions about homosexual behavior are outmoded and need to be revised to be in accordance with modern science. Proponents of SOCE argue that there have been many successes in changing homosexual behavior and desires in a number of individuals. Professional groups argue that there are no good peer- reviewed studies, but also prohibit their members from being involved in these studies. Policy statements attacking these treatments are not written by an unbiased group; one major statement was written by a team that (with one exception) were all homosexual or bisexual, with all members of the team being well-known homosexual activists. Legislation currently exists in California and New Jersey prohibiting adolescents from receiving this therapy, even if the adolescent desires it. Recent data documents the fluid nature of homosexual inclinations (especially during the teen years), suggesting that these counseling approaches could be very helpful to a large number of teens. Professional groups argue that the only acceptable counseling is that which brings the homosexual to a better acceptance of their state and helps them deal with the rejection they experience from those around them. Christians

need to become knowledgeable about the issues and proactive in bringing the facts before the public.

Homosexuality has gone from being considered a psychopathology fifty years ago to now being thought of as "a normal variant of human sexuality."[1] At the same time, the practice of "reparative therapy" to change homosexual behavior has become controversial. The three most common ways of referring to this treatment are "reparative therapy,"[2] "conversion therapy,"[3] and "sexual orientation change efforts" (SOCE),[4] the latter being the term commonly in use today and the preferred term for discussions.

REPARATIVE THERAPY

Whatever term is used, the goal of this type of therapy is to shift the sexual drives and practices of a homosexual individual to a heterosexual orientation. Approaches to SOCE have varied over the past century. Early "treatments" included a variety of aversion techniques, including electric shocks and giving nausea-inducing drugs.[5] Today the approaches are psychotherapeutic in nature, looking at family dynamics, personal motives for change, and religious concerns. The earlier aversive approaches have all but dropped out of the therapeutic stream, even though SOCE opponents tend to highlight these now-discredited practices in their arguments.

PROFESSIONAL ORGANIZATIONS AND SOCE

Not too surprisingly, the major psychiatric, psychological, and counseling organizations have strongly opposed any efforts at SOCE. An early advisory policy adopted by the Washington State Psychological Association in 1991 stated:

Psychologists do not provide or sanction cures for that which has been judged not to be an illness. Individuals seeking to change their sexual orientation do so as the result of internalized stigma and homophobia, given the consistent scientific demonstration that there is nothing about homosexuality per se that undermines psychological adjustment. It is therefore our objective as psychologists to educate and change the intolerant social context, not the individual who is victimized by it. Conversion treatments, by their very existence, exacerbate the homophobia which psychology seeks to combat.[6]

The 2000 statement of the American Psychiatric Association[7] summarizes the arguments against these approaches: (1) Homosexuality is not a mental disorder, but rather "a normal variant of human sexuality." (2) There are no appropriate scientific studies to either validate or refute the claims of those offering SOCE therapies. (3) There is a growing body of literature that argues against traditional religious prohibitions of homosexual behavior. The document then encourages research that explores the benefits and harm associated with SOCE. However, other statements in the document indicate the APA considers any SOCE efforts to be unethical.

A 2009 report issued by the American Psychological Association[8] restated the organization's opposition to SOCE efforts and left the impression that this was an impartial and unbiased report. The truth is far different: of the seven members on the task force, five were openly homosexual, one was bisexual, and all seven were active in the "gay rights" movement.[9] The composition of the group created an obvious and overwhelming bias toward a homosexual-friendly report. *Appropriate Therapeutic Responses* dismisses any religious considerations, looks only at peer-reviewed literature that supports their position, and recommends only therapy that encourages acceptance of homosexual behavior.

The opposition to SOCE is not universal. A 2009 survey of British mental health practitioners[10] (psychiatrists, psychologists, and other counselors) showed that a significant minority (222 practitioners, 17 percent of the survey population) had participated in efforts to change or reduce the homosexual inclinations of clients who voluntarily requested these services. Some 159 (72 percent) of these therapists felt that the treatment was beneficial to the patients and should be available when requested.

A Minor Dissent

Dr. Nicholas Cummings is in a unique position to offer a perspective on SOCE. He is a past president of the American Psychological Association (1979–1980) and was instrumental in leading the APA in 1975 to state that homosexuality was not a mental disorder. However, he is very open to the idea that homosexuality is not immutable and that certain homosexual individuals can change their sexual orientation through appropriate therapy.[11] He states, "Of the patients I oversaw who sought to change their orientation, hundreds were successful....But contending that all same-sex attraction is immutable is a distortion of reality. Attempting to characterize all sexual reorientation therapy as 'unethical' violates patient choice and gives an outside party a veto over patients' goals for their own treatment. A political agenda shouldn't prevent gays and lesbians who desire to change from making their own decisions."

Perhaps the leading organization that supports SOCE is the National Association for Research and Therapy of Homosexuality (NARTH), composed of scientists and physicians who study SOCE, report outcomes, and serve as a resource for research, counseling, and information on legislative activities [http://www.narth.org/]. The NARTH position is clear: self-identification as homosexual should be a protected act. In the same way, those who want to change should also be free to do so.

FLUID NATURE OF SEXUAL BEHAVIORS

One of the key questions in the debate about SOCE is this: how "permanent" is the homosexual state? Is homosexuality determined only by one's biological makeup? Is a person "born gay," therefore making that a permanent situation? Are there factors related to childhood that influence a person's sexual choices? The question is not easily answered for a variety of reasons. There is no clear definition of exactly who is truly "homosexual." As we have already seen, professional societies that provide treatment and counseling for psychological issues have taken stands that preclude impartial investigation of the question.

Perhaps the first attempt to categorize sexual inclinations was the Kinsey Heterosexual-Homosexual Rating Scale (1948),[12] still widely used today in many studies dealing with homosexuality. Sexologist Alfred Kinsey assumed that there was no clear dividing line between heterosexual and homosexual individuals, but rather a continuum of sexual propensities. Some people may be exclusively heterosexual, while others may be exclusively homosexual. Kinsey found that the majority of the population occupied some intermediate position on the six-point scale, expressing a tendency toward either heterosexual or homosexual behavior, but still possessing some level of experience, thoughts, or feelings toward the other end of the spectrum.

One problem with the Kinsey rating is its reliance on only the expressed preference of the individual. One person might rate himself (or herself) as "exclusively heterosexual" while another person could consider himself "exclusively homosexual." The intermediate rankings create problems and confusion. How do we classify the individual with a rating of "predominantly homosexual, but more than incidentally heterosexual"? Then there is the bisexual person who is "equally heterosexual and homosexual," enjoying sexual relationships with both men and women. These distinctions are rarely considered in discussions of the issue. At different periods in a person's life, their rating on the Kinsey scale can shift markedly, especially during those times of sexual experimentation. This flexibility makes it difficult to evaluate studies of homosexual behavior and claims of changes in sexual orientation.

Causes of Homosexuality?

What set of circumstances gives rise to homosexual behavior has been hotly debated for a hundred years. In spite of its advocacy for an inborn, immutable cause of homosexual behavior, the American Psychological Association is honest enough to admit that "there is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors."[13] We simply do not understand what moves a person toward homosexual attraction and engagement.

SOCE issues under current legislative consideration focus on involvement of adolescents in this form of therapy. Opponents of SOCE feel that all involvement by adolescents is coercive, while supporters believe that adolescents should be free to choose this assistance if they desire it. One confounding variable is the fluid nature of sexual interest and involvement during the teen years. One recent survey of articles on teen sexual orientation[14] cites a study of 289,767 Canadian students in which 1.5 percent of boys and 3.0 percent of girls considered themselves bisexual, mostly homosexual, or 100 percent homosexual. However, when asked about their sexual experience, over twice as many students (males and females) reported sex with someone of the same gender at some point in the past year. A U. S. study cited in this paper reports similar statistics.

In testimony before the Massachusetts Senate Judicial Committee in 2003, Dr. Jeffrey Satinover reported on a 1994 study of sexual practices (funded by a number of government agencies).[15] He said:

Let me put this in context: Roughly ten out of every 100 men have had sex with another man at some time—the origin of the 10% gay myth. Most of these will have identified themselves as gay before turning eighteen and will have acted on it. But by age 18, a full half of them no longer identify themselves as gay and will never again have a male sexual partner. And this is not a population of people selected because they went into therapy; it's just the general population. Furthermore, by age twenty-five, the percentage of gay identified men drops to 2.8%. This means that without any intervention whatsoever, three out of four boys who think they're gay at age l6 aren't by 25.

It should be noted that the latest report from the Centers for Disease Control and Prevention (2013 survey) indicates that 1.8 percent of males would consider themselves as homosexual.[16]

The significance is clear: there is a great deal of sexual experimentation that takes place during adolescence. Many teens may have a same-sex encounter out of curiosity or peer pressure. They may be drinking and lose control of the situation. Whatever the reason for the same-sex activity, the concern may exist on the part of the adolescent that he (or she) is homosexual, when he is actually just going through some exploring (healthy or not is another issue) at this stage in his life. By banning any possibility of appropriate counseling, these teens will be led down a path that is ultimately destructive. If the only "appropriate" form of counseling is to support their supposed homosexual tendencies and encourage them to accept this as their sexual orientation (as is recommended by a host of mental health organizations), confusion and unhappiness is the obvious end result.

There is also evidence to suggest that lesbian tendencies are quite fluid. One study found that many women undergo several changes in sexual behavior as they move through adolescence and into adulthood.[17] Many of the women in the study could not give a clear answer as to whether they were heterosexual, bisexual, or homosexual—the response differed depending on when they were asked. These women would move from lesbian to heterosexual relationships or from heterosexual to lesbian ones, sometimes shifting back and forth over a period of years.

CURRENT AND FUTURE LEGISLATIVE EFFORTS TO BAN SOCE

Ever since the vote by the American Psychiatric Association in 1973[18] to remove homosexuality from the list of psychiatric disorders in the official Diagnostic and Statistical Manual of the organization, homosexual activists have been pressing for more power and control in the larger society. One approach has been to outlaw any efforts to change the sexual orientation of individuals. It was not enough to incorporate such prohibitions against SOCE into the codes of conduct for different professional organizations. Efforts to regulate such therapies by law now began. Since professional health care practices and privileges are defined at the state level, the attacks began state by state.

Not surprisingly, California became the first state to enact a ban on reparative therapy (SB 1172), signed by Gov. Jerry Brown on September 30, 2012. In 2013, New Jersey passed a similar bill banning attempts to change sexual orientation (P.L. 2013, Chapter 150). The opening portion of the New Jersey bill uses the exact same wording as the California bill; the two bills differ only in the specific wording of the ban.

Both bills draw heavily on official position papers from the American Psychiatric Association and other national organizations, stating that homosexuality is not a disease, that "reparative therapy" or "conversion therapy" (their terms) efforts have no

strong scientific foundation—while some "anecdotal" reports indicate success, other "anecdotal" reports do not show effective results. The only acceptable therapy for homosexual individuals who are conflicted about their orientation is to provide positive affirmation and promote self-acceptance of their situation. The wording is obviously targeting minors who may be put into SOCE programs against their will. However, the laws specifically state that a consenting minor is not allowed to undergo SOCE even if the minor himself/herself actively seeks such therapy. Again, the bans deal with practices of licensed professional counselors and states (as does the California bill), dictating that the only acceptable counseling is that which helps the homosexual individual come to a greater acceptance of their orientation. Similar legislation is being considered in other states.

These bills argue that reparative therapy is abusive and harmful (although no evidence is provided). Furthermore, the California bill suggests that family rejection (as manifested by forcing the minor into SOCE) produces higher levels of depression, drug use, suicide attempts, and engagement in unprotected sex, citing a 2009 study.[19] If we look at the article cited, we see that the family rejection is a rejection of the homosexual lifestyle. No mention of reparative therapy is made in the article. In addition, the data are based on surveys of perceptions of the homosexual individuals themselves, with no information given about how the family responded to the situation. Again, we see legislation based on flawed, incomplete, and misleading science.

EFFECTIVENESS OF REPARATIVE THERAPY

How well do reparative therapy programs work? That depends on who is asked. Various professional groups believe they don't work at all. The literature on effectiveness is spotty and marred by the prohibition by professional organizations on carrying out this type of treatment. Two recent studies[20] analyze methodological flaws in studies, but ignored data on effectiveness of treatment. A lot of the focus was on earlier aversion therapy studies (generally considered both ineffective and unethical even by SOCE practitioners). The suggestions for strengthening research rigor were useful, but will not be implemented as long as the idea of such treatment is considered unprofessional.

A major problem in assessing the success of SOCE is the opposition of professional groups. When the statutes in both California and New Jersey state that there is no "rigorous scientific research" to support this type of treatment, this is a true statement. However, the reports are not there because the professional societies reject the approach and are not open to a serious evaluation of the situation. Dr. Elan Karten tells of the opposition to publishing her studies.[21] She found significant changes in

behavior and attraction in a group of 117 males who were struggling with same-sex attraction. "But I couldn't get my research published," she says. "The American Psychological Association (APA) wouldn't touch it, and neither would any respectable journal because to do so would lead to censure and even ostracization by one's peers in the psychological community. The APA disparages reparative therapy with their cry of 'no scientific evidence proving the effectiveness of therapy,' but I point my finger back at them. Do they even want to know about it? Would they even publish hard data if it bit them in the face?"

Other recent events also create confusion. Dr. Robert Spitzer, author of an earlier paper supporting reparative therapy, retracted his research and apologized for the problems it caused.[22] However, other researchers point out that his original conclusions about the efficacy of SOCE are still valid.[23] A former leader of the now-disbanded Exodus group of ex-gays has apologized for advocating reparative therapy and causing pain to many people.[24] So the controversy continues.

THE CHRISTIAN RESPONSE

Opposition to SOCE is formidable. Almost every professional organization strongly opposes this approach, endorses a homosexual lifestyle as a "normal variant" of human sexuality, and openly attacks traditional religious views of homosexual behavior. The Christian response needs to be one of honesty, wisdom, humility, and prayer.

Honesty requires that we do not exaggerate the successes of SOCE. "Testimonies" tend to get very inflated and the truth is often stretched. We need to be soberly assessing the information about SOCE efforts, both to learn and to present the truth to the world. Wisdom calls us to evaluate critically the information (both internal data and that from other organizations). We need to confront the errors being propagated in print, on radio and television, and especially in our governmental bodies. Research is available to make our point, but we need to unearth it and share it. Humility calls for us to respond in love when we are attacked, and prayer must undergird all our efforts. Our goal should be to inform the public of the truth in this situation.

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