

Is Sexual Re-orientation Possible? by Warren Throckmorton, PhD

For some, answering this question--Is Sexual Reorientation Possible?-- is a simple matter of finding an instance of sexual reorientation. And they are easy to find, if you look. So for them, this question is quickly answered in the affirmative. However, for others, the question is theoretical. Some have decided that sexual reorientation is impossible and therefore any change that an individual might claim could not possibly be sexual reorientation. They deduce that it might be some kind of change but most assuredly it is not sexual orientation change. Why not? Because some have decided that sexual orientation, whether homosexual or heterosexual, is a fixed personality trait, resistant to modification. So no matter what evidence of change is produced, the theoretically oriented observer finds some other explanation: Perhaps, these ex-gays were really bisexual, and they are suppressing their homosexual side. Perhaps some of them are still homosexual and are acting straight but they will always be unhappy because they are being untrue to themselves. So anyone who seeks to answer the question posed by this article should be aware that one's beginning assumptions will color dramatically how one sees the "evidence."

Several professional associations say there is no evidence for change in sexual orientation. First of all I submit that the assumption behind these statements is that sexual orientation is fixed and cannot change. These association statements are based on assumptions that sexual orientation is a genetically determined trait that is obligatory for the individual. For instance, the American School Counselors Association (ASCA) in 1995, stated "ASCA acknowledges that the literature clearly states that sexual orientation is firmly established by age five and much research indicates such establishment occurs even earlier." According to Nada Stotland, public affairs director for the American Psychiatric Association (APA), "All the evidence would indicate this [sexual orientation] is the way people are born. We treat disease, not the way people are." Other association statements are similar in their endorsement of the view that sexual orientation is a fixed, genetically determined trait that predetermines the object of one's love interests. Thus, counseling to attempt sexual orientation change is like changing one's race - impossible.

Now it oversimplifies things to say that all who believe in fixed traits are disbelievers in change. Some of those who accept sexual reorientation probably see sexual orientation as a given trait but one that can be modified or even completely changed by strength of will or spiritual deliverance. In my view the jury is out on this issue. We do not have a complete picture. As an aside, some of you have probably heard about the article in Science magazine reporting the failure of Canadian scientists to replicate the finding of a genetic linkage to male homosexual orientation. In the words of the authors: "These results do not support an x-linked gene underlying male homosexuality." The other evidence is quite weak concerning a genetic link but more research is being done and we need to remain open to the findings as they are reported. But my point here is that opponents of conversion therapies based their a priori dismissal of change reported by ex-gay individuals on this unproven assumption that change is not really change because it cannot be.

Now do we see evidence of change - however defined? The answer again is yes. Changes in sexual behavior, fantasies and identity have often been reported in the professional literature and popular press. The change is not always from homosexual to heterosexual either. For instance, researchers Bridges and Croteau found in surveys of lesbians that 25-50% of respondents had been in heterosexual marriages prior to identifying as lesbians. While marriage alone may not a definite indicator of sexual orientation, many women in these surveys reported satisfying heterosexual relations prior to identifying as lesbians. Indeed, surveys of lesbians reveal that over 60% of those responding feel they chose to be lesbians. Consistently, surveys find that a significant number of individuals feel they choose to become homosexual after some years of heterosexual functioning.

More controversial are the changes from homosexuality to heterosexuality. The professional associations say that such change is impossible. For instance, APA's fact sheet on sexual orientation discourages attempts to change, stating, "changing one's sexual orientation is not simply a matter of changing one's sexual behaviour. It would require altering one's emotional, romantic and sexual feelings and restructuring one's self-concept and social identity." The assumption here is that making these kinds of changes is not possible or so difficult that such change should not be attempted. These organizations say there is no evidence that change is possible. However, numerous testimonies exist from individuals who have changed behavior, sexual feelings, self-concept and social identity. OneByOne offers a booklet describing such change. I have heard and read many other such testimonies. Critics of such testimonies say this evidence is not scientific. This criticism would be laughable if it were not offered so seriously.

So what about more "scientific" evidence? Space does not permit a complete review of all the work in this area but I will review the high spots. In 1998, I had an article published in the Journal of Mental Health Counseling that described over 40 peer reviewed journal reports of modification of sexual orientation. While many are quite old, some are recent reports of psychotherapy and counseling being utilized to assist individuals achieve their objectives. Let me summarize several lines of evidence:

1. The most recent study was reported by Nicolosi, Byrd and Potts in 1998. The study was conducted in 1996. The authors received survey responses from 882 people either during conversion therapy or having completed therapy. About half of the respondents had taken counseling from a professional with the other half from either a ministry source or they had tried to change on their own. Nearly half of those individuals who viewed themselves as exclusively homosexual made some shift in sexual orientation toward heterosexuality. Eighteen percent viewed themselves as exclusively heterosexual after therapy. The remainder viewed themselves as more heterosexual than homosexual. While this is an impressive result given that the professional associations say change can't happen, some might lament that the numbers aren't higher. I need to point out that not all of the clients in the study had completed their work and remember about 15% of the group had never taken any therapy. Also, a statistically significant number of respondents indicated that the therapy had been helpful them in a variety of ways. There was no indication of widespread harm caused by reorientation therapy per se.

2. Barlow and Durand in their 1995 textbook on Abnormal Psychology, describe the case of an adolescent who strongly wished for sexual reassignment surgery. He wanted to be a woman. However, his parents refused to consent and instead consulted psychologist David Barlow. Barlow and his team

first treated the boy's gender identity disorder. Then, because "he expressed a strong desire to become sexually attracted to females, procedures were implemented to alter his patterns of sexual arousal, and at a 5-year follow-up, Joe had made a very successful adjustment." To my knowledge, opponents of conversion therapy have never offered an alternative explanation for this case.

3. I have personally worked with over 40 individuals who have sought assistance to alter homosexual feelings or behaviors. In addition to these clients, I have seen numerous clients who have been in various states of distress over homosexual feelings. I will offer one case as an example of the changeable nature of sexuality. A young man of 24 presented for assistance with an anxiety disorder but quickly revealed that his main concern was confusion surrounding his sexual orientation. He had homosexual feelings from early adolescence and had a same-sex experience in high school but was ambivalent about it. He had several same-sex partners during the course of therapy. He initially had very little interest in girls although they were attracted to him. He rarely attended church but believed strongly that being homosexual was not morally acceptable. Our therapy was not focused on conversion but rather on self-understanding and social assertiveness. He brought the subject of sexual feelings up frequently however, by means of questions concerning the formation of sexual identity. Gradually, his anxiety subsided and he became increasingly interested in developing a heterosexual identity along with associated attractions and behaviors. As he understood the development of his same-sex attractions, he became more assertive on the job (and changed career course), the homosexual feelings faded, replaced by heterosexual dreams and crushes on female co-workers. When he terminated counseling, he was dating heterosexually and reported only very few weak instances of homosexual attraction.

This case illustrates a point about change: People who change sexual preference often report occasional homosexual attractions. Given the nature of sexuality, this is to be expected. I occasionally still think of old girlfriends when I hear certain music from the 70s. Does this mean that I am not over them? Hardly. In this context, I am reminded of the Garth Brooks song, Unanswered Prayers:

Just the other night at a hometown football game, My wife and I ran into my old high school flame. And as I introduced them, the past came back to me; And I couldn't help but think of the way things used to be.

She was the one that I'd wanted for all times. And each night I'd spend prayin' that God would make her mine. And if He's only grant me this wish I wished back then I'd never ask for anything again.

CHORUS Sometimes I thank God for unanswered prayers Remember when you're talking to the Man upstairs That just because He doesn't answer doesn't mean He don't care. Some of God's greatest gifts are unanswered prayers.

Most people who stop smoking report cravings but often don't give in to them. Does this minimize their status as "former smokers?" Experience is a part of our consciousness and appears to be encoded. But that encoding is not terribly selective. I occasionally think of a Bee Gees song. Does that make me a discophile? God forbid! So people who set out to change should not be discouraged by those who say having homosexual thoughts means sexual orientation really hasn't changed. I would go further: What does it mean when the homosexually oriented person has a heterosexual attraction or action? Could it

be that they are latently heterosexual? Or could it mean that sexuality is fluid and subject to self-reflection?

4. Another dramatic case study involves a 23 year old male who viewed himself as exclusively homosexual. He presented to physician Daniel Golwyn and nurse Carol Sevlie to help treat extreme shyness and anxiety. Initially, he had no desire to make homosexuality an issue in his treatment. He was prescribed phenelzine to help with the anxiety issues. By the fourth week, he was more outgoing and comfortable socially. During the next two months, he began dating women exclusively, enjoyed intercourse and expressed no sexual interest in men. The patient concluded that he became convinced he was homosexual due to being rejected by heterosexual males and accepted by homosexual males.

5. I want to finish my review of cases by citing an older case discussed by Joseph Wolpe in 1960 and later again in a 1973 book on behavioral therapy. Dr. Wolpe was a pioneer in behavior therapy and widely considered to be the developer of systematic desensitization, a behavioral technique applied to a full range of anxiety disorders. In the mid-1950s, a man presented who wished to renounce his exclusively homosexual feelings and behavior for what seemed to Wolpe like religious objections. Wolpe responded by attempting to relieve the man's guilt. While this seemed to help with the anxiety, the man still wanted sexual reorientation. In what seems like a very current response, Wolpe refused based on studies which suggested a genetic basis for sexual orientation and therefore as Wolpe wrote, "impervious to conditioning methods." However, the client continued with the assertiveness counseling and eventually reported to Wolpe that his sexual interest in men was fading. To make a long story short, over the course of the next year, he completely lost his interest in men and found two young women who sexually interested him. He eventually married heterosexually and at 4-year follow-up reported that "his sex life was still in every way satisfactory."

This case is over 40 years old but it seems remarkably current. Professional associations say sexual orientation is genetic and therefore unable to be modified by therapy. Counselors are telling clients this claim and then clients are somehow finding their way to sexual reorientation. In this case, Dr. Wolpe found what many counselors find today but are afraid to say: counseling can assist people make changes that the clients choose. I fear that because of the unprecedented efforts of opponents of conversion approaches, that clients who really need the assistance of counselors will be discouraged from seeking help. As the above case illustrates, that would be a tragic misuse of professional responsibility.

Are efforts to modify sexual orientation harmful?

First of all, let me lay to rest the accusation that conversion approaches rely on castration, or electroshock therapy. I don't know of anyone doing this today and I wouldn't support it if it was going on. I have never found evidence of electroshock treatment being used anyway. Aversion therapy using mild electric shock was used in the 1950-60s but this methodology was used for a number of behavioral issues - such as smoking cessation and alcoholism. These methods are largely passe' and it is a straw man argument for opponents of change to raise the specter of electroshock and castration.

Where's the evidence for the contention of harm? The only place I read about harm is in the statements of the professional associations. However, they give no references, advance no research showing harm. I have looked for empirical studies, systematic research findings and can find nothing. The only evidence I can find is self-report. And I do not mean to minimize the pain of anyone who has suffered in counseling. Some counselors do things that are harmful in the name of conversion and these practices should cease. However, the objective of conversion has never been demonstrated to be harmful in itself.

I submit that there are reasons to be cautious about client reports of dissatisfaction with psychotherapy that are not counterbalanced with reports of the therapists involved. I occasionally have college students tell faculty or staff that I say certain things in counseling that I did not say: e.g., a girl recently told our dean of women that I told her to leave school. Well, among many other supportive things, I also said during a career counseling session that many of her occupational interests could be fulfilled without a college degree. She took this to mean I thought she should leave school.

Another reason to be cautious in evaluating certain self-reports is the means of obtaining them. For instance, the Human Rights Campaign, has a web site with a survey to identify "former ex-gays" who will say that reparative therapy is "psychological terrorism." Called the "Ray of Light" project, the effort seeks to "shine the spotlight on so called "ex-gay" ministries and reparative therapy so people can see beyond political rhetoric and hear from the vast majority of people who have been through these ministries and now call their techniques psychological terrorism." One of the missions of this project is "to examine the literature of the ex-gay ministries to look for flagrant abuses and fraudulent claims." I wonder what their findings will be? Are you welcome to leave your story on the site if you appreciated the assistance of counselor to change?

The last issue that has been advanced to prove conversion therapy is harmful is the supposed link between youth suicide and conversion therapy. Let me say this clearly: there are no data supporting any such link. Opponents of sexual reorientation will say that as many as 30% of youth suicides are due to sexual orientation conflicts. The problem is there is no way of knowing this to be true. This number is based on a decade old government report that is an estimate of reasons for suicides. The Centers for Disease Control does not keep track of reasons for suicides, so there is no way to know the rationale behind these tragedies. In contrast, of a sample of completed suicides in New York City, only 2.5% were gay or lesbian. Of those suicides, none had been involved in efforts to reorient sexuality.

Summary

My purpose has been to provide information that will preserve a crucial component of mental health services: client self-determination. Opponents of reorientation would remove this critical factor and replace it with the will of the professional mental health associations. God alone is the Lord of the conscience and Presbyterians need to feel encouraged to follow the Living Word as revealed in the written Word. I am not sure what motivates the leaders of professional associations to deny the simple evidence of personal experience and the convictions of the community of faith. However, in the face of

such opposition, I encourage women and men of faith to strongly hold to your convictions tempered by the love of Christ.

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ENDNOTES

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