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Sexual Reorientation Supported in *Journal of Marital and Family Therapy*

By Linda Ames Nicolosi

A special section of articles in the January, 2003, issue of the *Journal of Marital & Family Therapy* (JMFT) has examined the subject of psychotherapy for clients seeking to develop their heterosexual potential.

Psychologist Christopher Rosik, Ph.D., authored the lead article in the JMFT special issue. His paper provides a rationale for the right of the client to determine how his same-sex attractions are addressed in therapy.

Rosik first outlines four motivations often reported by clients seeking change-oriented treatments:

- Religious/moral conflict,
- Seeking opportunity for heterosexual marriage and family;
- Maintenance of existing marriage and family;
- Desire to avoid the non-monogamy and risky sexual behaviors that create serious risk for HIV infection.

Rosik next outlines the literature that supports the possibility of increasing heterosexual potential, concluding with a call for research efforts to identify the key criteria that determine success or failure of reorientation treatments.

In a third section, he presents critical ethical guidelines for therapists. These concerns include obtaining informed consent, not coercing clients into therapy, and respecting their autonomy and diversity.

A Worldview Difference is at the Heart of the Controversy

Rosik argues that it is a fundamental difference in the source of moral values that is behind the controversy over reorientation therapy. This difference plays a powerful role, but ironically, its influence is rarely acknowledged.

Building off of existing research and theory, Rosik suggests that liberal opponents of reorientation therapy emphasize a sexual morality that sees the individual as his own autonomous source of moral truth. This is the "ethic of autonomy" (EOA), which envisions people as having the right to do as they choose sexually, provided they do not hurt others.

By contrast, argues Rosik, conservative and religious proponents tend to approach the subject more from within a moral domain emphasizing the "ethic of divinity" (EOD) and/or

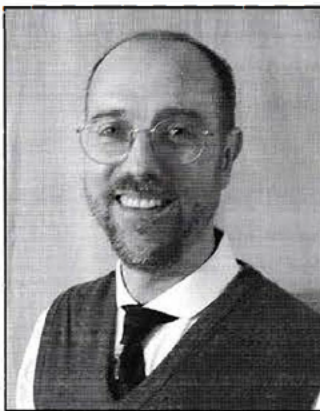


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"ethic of community" (EOC), both of which assume a universal moral order typically grounded in religious values given to man by God or community, rather than originating from the autonomous self.

Using these distinctions, Rosik examines how these moral value differences result in very different conclusions regarding several issues central to reorientation treatments. For example, he looks at the concept of "homophobia." Both sides have very different views of the actual source and meaning of that term, depending on whether one is liberal or conservative.

He also examines the unspoken moral assumptions that underlie our society's application of sexual-orientation nondiscrimination codes.



Christopher Rosik, Ph.D.

"Listen to the Client"

Rosik then discusses our mental health associations' current position statements on reorientation therapy.

But without the input of reorientation therapy clients, as well as the perspective of their therapists, Rosik cautions, the conclusions these associations draw about reorientation therapy "may merely reflect suppression, rather than consensus, of opinion among therapists and their clients" (p. 24).

Next, in a critical response to the article, respondent Robert-Jay Green, Ph.D., contests Rosik's analysis, implying that Rosik has authored a political diatribe rather than a scholarly treatise.

Green also questions the efficacy of reorientation therapies, citing a recent study by Shidlo and Schroeder (2001) to suggest that only 4% of exclusively gay/lesbian clients obtain a significant degree of movement toward heterosexual attractions. It should be noted, however, that the Shidlo study did not measure success rates of reorientation therapy. It specifically sought out dissatisfied reorientation-therapy clients by advertising in gay publications for former clients who considered themselves "harmful," and therefore his study does not reflect a representative sample of

consumers.

Green elsewhere asserts that elevated levels of psychological distress among gay/lesbian people are minimal, and best resolved when the person accepts and live out his sexual orientation.

Throughout his response, Green implies that clinicians involved in change-oriented therapies have compromised their neutrality—conducting therapy with the idea that clients must accept the therapist's own preferred resolution (i.e., giving up homosexuality).

Opponents of Therapy Fail to Acknowledge Their Own Values

While noting some areas of agreement, Rosik observes in a final published rejoinder that Green has failed to be forthcoming about his own sociopolitical and moral framework.

Rosik says Green's critique provides evidence of an unacknowledged "ethic of autonomy," which tends to be the dominant ethic of moral discourse for mental health professionals when they evaluate sexuality and reorientation therapies.

Rosik argues that the implicit moral values in the current literature should be openly disclosed, and not allowed to masquerade as "neutral" psychological science.

Rosik also provides a critique of the Shidlo and Schroeder research, concluding that the methodological limitations of this study have likely led to a serious underestimation of the reports of successful change.

Finally, Rosik challenges Green's claim that it is only reorientation therapists—not gay-affirming therapists—who possess a values bias that they must monitor carefully. The "ethic of autonomy" assumption (i.e., that all consensual sexual behaviors are morally equivalent) will likely be experienced by some clients as a welcome environment in which they can evaluate their same-sex attractions—but not by all, observes Rosik.

Because religiously conservative clients often operate pri-

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Editor: LINDA AMES NICOLOSI

Staff Writer: ROY WALLER

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"Victory on the Bow of a Ship"

marily out of an "ethic of community" or "ethic of divinity" framework, they will likely experience these gay-affirmative approaches as a mismatch of moral values—seeing such approaches as actually hindering their ability to explore same-sex feelings within their own, fundamentally different evaluative framework. (p. 43)

Since the publication of the JMFT series, the journal's editor, Karen Wampler, Ph.D., has been under intense criticism from gay-rights groups and the Lesbian and Gay Caucus of the American Association for Marriage and Family Therapy, which publishes the journal.

Even the journal's governing board appears to be leery of Wampler's decision to publish the article. The board is reported to be under pressure by the Association's influential Lesbian and Gay Caucus to issue a statement that explicitly declares reparative therapies "unethical."

All of this, says Rosik, saddens him; and he particularly expressed concern at the harsh treatment that the editor is experiencing. "My article was peer reviewed," Rosik told NARTH, "and was accepted by three of four JMFT reviewers." He added that "I hope therapists who want to hear diverse views on controversial subjects will make a point of supporting Wampler in her decision."

Reference to NARTH Deleted During Editorial Process

Rosik added that pre-publication pressure apparently forced Wampler at the last minute to delete an appendix listing contact information for several organizations—including NARTH—which assist clients in the development of their heterosexuality.

The last-minute duress under which this contact information was eliminated might be demonstrated by the fact that Rosik's own reference to the appendix was never removed from the body of the article, Rosik noted.

This unwillingness of the journal to make readers aware of several change-affirming organizations stands in stark contrast to the fact that several gay-affirmative resources were featured in an October, 2000, special issue of the JMFT journal on therapy with gay, lesbian, and bisexual clients.

A Call to Keep the Debate Civil and Respectful

Rosik said he wants to make clear that he repudiates any religious incivility toward gay and lesbian people, and he insists that therapists who engage in reorientation therapies need to disclose potential risks of treatment. Over the years, he says, he has had occasion to interact with gay and lesbian colleagues whom he respects and with whom he has periodic contact. In his article, he urged supporters of reorientation therapy to avoid any demonization of gay-affirmative therapists and instead, to remember that they are sincere individuals who are simply acting from very different moral premises.

However, many opponents of Rosik's views do not appear to be so charitable. "It was hard to recognize my article in some of the descriptions of it presented in the gay media," observed Rosik. "It's unpleasant to wade through disagreement so steeped in *ad hominem* attacks, emotional appeals, and inferences of guilt by association.

"I think such conduct is unbecoming," he added, "whether it is displayed by liberals or conservatives."

Rosik encourages people to read the series of articles and make up their own minds about the honesty, fairness, and scholarly presentation of his perspective. Interested readers are invited to contact him at christopherrosik@linkcare.org.

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Spitzer Study to be Published

The October, 2003 issue of the *Archives of Sexual Behavior* will publish the controversial Spitzer study which was first announced at the annual conference of the American Psychiatric Association in 2000. Commentaries by NARTH members will also appear in that issue.