Journal Articles Support the Reparative-Therapy Treatment Option

Two recent journal articles by Mark Yarhouse of Regent University in Virginia make a strong case for the ethics of reparative-type therapies as a treatment option. The first appeared in *Psychotherapy* (vol. 35, Summer 1998, no. 2, pp. 234-259), and is entitles "When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the 'Right to Choose' Debate."

The second appeared in *The American Journal of Family Therapy*, 26:321-330, 1998, and is entitled, "When Families Present with Concerns about an Adolescent's Experience of Same-Sex Attraction."

In the *Psychotherapy* article, Dr. Yarhouse affirms the ethicality of conversion-type therapies. "Psychologists have an ethical responsibility to allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction or modifying same-sex behaviors," he says, "not only because it affirms the clients' right to dignity, autonomy and agency, as persons presumed capable of freely choosing among treatment modalities and behavior, but also because it demonstrates regard for diversity."

When the Therapist Overrides the Client's Convictions

He discusses the gay-advocacy position that the only acceptable treatment is gay-affirmative therapy. Gay-affirmative therapy holds that a client's unwillingness to accept his homosexuality is inevitably the result of internalized homophobia, and thus is a belief which is not freely chosen; therefore, clients are said *not to have the right* to choose sexual-reorientation treatment. In rebuttal, Dr. Yarhouse cites Ethical Standard 1:09 of the A.P.A., 1992, p. 1601, that psychologists are to be "aware of cultural, indi-vidual, and role differences, including those due to... reli-gion." He says that when psychologists "override the val-ues" of their clients, they are assuming that sexual diver-sity is to be respected, but religious diversity is of lesser value. Some therapists, he says, actually encourage their homosexual clients to *abandon* their religious tradition in favor of a generalized "spirituality."

Dr. Yarhouse says that in working with homosexual clients, a more sophisticated consent-to-treat form is required, and he suggests particular subjects which that consent form should cover.

The Critique: "No One Ever Changes"

Critics of reparative-type therapies cite the lack of clear evidence that such therapy is effective. But "the dearth of controlled outcome studies...does not disprove the success of treatment," Dr. Yarhouse notes. He criticizes those researchers who insist that an ex-gay man who still struggles with occasional temptations is not, in fact, changed. "Continued struggles with same-sex arousal may be *expected* residual effects from years of homosexual fantasy

continued on bottom of page 35

Yarhouse articles, continued from page 6

and behavior. Psychologists certainly refrain from decrying chemical-dependency programs because someone experiences cravings following treatment."

When a client decides to pursue gay-affirmative therapy, he says, he should be aware of those factors associated with a gay lifestyle—increased rates of depressive symptomology, alcohol and drug use, suicidal ideation, and widespread use of sexual practices which increase the risk of physical harm and disease (for which he cites the 1994 book, *The Social Organization of Sexuality* in reference).

Acknowledging a client's right to choose sexual-reorientation treatment "affirms their right to dignity, autonomy, and agency, as persons presumed capable of freely choosing among treatment modalities and behavior," as well as the client's right to his own cultural and religious values.

Dr. Yarhouse's second article, "When Families Present with Concerns about an Adolescent's Same Sex Attraction," similarly stresses the importance of respecting the client's cultural and religious values. He states that no one theory, in and of itself (biological or psychological) can completely explain the origins of homosexual attraction, but that both do have some empirical support.

He questions the ethicality of the gay-affirmative approach, which aims to change the client's attitudes and values about homosexuality, and says it borders on using the professional relationship to further the therapist's own interests. Instead, he advises using a comprehensive type of informed consent which fully advises the client of all his options. If religious or social values are central to the family's concerns and are in clear conflict with those of the therapist—or the therapist believes he may ultimately attempt to impose his own values on the client—then the therapist should refer him out to a clinician whose values are compatible.

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