Psychology's Sexual Dis-orientation

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Author G.E. Zuriff is professor of psychology at Wheaton College and a clinical psychologist in the Medical Department of the Massachusetts Institute of Technology. He argues that the question, "Is homosexuality a psychopathology?" is a social-cultural rather than a scientific one. Scientific studies may inform the discussion, but we must recognize that the final decision will be a social value judgment.

Dr. Zuriff also carefully considers, and rebuts, the most common arguments against conversion therapy.

Within the American mental health profession, there is now a strong movement to prevent conversion therapy, a type of psychotherapy in which a homosexual patient's sexual orientation is changed to heterosexual. Resolutions to this effect have already been adopted by the Washington State Psychological Association and a committee of the National Association of Social Workers, and are now under consideration by the American Psychological Association and the American Psychiatric Association.

Many liberals who vigorously oppose any outside interference in the private decision between a woman and her doctor about aborting a fetus have no qualms about interfering in the decision between the same woman and her doctor concerning a change in her sexual orientation. This is only one of many ironies in the extraordinary history of the American mental health profession's struggle with homosexuality, a history that can itself be characterized as a "conversion." This history opens a window on our societal ambivalence toward not only homosexuality, but also the broader questions of mental illness and individual rights...

How Do We Evaluate Pathology?

The scientific evidence [whether homosexuality is pathological] is not decisive because it is irrelevant. Whether something is a psychopathology can be judged only relative to standards of mental health, and these, in turn, depend on our societal conceptions of healthy functioning, the good life, and the purposes of human existence. What is considered healthy functioning in one society may be viewed as an illness in another. Clearly, there is an evaluative dimension in deciding what is healthy and what is a disorder, and this dimension involves our deepest values as a society. Science can provide information, but it cannot decide questions of values. *It can tell us what we are, not how we ought to be.* Psychopathology is thus necessarily a matter of social construction—subject to historical, cultural, as well as political forces.

Thus, the decision whether homosexuality is a psychopathology is really a social-cultural question rather than a scientific one, and settling the matter by debate and a vote [as was done in 1973 by the American Psychiatric Association] is not as bizarre as it initally appears. Scientific studies may inform the discussion, but the final decision must be a societal value judgment. Accordingly, the continuing controversy in the mental health profession over this issue merely reflects the cultural divergences in our wider society over homosexuality, and politics within the profession have been critical in every stage of this debate.

Thus, in the early nineties, despite the elimination of homosexuality itself as a disorder, clients seeking conversion therapy could still be diagnosed and obtain treatment. But forces were at work to block even this one remaining avenue. For example, the Gay and Lesbian Caucus of the American Psychiatric Associatiion advocated declaring the practice of conversion therapy to be professionally unethical. In response, the National Association for Research and Therapy of Homosexuality was founded in 1992 to protect the right to conversion therapy. NARTH planned to hold a 1995 conference, and, as is standard professional practice, it attempted to publish an announcement of its conference in the monthly newspaper of the American Psychological Association, the *Monitor.* The association refused to publish the announcement, however, because of NARTH's position that homosexuality is a treatable mental disorder.

The Debate is Ideological

This incident clearly indicates the ideological nature of the debate over the psychiatric status of homosexuality. Our understanding of sexuality, both homosexual and heterosexual, is very limited. We do not know, for example, how either comes about, or what explains the great variety in the ways they are manifested. One can theorize about these

matters, and propose hypotheses. But it hardly makes sense, given our ignorance, for a professional group to take a firm stand as if the issue were purely scientific. Only if the decision is seen as a value judgment is it reasonable for the APA to say, as a matter of policy, that homosexuality is not a mental disorder and to try to silence another professional group holding a different opinion.

When the anticonversion proposal was introduced to the Council of Representatives of the American Psychological Association, it immediately ran into a host of problems. Foremost was the advice of the association's own legal counsel. He noted that a resolution against conversion therapy could be challenged on the basis of antitrust laws as an unreasonable restraint on free trade. Conversion therapists could not practice their profession, and willing clients could not purchase the service. To defend against such a challenge, the association would have to show that the resolution is supported by sound scientific and professional data, and he [the legal counsel] raised the question as to whether this is the case. As he stated, "If the courts view APA's motivation as more political or ideological, rather than patient-protective, the reasons for enacting the resolution would be less defendable."

Furthermore, the resolution was opposed by a number of bodies within the American Psychological Association. For example, the Committee on Ethnic Minority Affairs supported clients' right to choose to understand and alter aspects of their sexuality they find problematic. In its evaluation of the proposal, the Committee on Women in Psychology questioned the resolution's assertion that conversion therapy is ineffective or harmful, and called for more research. Similarly the council representative from the Division for Humanistic Psychology opposed the resolution on the ground that it prejudged a number of issues before the data warranted any strong conclusions, and therefore interfered with freedom of expression.

Because of the problems encountered by the resolution, a subcommittee has been appointed to review the resolution, revise it, and propose a substitute. Although the substitute will undoubtedly soften some of the language of the original, it will certainly continue the trend toward normalization of homosexuality and opposition to any theory or treatment that disagree with that stand. Given the political climate prevailing in the association, it is likely that some form of the resolution will eventually be adopted. *[Ed. Note: As NARTH reported last December, such a "softened" resolution was in fact passed in August 1997.].*

Change is Possible

As a result, homosexuality, once regarded as a disorder requiring psychotherapy, will be seen as a normal condition for which treatment is discouraged even if requested. Thus, in assessing the effectiveness of conversion therapy, it is important to specify the patient population, the method, and the definition and measurement of effectiveness. Much of the controversy over the effectiveness of conversion therapy surrounds disagreements over these issues. Conversion therapy may be less effective for those *exclusively* homosexual under a very strict criterion of effectiveness. However, for many homosexual clients in the middle of the continuum and for less extreme kinds of change, success is clearly possible. To be sure, the efficacies of the various types of conversion therapy have not yet been subjected to rigorous scientific tests. Nevertheless, contrary to the beliefs of some critics, the lack of conclusive evidence for effectiveness is not the same as conclusive evidence for a lack of effectiveness.

Clients should, of course, be informed of their likelihood of success, but even under circumstances for which the rate of success is low, informed clients may still reasonably choose to try. Similarly, a low success rate is not a good argument against research to discover more effective methods. As in all science, we cannot know in advance what future research may reveal.

Does Therapy Violate a Homosexual's Core Identity?

A second anti-choice argument is that homosexuality is part of a person's core identity. Trying to change this can only do violence to the person's self-identity and damage him psychologically. Again this is a controversial and complicated matter. Certainly clients should not be coerced, and they should be informed of possible risks. Obviously, conversion therapy methods that proved to be harmful should be banned. Nevertheless, there is currently no good evidence that all methods of conversion therapy harm clients. Indeed, one reason that the APA resolution could be legally challenged is that there is insufficient evidence to prove that conversion therapy is harmful.

Even on the theoretical level, there is reason to believe that conversion therapy can decrease rather than increase identity conflict. Consider two hypothetical cases:

- A 47-year-old female, married with two children, shows no psychopathology. She lives a fulfilling life within her career and family. After the birth of her second child, she had become active in feminist causes. As she became more involved politically, she found for the first time in her life that she was experiencing an increasingly intense erotic attraction toward another woman. She reports that she loves her husband and that she does not want to destroy her marriage and family, but she believes that acting on her lesbian urges will end the marriage. She asks for help in learning to control her urges.

- A 20-year-old Orthodox Jewish male reports homosexual erotic fantasies and desires since childhood.

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He has not acted on them because he considers them sinful. He is very well integrated into his Orthodox Jewish community and greatly desires to live a life consistent with its values. He appears well adjusted otherwise. He asks for a change in orientation sufficient to live a heterosexual life.

In both these cases, there are already serious conflicts among core aspects of these persons' identities. It does not seem unreasonable for them to choose to modify their sexual orientation. Conversion therapy adds no conflict not already present and might, in fact, decrease it to facilitate better integration of personality.

Is the Desire to Change Necessarily Neurotic?

According to a third anti-choice argument, although clients may report that the homosexuality is unwanted, the real problem is their inability to accept themselves. They have internalized the anti-homosexual attitudes of our culture, and the treatment should be aimed at self-acceptance rather than changing homosexuality. Extreme versions of this argument claim that in our anti-homosexual society, negative attitudes are so easily internalized that a request by a homosexual client for a change in sexual orientation must always be seen as "coerced"—a result of societal attitudes, rather than genuine.

This third argument raises important issues. In all requests for change in psychotherapy, both therapist and client must together come to understand whether the motivation may be found to be neurotic. A request for heterosexuality can just as well function, consciously or unconsciously, as a defense against homosexuality, as readily as homosexuality can serve as defense against heterosexuality. As in all cases, a therapist must exercise good clinical judgment in exploring when a request for a change represents a problem in self-acceptance. Yet there are instances, as in the two cases described above, when the desire for heterosexuality is a conscious choice, not a neurotic defense, and a change in sexual orientation is reasonable and clinically defensible resolution to a conflict.

It is Patronizing to Refuse Help to Change

To claim that a request for conversion therapy is always coerced, that clients do not really want change, is to attribute a false consciousness to clients; we know better than they, what they want. Not only is this a patronizing and disrespectful attitude, but it mirrors psychiatric attitudes of fifty years ago. Well-adjusted homosexual adults were told that although they believed they were happy, psychiatry, with its superior insights, knew that they were sick. We have now come full circle. In the words of one NARTH official, "The oppressed have now become the oppressors."

"Disorder" is Not a Prerequisite for Change

The first of the ethical anti-choice arguments is simple. Since homosexuality is not a disorder, it should not be treated simply to satisfy cultural prejudice. To see the weaknesses of this argument, consider the analogous case against cosmetic surgery, which exposes the patient to the risks of surgery to change a condition that is not a disorder. Often, such surgery is chosen because of prejudice (e.g., Asian women who undergo cosmetic surgery to look more "Western.") Similarly, for most abortions, pregnancy is not a disorder. Often, the reasons for the abortion are curtural-societal expectations about the "appropriate " financial and time resources needed to raise a child. Yet we do not discourage these procedures, and in some cases society funds them.

A second ethical anti-choice rational argues that although treatment without a pathology might be ethical in specific instances, the message implied by such treatment is morally problematic. By "treating" homosexuality, the professsion sends the message that homosexuality is a disorder. Moreover, the theories on which treatment is based are psychopathological models of homosexuality. To many homosexual individuals, especially teenagers confused, shamed, and overwhelmed by their emerging homosexuality, the message that homosexuality can be "cured" intensifies their anguish, leading possibly to suicide.

Does Abortion Send a Message that Pregnancy is a Disorder?

This argument shares some of the weaknesses of the previous one. Psychological treatment does not imply a disorder. For example, psychologists treat people who want to increase their ability to relax, improve communication, manage time better, as well as a host of other American ideals of the nineties. Does abortion send a message that pregnancy is a disorder? Furthermore, some conversion therapies, most notably behavior therapy, are not based on a pathological model of homosexuality.

With or without conversion therapy, antihomosexual attitudes will continue. But for those seeking conversion therapy, its unavailability will make a major difference. Their suffering and the loss of individual rights to psychotherapeutic privacy and control over one's own psyche seem too steep a price to pay for a minor increment in society's tolerance.

Society must be made aware of how a commendable attempt to eliminate dangerous prejudice has grown into a threat to individual liberty and freedom of thought. ■