

What Is Homosexuality? Reorientation Therapists Disagree

By Joseph Nicolosi, Ph.D.

All the psychotherapists who join NARTH agree on one essential point—that reorientation therapy is ethical, and that it can be effective for clients who seek it. All strongly defend the client's right to choose his own direction in treatment. Beyond that point of agreement around which we all rally, there are some differences.

Some take NARTH's official position that the condition is a developmental disorder—particularly, a gender-identity disorder—which leads to a romantic idealization and sexualization of same-sex attributes. But other therapists disagree. Some prominent members refuse to take a position on the question of pathology.

Massachusetts psychologist Dr. Uriel Meshoulam, for example, believes the therapist should address the subjective problem of the client's suffering, and not concern himself with the objective question of disorder. "We must allow the person who seeks treatment to define undesirability and unhappiness," he says. In an editorial, Dr. Meshoulam explained the reasoning behind this view:

"Psychotherapy is appropriate when applied to unwanted behaviors and unhappy constructions, rather than to so-called abnormal disorders, he says. "Many men and women are unhappy with their construction of their sexuality. It is of questionable ethics to try to convince them that they are 'wrong,' and try to convert them to the therapist's way of thinking. I have seen people who enter therapy with a wide range of unhappy constructions and attitudes toward their sexuality. As a result of therapy, many of them learn to redefine themselves and their sexuality, and thus enhance their potential."

Some other therapists take a similar position that homosexuality is not a disorder, so much as a missed potential—a closing off of a part of oneself and a "saying no" to generativity. There is clearly room for practitioners of both persuasions within NARTH, all working together to defend the client's right to pursue change.

I myself take NARTH's official view that homosexuality is a developmental disorder and is potentially preventable. I see strong evidence for the classic psychodynamic position that homosexual behavior is rooted in a sense of gender-identity deficit, and representative of a drive to "repair" that deficit. When the underlying emotional needs and identification deficits are addressed, clinical experience has shown me that the fantasies and behavior diminish, and for many people, there follows an awakening of heterosexual responsiveness.

Interestingly, we are beginning to hear statements explaining the nature of homosexuality—from some of the people who *won't* label the condition a disorder—that seem to take a middle ground.

Robert Spitzer, the person described as the architect of the 1973 decision to remove homosexuality from the American Psychiatric Association's diagnostic manual, has always maintained that homosexuality should not be labelled a disorder. In 1973 he argued that homosexuality does not meet the criteria for a disorder since it is not invariably associated with subjective distress, and a generalized impairment in social effectiveness or functioning. At that time he referred to homosexuality as an "irregular" form of sexuality. However, more recently he agreed that in obligatory homosexuality, "something is not working."

Similarly, Dr. Mark Stern sees homosexuality in terms of a potential having been unmet, with a repertoire of responses lacking their full extension to include generativity. But he, like Dr. Meshoulam, stops short of calling homosexuality a disorder.

NARTH is happy to welcome and support the efforts of practitioners of both viewpoints. Indeed, the professional debate continues. ■

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