

Teaching Psychology Students an Alternative View of Homosexuality

*"Isn't a traditional value system
one form of diversity that must
be respected by psychology?"*

by Philip M. Sutton, Ph.D.



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I teach graduate-level psychology at the Institute for the Psychological Sciences (IPS) in Arlington, Virginia. The Institute was recently established as a Catholic institution offering masters'-level and Psy.D. programs.

Part of the mission of IPS is to challenge the psychology graduate students "to integrate new and current psychological theories and therapeutic interventions with Catholic insights into the dignity of the human person."

This summer I had the challenging privilege of teaching the NARTH-inspired view of homosexuality and reparative therapy in a graduate course on Ethics and Professional Issues in Psychology.

As I expected, the twelve students in the class were open to and sympathetic with the material on reparative therapy of homosexuality. I think, however, that the approach I used may also be applicable for use in secular institutions.

As the basic text for the course, I chose a standard text used in many graduate courses on ethics and professional issues called *Ethics in Psychology: Professional Standards and Cases-2nd edition* (New York: Oxford University Press, 1998), by Gerald Koocher & Patricia Keith-Spiegel.

Before introducing an alternative view to the A.P.A. position, we considered Koocher and Keith-Spiegel's "standard" views on homosexuality. In defense of the standard view, the textbook references two articles by D.C. Haldeman.

They are, "The practice and ethics of sexual orientation conversion therapy," from the *Journal of Consulting and Clinical Psychology* (62, 221-227, 1994), and "Sexual orientation conversion therapy for gay men and lesbians: A scientific examination" from J.C. Gonsiorek & J.D. Weinrich, eds., *Homosexuality: Research Implications for Public Policy*, pp. 149-160, a 1991 Sage publication.

In their text, Koocher and Keith-Spiegel make a number of assertions, including the following:

1. That the APA decision to remove homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* "marked the official passing of the illness model of homosexuality."
2. That "empirical studies fail to show any evidence that conversion therapies do what they purport to do: change sexual orientation."
3. An third, "that such therapies are unethical and professionally irresponsible, as well as based on inadequate and questionable science" (p. 109).

To evaluate these assertions, we first considered Koocher and Keith-Spiegel's ethical principles and criteria, as follows, that

1. "No program of psychotherapy should be undertaken without a firm theoretical foundation and scientific basis for anticipating client benefits" (p.109), and
2. Only "empirically validated or clinically proven approaches to treatment should be presented to clients as established treatment"(p. 111).

Then we applied these professional guidelines to NARTH's alternative view of the causes and treatment of homosexuality.

We read the NARTH Fact Sheets and position papers--"Understanding Same-Sex Attractions" and "Q & A on Homosexuality: Parts I & II"--and watched a videotaped presentation by Joseph Nicolosi entitled, "An

Understanding of the Homosexual Condition.”

Because the class was being taught to Catholic students in a Catholic institution, we also read from John Harvey’s book, *The Truth about Homosexuality*, and emphasized chapter four, “Possibility of Change of Orientation,” which reviews the psychological literature. We also discussed Appendix I, “The Origins and Healing of Homosexual Attractions and Behaviors,” by Richard Fitzgibbons, M.D.

In class discussions and in one of several essay questions on a take-home examination, we evaluated whether sexual-orientation conversion therapy for homosexuality as presented by NARTH, Nicolosi and Harvey meets Koocher and Keith-Spiegel’s criteria for a firm theoretical foundation and empirically validated basis for anticipating client benefits.

We also discussed the contradictory positions of the textbook’s authors in their approach to diversity. For example:

The authors say the therapist is responsible for avoiding the imposition of his or her own values on the client, especially on key issues including sexual preference. They say that psychologists should be aware of the special cultural issues and related needs of minority populations, including gay men and lesbians (p. 83).

Yet the text’s authors imply that the only responsible approach to homosexually-oriented clients is to either affirm their homosexual attractions and behaviors as good, or to refer them to another psychologist who will.

When there is no room in one’s ethical approach for offering compassionate help to a different minority population—one which *does not* want homosexual desires or behaviors—then the therapists will, ultimately “impose his or her own values” on such a client.

Psychologist Mark Yarhouse made a strong case for the ethics of reparative-type therapies as a treatment option in *Psychotherapy* (vol. 35, Summer 1998, no. 2, pp. 234-259), entitled “When Clients Seek Treatment for Same-Sex Attraction: Ethical Issues in the ‘Right to Choose’ Debate.”

He stated,

“Psychologists have an ethical responsibility to

allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction or modifying same-sex behaviors, 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.”

Following the same line of reasoning, I found it gratifying to introduce the students to some of the theoretical, empirical and clinical foundations for reparative therapy, and to be able to contradict the objections of the textbook’s authors using their own ethical criteria.

Having attended the demonstration and press conference in support of reparative therapy at the May (2000) APA Convention in Chicago, I also enjoyed being able to share with the students my private conversation with Robert Spitzer, M.D. and the public statements of Dr. Spitzer and other presenters.

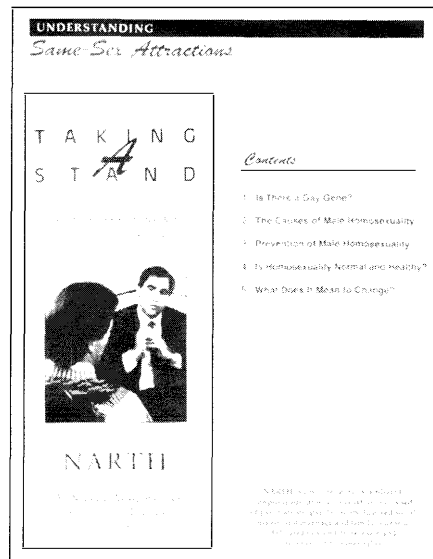
I am amazed at how many mental-health professionals and policymakers remain unwilling to examine fairly the scientific evidence already available, or to allow further study of the causes and treatment of homosexuality.

The students also voiced their disappointment with the current polemical and political nature of research and treatment of homosexuality in the mental-health profession, and I believe they were pleased to discover that there is competent, professional help available

for persons who struggle with homosexual desires and behaviors.

During a presentation from the chaplain of the Washington, D.C. chapter of the group, Courage—a John Harvey-inspired ministry to Catholic homosexually oriented strugglers—the question arose about how to best deal with the parents of clients with same-sex attractions. The students discussed how to relieve self-defeating parental guilt, while at the same time, offering parents realistic insight into their co-responsibility and possible contributions to a son or daughter’s difficulties.

Some of the students seemed inspired by the challenge to integrate what they had learned into their future clinical practices. ■



NARTH's booklet, "Understanding Same-Sex Attractions"