NARTH REPORT: ‘PSYCHOTHERAPY FOR SAME-SEX ATTRACTIONS’





There is a story that isn’t being told in the mainstream media about sexuality research. Although the American Psychological Association published a review in 2009 on the subject of sexual orientation therapy from an activist point of view, there is also a minority non-activist document on the same subject. These APA members are united in The Alliance For Therapeutic Choice And Scientific Integrity NARTH. In the Journal of Human Sexuality, volume 1, 2012 (click here), they have published a less activist 128-page document on the subject.

Here is a summary of what they had to say. Narth writes:

”Section I of our report is a brief overview of 125 years of clinical and scientific reports documenting that volitional change from homosexuality toward heterosexuality is possible. Many advocates of these therapies have reported that they are helpful and, that in many cases, changes in orientation are maintained. Many researchers and theorists agree that sexuality is fluid. General critics of reorientation therapies claim that they can be harmful, and anecdotal accounts of having felt harmed have been reported. But as Forstein concluded in 2001, no existing studies document that such therapies are in fact harmful (p. 177).

While some anecdotal accounts claim that interventions aimed at changing sexual orientation can be harmful, the body of empirical literature to support these claims is lacking. No study using a random survey concludes that reorientation therapy is likely to be harmful. A strong argument exists to hold a place at the clinical table for those who seek change in their sexual orientation. We cannot deny the call for such help, as long as that help is autonomous to the client rather than externally driven, and as long as the client remains free to change direction in therapy and to instead claim a homosexual identity.

A broad range of treatment modes and attitudes toward homosexuality have been demonstrated across various disciplines (Lamberd, 1971). There are two principal premises underlying the treatment of homosexuality: first, it is primarily developmental or adaptational in nature, with other contributing factors (such as learning through nonconsensual sexual activity). Second, people with a homosexual adaptation can be helped to experience a more heterosexual adjustment. The outcomes of interventions aimed at changing sexual orientation vary. Success rates have been generally defined by a decrease in homosexual attraction and a shift in sexual desire toward heterosexuality, as determined by self-reports, therapist reports,

or specific measurements - such as penile plethysmography, the 7-point Kinsey scale, and the multi-item KSOG.

The topic of sexual reorientation has been reduced largely to a social debate, with media outlets like People magazine, the Montel Williams Show, and CNN making it a public forum - conducting discussions that are confusing, biased, and unscientific. Nonscientific advocacy groups such as the Human Rights Campaign have also attempted to discredit reorientation therapies - without the credentials to do so (Human Rights Campaign, 1998).

NARTH asserts that the "ethical obligation" to offer competent care to homosexuals must extend to the dissatisfied homosexually-oriented client whose values and sense of self convince him that he was designed for heterosexuality and for a gender-complementary partner.

Underscoring this same principle, the APA code of ethics requires that "psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination" (APA, 2002, General Principles, Principle E). While homosexuality itself was declared no longer to be a mental disorder according to the Diagnostic and Statistical Manual II, distress concerning sexual orientation is still considered a DSM-IV subcategory, labeled as "Sexual Disorders Not Otherwise Specified." Therefore, "the developmental issues that contribute to 'the persistent and marked distress' about one's sexual orientation are valid areas of investigation" (Morin & Rothblum, 1991, p. 3).

To quote Monachello (2006):

> *"We should defend the homosexual client's right to choose professional support and assistance toward fulfilling his/her goals in therapy according to the client's own values and tradition. We should be committed to protecting our homosexual client's right to autonomy and self-determination in therapy. (p. 57)."*

We acknowledge that change in sexual orientation may be difficult to attain. As with other deeply ingrained psychological conditions and behavioral patterns - such as low-self-esteem, alcohol abuse, social phobias, eating disorders, or borderline personality disorder - change through therapy does not come easily, and there is a substantial therapeutic failure rate, as well as a need for ongoing maintenance of any success that is attained. Relapses to old forms of thinking and behaving are, as is the case with most forms of psychotherapy for most psychological conditions, fairly common. But even when clients have failed to change sexual orientation, other benefits commonly have resulted from their attempts.

We conclude that the documented benefits of reorientation therapy support its continued availability to clients who exercise their right of therapeutic autonomy and self-determination through ethically informed consent."