

**A Call for the American Psychological Association
to Recognize the Client with Unwanted Same-Sex Attractions**

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Abstract

Though the APA has endeavored to advocate for persons of various sexual orientations and gender identities, it has neglected to advocate for the homosexually oriented person who does not wish to claim a gay identity. This article discusses the possibility of decreasing unwanted homosexual attractions and exploring heterosexual potential and introduces the views of psychotherapists who support an individual's right to pursue such change. Those advocates include APA past presidents Nicholas Cummings and Robert Perloff. Other clinicians have published peer-reviewed data that provides supporting evidence for successful sexual-reorientation therapy. Four recommendations are proposed.

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Psychological science cannot be held to a standard of political correctness by either liberals or conservatives. Let's not sell psychological science short. Rather, let's continually strive for a full and accurate accounting of ways in which our science can better inform public policy.

—APA Past President Gerald Koocher (2006, p. 5)

In recent years, the American Psychological Association (APA) has taken a strong advocacy position in affirming persons of various sexual orientations and gender identities, including gays, lesbians, and bisexual and transgendered people. But there remains continued neglect for another sexual minority—the homosexually oriented person who does not wish to claim a gay identity. These men and women choose to deal with their same-sex attractions differently—not by embracing a gay self-label but by developing their heterosexual potential and diminishing what is for them a deeply dissatisfying and ego-dystonic erotic response.

The Possibility of Change

The APA states: “To date, there has been no scientifically adequate research to show that therapy aimed at changing sexual orientation (sometimes called reparative or conversion therapy) is safe or effective” (APA, 2008b). However, a large body of published literature demonstrates that some people can modify their homosexual orientation in a way that enables them to live satisfying heterosexual lives (Phelan, Whitehead, & Sutton, 2009). If the APA considers this entire body of classic literature as “scientifically inadequate,” then practically every other psychotherapy approach in existence today also lacks sufficient evidence of its safety or effectiveness by APA standards.

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Other public-policy statements by the APA have also discouraged the goal of change. “There is insufficient evidence to support the use of psychological interventions to change sexual orientation,” said Judith M. Glassgold, PsyD, chair of the task force that issued the “Report of the A.P.A. Task Force on Appropriate Therapeutic Responses to Sexual Orientation” in August 2009. Glassgold states:

The research methods [of recent studies] are inadequate to determine the effectiveness of these interventions. . . . At most, certain studies suggested that some individuals learned how to ignore or not act on their homosexual attractions. Yet, these studies did not indicate for whom this was possible, how long it lasted or its long-term mental health effects.
(Mills, 2009)

The APA also warns about the possible harmful effects of reorientation therapy, postulating that the very existence of such therapy could pose “serious potential harm” to the health and well-being of lesbian, gay, and bisexual youth (Just the Facts Coalition, 2008). Yet in focusing only on the needs of gay-identified clients and failing to include individuals with unwanted same-sex attractions, psychologists have largely failed to respect the objectives of a valid subset of their clientele. These men and women believe that same-sex attractions can never be a part of their deepest identity, and they seek to decrease their homosexual attractions and explore their heterosexual potential.

I have heard numerous stories from my own clients and those of my colleagues about their difficulty finding a therapist who respects and supports their values. My clients say they were typically told by their therapists that change is neither possible nor desirable, and they were urged by the therapist to value (and embrace) a gay identity as a reflection of who they are and how they were made to be. Yet such a therapist-imposed

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goal negates a client's right to autonomy and self-determination. It undermines the value systems of clients who believe that humanity was designed for gender-complementary coupling. These clients deeply resent this imposition by their therapists of what is to them an alien and unsatisfying worldview.

The NARTH Practice Guidelines recognize the importance of client autonomy and self-determination, especially in Guidelines 3 and 4 (NARTH, 2010). Ironically, the American Psychological Association (2008b) states, "Mental health professional organizations call on their members to respect a person's [client's] right to self-determination . . ." (p. 8). As previously stated, however, in my own clinical experience the rights of clients who have traditional worldviews on sex and gender have often been violated.

The reverberations from the APA discouraging homosexuals from seeking change are widespread. This is especially true since the APA sets the precedent for other mental health organizations, including the American Counseling Association, the National Association of Social Workers, and the American Association of Marriage and Family Therapists.

There is no doubt that reorientation therapy is not for every client. Most clients will likely choose to live out and embrace their same-sex attractions. Clearly, respect for client diversity and autonomy requires that gay-affirming therapy be available for such people. But reorientation therapy must also be offered for those who believe that their deepest identity can never be gay. Too often, clients distressed by their same-sex attractions are simply seen within the mental health profession as cases of "unresolved homophobia" that the therapist has a duty to "resolve" through an imposed change in worldview, values, and perhaps even religious affiliation (Herek, Gillis, & Cogan, 2009). In my experience, rather than being victims of a phobia or mental illness, most of these men and women have, in fact, freely chosen to live out a gender-complementary understanding of the meaning of gender and personal wholeness.

Who is the Nongay Homosexual?

Most psychologists know little if anything about this sexual minority. Typically, clients who enter sexual reorientation therapy are culturally and religiously conservative. Rosik (2003) notes that such clients usually hold ethical and philosophical worldviews that clearly distinguish them from the client population that seeks gay-affirming therapy. These men and women typically believe that homosexuality distorts and misuses our emotional and physical design as gendered beings who are meant to fulfill each other in gender-complementary ways. Their first goal in psychotherapy is to control their unwanted same-sex behaviors; their second is, if such proves possible, to live a traditional life of marriage with children.

Official policy assumes that anyone who seeks to modify his or her sexual orientation must simply be motivated by fear, ignorance, or a phobia (Rosik, 2003). But as one former client who had described himself before coming to therapy as a “gay man” explained to me “All we know is that this path of change is right for us. Because in it we have found the healing, acceptance, brotherhood and peace that we had really been seeking all along.” After I informed one 16-year-old client in his first session of the APA position—that homosexuality is nonproblematic—he responded: “Homosexuality may not be a problem for the APA, but it is a problem for me!”

The APA’s Practice Guideline 3 states that sexual orientation change efforts (SOCE) are both ineffective and potentially harmful:

Reviews of the literature, spanning several decades, have consistently found that efforts to change sexual orientation were ineffective (APA, 2009a; Drescher, 2001; Haldeman, 1994; Murphy, 1992). . . . Therefore, in the current climate of evidence-based practice, SOCE cannot be recommended as effective treatment. Moreover, according to the APA policy on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts (APA, 2009a), . . . the benefits reported by participants in

sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation (p. 121).” (2011, p. 3)

These claims are contradicted, however, by reviews of the literature showing many peer-reviewed studies of therapeutic effectiveness as well as minimal evidence of harm (Phelan et al., 2009; Phelan, 2014; Whitehead, 2009).

A Brief History of Protests

During the APA Annual Convention in 2000, Dr. Robert Spitzer encountered a group of protesters in front of the convention hall. Their protest signs read “Help Us Change,” “Mental Health Rights for Ex-Gays,” and “Ex-Gay is O.K. Too.” As the architect of the 1973 decision to declassify homosexuality as a mental disorder, Spitzer was surprised by this encounter. His curiosity led to a dialogue with a few of the protesters, and he accepted an invitation to meet with them that night to hear their stories.

That meeting stimulated his interest in the experience of persons who had overcome unwanted same-sex attraction and culminated in a study conducted by Spitzer (2003) that was published in the *Archives of Sexual Behavior*. Spitzer found 200 men and women who had successfully transitioned out of homosexuality to heterosexuality. His study concluded that more than sexual behavior could be altered: “This study provides evidence that some gay men and lesbians are able to also change the core features of sexual orientation” (Spitzer, 2003, p. 415).

Summarizing the findings of his study, Spitzer (2003) concluded:

In the self-selected sample, almost all of the participants reported substantial changes in the core aspects of sexual orientation, not merely overt behavior. Even individuals who made a less substantial change in sexual orientation reported that the therapy was extremely beneficial in a

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variety of ways. Change in sexual orientation should be seen as complex and on a continuum. Some people appear able to change only sexual orientation self-identity. Others appear also able to change overt sexual behavior. This study provides evidence that some gay men and lesbians are able to also change the core features of sexual orientation. (p. 415)

Ten years after the study was published, Spitzer had a change of heart and expressed doubts about the veracity of the reports he had documented; but without any new data or even a new review by him of the existing published data, that data still stands.

Six years later, at the 2006 APA conference in New Orleans, picketers again called on the conference attendees. About fifty formerly gay men and women carried signs with slogans such as, “APA, Please Help Us!” “Keep My Choice Ethical!” and “Diversity Includes Us!” (NARTH, 2006, p. 2). Most of the psychologists who spoke to these picketers expressed surprise that reorientation therapies were in any way restricted.

If a person is not satisfied being gay, why should he or she not have help to reduce unwanted homosexuality and develop heterosexual potential? Asked this very question during the town hall meeting at the 2006 APA conference, then-president Gerald Koocher agreed that this kind of help should be available. Highlighting the importance of client autonomy and self-determination, Dr. Koocher stated to the audience, “APA has no conflict with psychologists who help those distressed by unwanted homosexual attraction” (NARTH, 2006, p. 2). He stated that as long as there was no coercion and as long as proper informed consent was obtained, reorientation therapy could indeed be ethical.

At that convention, a petition signed by 75 members of the APA was presented to the leadership. It stated:

We, the undersigned members of the American Psychological Association (APA), petition the President and Governance of APA to acknowledge, affirm and promote client autonomy, self-determination and diversity in matters relating to human sexual

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adaptation. Further, we petition APA to support the individual's inalienable right to either claim a homosexual identity, or to pursue change in sexual adaptation in accordance with the ethical principles of APA and consistent with an individual's expressed value system. Finally, we petition APA to recognize, accept and provide opportunities for both gay-affirming therapists and reorientation therapists to express views and announce programs in *The Monitor* and other publications under APA's purview. (NARTH, 2008a)

At the 2008 APA convention in Boston, still more formerly homosexual men and women filled the town hall meeting—along with psychologists professionally committed to reorientation therapy—to once again call for the APA's acknowledgment of their position. Serving on the town hall panel were APA president Alan Kazdin, CEO Norman Anderson, and president-elect James Bray.

NARTH president A. Dean Byrd asked the panel if he, a conservative Christian psychologist with traditionalist views, was welcome in APA. Dr. Kazdin answered:

APA would be at a great loss without you. We would suffer without you. . . . There are very few influences that have the scope and swath of influence as religion . . . without you, we would be ignoring a huge influence and huge part of reality. So not only do we want you, I would encourage you to leave the meeting and bring in more of your friends. We need a larger representation, not a smaller one.

Another man in the audience stood up to say, "I am a former homosexual and a master's level psychologist. I hope to dedicate my career to helping others like me. Is there a place for me within the APA?" In response, Dr. Kazdin implied that there was indeed a place, saying, "Diversity, for us, is not a matter of 'us.' There is diversity under all contexts, conditions, cultures, identity. And we need not only to understand it, but to have the advocates for it in our 'home.' . . . The question suggests we haven't done our job well . . . which is, if we do APA correctly, the question shouldn't come up."

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APA's CEO Norman Anderson added:

One of the big issues for us for some time now has been to make APA as welcoming to all points of view as possible. And most recently this was made most salient in a task force report put together in 2005 . . . and one of the principal things they focused on was how welcoming is APA, because some people had felt that it wasn't as welcoming as possible. So that was one of many motivations that moved us in the direction of hiring a diversity officer to actually take us to the next level of being a truly inclusive organization. We really have to put our aspirations in action and make sure we are what we say we are, and where we hope to be.

Later that same day at a second town hall meeting, a graduate student introduced herself as a former lesbian who had benefited from psychotherapy. She expressed the same concern about disenfranchisement, saying, "I am interested in pursuing a career path that will allow me to help others like me, but I'm concerned that if I join the APA, I will be aligning myself with an organization that is governed more by politics than by science. What assurance can you offer me that this is not the case?" She too was assured that APA would be welcoming of ideological and worldview diversity (APA, 2008b).

Psychologists Who Support Freedom of Choice

Nicholas Cummings, a former president of the APA, has spoken out as a supporter of therapeutic choice. Cummings is a past president of Division 12 (Clinical) and Division 29 (Psychotherapy) and a recipient of psychology's Gold Medal for Lifetime Contributions to Practice. He has worked with hundreds of homosexually oriented men and women in his own practice—some of whom, he says, reoriented to heterosexuality when he worked

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with them (NARTH, 2008b). Cummings supports the rights of future clients to receive such therapy, stating, “Attempting to characterize all sexual reorientation therapy as ‘unethical’ violates patient choice and gives an outside party a veto over patients’ goals for their own treatment. A political agenda shouldn’t prevent gays and lesbians who desire to change from making their own decisions” (Cummings, 2013).

A similar statement was made by another APA past president, Robert Perloff:

The individual has the right to choose whether he or she will accept a gay identity. It is his or her choice, not that of an ideologically driven interest group. To discourage a psychotherapist from undertaking a client wishing to convert is anti-research, anti-scholarship, and antithetical to the quest for truth. (Nicolosi, 2006)

Brent Scharman, former president of the Utah Psychological Association, has asserted that all homosexual individuals should have the right to pursue change. He maintained that it is the client who should determine the direction of such treatment (Scharman, 1999). Martin Seligman, president of the APA in 1998, also has written in support of the reasonableness of offering such professional care. In his book *What You Can Change and What You Can't*, he cites research that is optimistic about change for those who have had fewer homosexual experiences and/or some bisexual feelings (Seligman, 2008).

In the symposium entitled “Destructive Trends in Mental Health” at the 2008 APA convention in Boston, former APA president Frank Farley noted that “political correctness has no place in the ethics code” (Byrd, 2008). Farley stated further that the “recent attempts to proscribe therapy aimed at sexual identity change are a misuse of the ethics process” (Byrd, 2008).

Writing in the journal *Psychotherapy*, Mark Yarhouse (1998) of Regent University also made a powerful case for the ethicality of reorientation therapy:

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Psychologists have an ethical responsibility to allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction . . . not only because it affirms the clients' right to dignity, autonomy and agency . . . but also because it demonstrates regard for diversity. (p. 248)

Recommendations

Psychologists must respect the goals and objectives expressed by the client who is dissatisfied with his or her same-sex attraction and not simply dismiss such values as unresolved homophobia that the therapist has an obligation to change. As with all ethical treatment, there should be informed consent, and noncoercive techniques should be used that allow the client to follow his or her own life goals. The client's motivations must be examined, as some persons will feel ego-alien pressure from negative and coercive social, family, and religious influences. Childhood experiential factors, including those that influenced gender identity, should also be fully explored.

It is time for our professional associations to once again acknowledge the importance of client self-determination as the crowning principle of our code of ethics and to respect the Leona Tyler Principle, which states that all official APA position statements and resolutions must be based on rigorous science and demonstrable professional experience. The recognition of treatment options for individuals with unwanted same-sex attractions is not a threat to gay rights. Gay-rights advances need not—and, in fact, should not—obliterate the rights of any other group. Nor should political ideology be allowed to dominate the client-patient relationship. We should recall the advice of Sigmund Freud (1955), who wrote in 1919: “We refuse most emphatically to turn a patient . . . into our private property, to decide his fate for him, to force our own ideals upon him . . . in the service of a particular philosophy. In my opinion, this is . . . to use violence [upon the patient]” (pp. 164–165).

Therefore, I propose the following:

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1. Those seeking to diminish their same-sex attractions and develop their heterosexual potential should receive the same respect for their goals as other marginalized groups, and therapists should not attempt to persuade them to abandon their values and worldviews.
2. Statements made by APA leaders must be backed by science and must be free from personal bias or political ideology. Committees chosen to study issues of sexual orientation should be philosophically diverse and include reorientation therapists. Such committees should not be composed primarily or entirely of those who are personally gay and committed to gay advocacy, as was the case with the group that wrote the *2009 Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation*.
3. Our profession should strive to understand its own cultural and professional biases—including those within our own association—that limit the understanding of the ex-gay experience and of people with traditionalist worldviews.
4. Psychologists should familiarize themselves with outside resources, both professional and lay, for individuals with unwanted same-sex attractions. The latter have the challenge of *coming out* twice: first as nonheterosexual, and later as heterosexually identified. During this process, they are often faced with stereotyping labels such as “homophobic,” “hypocritical,” “unenlightened,” and “self-deceived.” Like other sexual minorities, these clients face stigma and misunderstanding.

It is now time for the APA to move beyond mere words into tangible actions that reflect the embrace of a “pro-choice” position for clients who seek change in their sexual attractions and behaviors.

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