

lying, but I find them entirely consistent with the argument that subjects were deceiving themselves or, as I believe, reconstructing themselves. Both self-deceptive processes and reconstructive processes can be lengthy, and reconstructive processes can be gendered. The change must be credible to the respondent as well as to observers; otherwise, the self-deception, or reconstruction, cannot be successful.

Spitzer notes the possibility of interviewer bias, but underestimates other methodological biases. Recruitment via ex-gay ministries and the National Association for Research and Therapy of Homosexuality ensured respondents with personal interests in the success of reparative therapy. Given the impossibility of randomly assigning individuals to treatment and control groups, this bias is probably unavoidable. Many had obvious vested interests. Spitzer reports that 78% had spoken publicly in favor of reparative therapy. More important, however, is the fact that subjects self-selected in response to "repeated notices of the study" sent to them by organizations upon which they relied for their "recovery." Endorsement of the research by these organizations would have suggested to potential respondents an organizational interest in the study's outcome, thus heightening both self-selection and response biases.

Spitzer's lack of criticism for the term "reparative therapy" and his equation of sexual addiction with homosexuality are disturbing. In all fairness, Spitzer does not advocate the use of reparative therapy to treat homosexuality in general. Spitzer's respondents underwent therapy because they desired to function heterosexually. These desires undoubtedly stem from social disapproval of homosexuality, and I would prefer to change the attitudes, not the individual; however, this choice belongs to the individual. Although Spitzer does not explicitly advocate reparative therapy in general, his failure to critique it speaks loudly. As social scientists, we cannot be held responsible for others' use of our findings, but I do believe we have a responsibility to consider the political circumstances within which we choose our research questions and present our findings. Social responsibility is particularly important when our research touches on areas of sexuality in which social prejudices have caused so much suffering for so many for so long.

A Candle in the Wind: Spitzer's Study of Reparative Therapy

Donald S. Strassberg, Ph.D.

Department of Psychology, 390 S 1530 E., Room 502, University of Utah, Salt Lake City, Utah 84112; e-mail: donald.strassberg@psych.utah.edu.

Spitzer is to be congratulated on tackling a difficult research question in a manner that, in some ways, is superior to many of the previous research efforts in this important area. He asked more, and often better, questions of more people who have "successfully" undergone reparative therapy than anyone else. However, his study has some serious methodological limitations. Although he acknowledges most of these limitations, he may be too willing to minimize or deny their impact on the meaningfulness of his results.

The acknowledged major limitations of this study are the manner in which participants were recruited and its reliance on self-report measures of change. Beyond the fact that there was no control group and no random assignment to treatment, interviewees were self- and therapist-selected because they believed that they had changed as a result of reparative therapy. This, obviously, creates several important limits. For example, we have no idea how typical these self-reported changes are. Spitzer admits that these are likely exceptional cases, but how exceptional? Do they represent the top 25%, 10%, 1%? This is not a trivial matter, especially as one is trying to weigh the relative benefits and risks associated with reparative therapy. Of course, a related limit to this recruitment strategy is that we have absolutely no idea about how many reparative therapy patients might have been harmed by their participation, or in what ways.

The sole reliance on self-reports of this select group is also problematic. I agree with Spitzer's belief that few of his participants consciously misrepresented themselves on the pre- and postmeasures. However, it seems likely to me that he may have underestimated the degree to which, for religious and self-esteem reasons, his participants may have been highly motivated to see themselves as having changed more than was really the case. Further, we have the cognitive dissonance that would have been created had these men and women seen their years of work as unsuccessful and ineffective. Spitzer is more convinced than I by the "evidence" of the reality of these reports (i.e., that most reported less than complete change on all dimensions). These were educated people who, as a result of their own experiences and the experiences of others like them, knew that absolute change in orientation was unlikely, even for those "successful" in treatment. They could have been easily unrealistically positive in their appraisals while reporting less than complete "cures."

Where does that leave us? It is unlikely that many practitioners or theorists currently believe that sexual orientation is completely fixed and unalterable for all people, in all ways, throughout the lifespan. There are a number of

qualitative studies documenting individuals, particularly women, who experienced significant transitions in many aspects of sexual orientation without the benefit of formal, or even informal, reparative therapy (e.g., Blumstein & Schwartz, 1976a, 1993; Charboneau & Lander, 1991; Diamond, 2000; Kinnish & Strassberg, 2002; Kitzinger & Wilkinson, 1995). If change in many aspects of sexual orientation is possible without therapy, sometimes without even intention, than certainly such change is possible for some of those who will invest years of concentrated effort toward bringing about such change.

Then what does this study tell us beyond that some people in reparative therapy can and do significantly change, or at least believe that they do, in some aspects of orientation? It tells us that among such self-identified changers, most were not exclusively same-sexed oriented before treatment and most, perhaps all, were not exclusively other-sexed oriented after treatment. Does this surprise anyone? Perhaps there is more change reported by more people here than many of us would have expected. But this is a highly select group of men and women. These are among the “best” the reparative therapy movement could offer—they are the poster adults for this movement. Even if we accept their self-reports as fact, what these data say is that some unknown (but likely small, perhaps very small) fraction of those who are motivated to spend years trying, were able to move, often to a substantial degree, along most dimensions of the sexual orientation continuum. This is not trivial, but not terribly surprising either.

Although Spitzer made some laudable methodological improvements in his approach to an important research question, the design of his survey does not really put it into the category of “scientific evidence supporting the efficacy of reparative therapy” for which so many seem to be looking. We need to know a lot more about those who may benefit and those who may be harmed by an approach that labels gay/lesbian/bisexuals as pathological and in need of repair (an issue, by the way, that Spitzer avoids discussing). I doubt any of us has yet to see, let alone conduct, the perfect study on virtually any psychological issue, and certainly not one as complex as sexual orientation. Spitzer is to be congratulated on trying to “light a candle” rather than continuing to “curse the darkness” when it comes to trying to understand what happens as a result of reparative therapy. However, the amount of illumination provided by this particular candle does not strike me as quite as bright as Spitzer seems to believe. More importantly, it does not tell of nearly as much about reparative therapy as the media or the religious right is likely to want to make of it.

Spitzer’s Oversight: Ethical-Philosophical Underpinnings of “Reparative Therapy”

Marcus C. Tye, Ph.D.

Department of Psychology, Dowling College, 150 Idle Hour Blvd., Oakdale, New York 11769; e-mail: tyem@dowling.edu.

Spitzer introduces data from a self-selected sample who responded to requests for those who had “sustained some change in homosexual orientation” and concludes that “there was no evidence of harm” to these participants. Although Spitzer does not claim that this study provides any evidence that such interventions are harmless for all individuals who seek them, he suggests that further research be conducted. While Spitzer presents an ostensibly scientific call for further inquiry, the justification for changing sexual orientation is ultimately an ethical-philosophical one: “In fact, the ability to make such a choice should be considered fundamental to client autonomy and self-determination.”

Although I do not question Spitzer’s science, there is a glaring oversight in his article: a failure to examine the ethical and philosophical underpinnings of sexual orientation modification (SOM). I will refer to this as SOM instead of “reparative therapy,” because the latter phrase suggests a clinically indicated treatment for a disorder, a method of repairing something that is broken. While heterosexuality may be normative, it is no longer argued in the clinical literature that heterosexuality is inherently healthier than a nonheterosexual orientation nor that its absence is a defect in need of fixing. Even though sexual orientation is no longer thought of as a preference, the desire to change it most clearly *is* a preference, one that is deeply influenced by culture. Further, SOM is a directionally neutral term, whereas reparative therapy inherently suggests a unidirectional modality. If Spitzer or other advocates of SOM were really value-neutral and supportive of client autonomy, they would also be calling for research into changing heterosexual orientation to bisexual or homosexual.

The ultimate issues regarding SOM are ethical-philosophical ones and not empirical. It is not whether sexual orientation *can* be changed, but whether it *should* be changed. To the extent that we are organic and have an ever greater command and control over our biology, a great many changes to our biologically influenced makeup will one day be possible. The implication of Spitzer’s position is that on the basis of client autonomy and self-determination, any such change that is desired should be granted if it can be safely effected, but it is a glaring oversight to state this without examining the ramifications of such a position.