

Editorial

The Politics and Science of “Reparative Therapy”

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It is now 30 years since the American Psychiatric Association deleted homosexuality per se as a mental disorder from the second edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1968), and the history of this remarkable transformative event has been well-described elsewhere (Bayer, 1981; Bayer & Spitzer, 1982; Spitzer, 1981; see also Nakajima, 2003). Prior to this diagnostic migration from abnormality to normality, the literature was replete with various treatment approaches designed to alter a person's same-sex sexual orientation. Although the DSM-III (American Psychiatric Association, 1980) contained the diagnosis of Ego-Dystonic Homosexuality (which was subsequently deleted from the DSM-III-R; American Psychiatric Association, 1987), reports of sexual orientation change treatments began to wane (see, e.g., Adams & Sturgis, 1977; Byrd & Nicolosi, 2002; MacIntosh, 1994) and gradually replaced by various therapeutic approaches designed to be more “affirmative” in helping an individual adapt to a same-sex sexual orientation and to address an array of identified unique needs of gay and lesbian clients (e.g., Bernstein & Miller, 1996; Cabaj & Stein, 1996; Campos & Goldfried, 2001; Chernin & Johnson, 2003; Cohler & Galatzer-Levy, 2000; Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients, 2000; Drescher, 1998; Friedman, 1988; Friedman & Downey, 1999, 2002; Galatzer-Levy, 2001; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991; Isay, 1997; Lewes, 1988; Magee & Miller, 1997; Paul, Barrett, Crosby, & Stall, 1996; Perez, DeBord, & Bieschke, 2000; Phillips, Bartlett, & King, 2001; Ritter & Terndrup, 2002; Roughton, 2001; Ruiz, Lile, & Matorin, 2002; Winer, Anderson, Cohler, & Shelby, 2002).

Although it is well-known that not all mental health professionals agreed with the decision to remove homosexuality from the DSM (see, e.g., Nicolosi, Byrd, & Potts, 2000a), it is clear that only a small minority of contemporary practitioners still regard homosexuality per se as pathological. Matters of diagnostics aside, it is also clear that, like their heterosexual counterparts, gays and lesbians seek out therapy for all kinds of reasons (Jones & Gabriel, 1999). Indeed, there is even one scholarly journal, *Journal of Gay and Lesbian Psychotherapy*, devoted specifically to gay and lesbian therapeutics.

In the early 1990s, a “movement” of clinical dissenters appeared on the scene. They argued that there were some clients with a homosexual sexual orientation who, for various reasons, wished to change their sexual orientation and it was argued, also for various reasons, that this desire should not only be respected, but treated. Led by Socarides, a psychoanalyst who, it is well-known, always disagreed with the decision to remove homosexuality from the DSM (see, e.g., Socarides, 1995), and Nicolosi, a psychologist, they have described a technique known as “reparative therapy” to treat both gay men and lesbians (e.g., Nicolosi, 1991; Socarides & Kaufman, 1994). An organization, the National Association of Research and Therapy of Homosexuality (NARTH), was founded in 1992 and it has a newsletter, the *NARTH Bulletin*, a web site, and an annual conference. For readers interested in learning about the intellectual and ideological positions of NARTH, a subscription to the *NARTH Bulletin* is worth the few dollars it costs.

Of course, the concept of “change” in itself is a complex parameter. Interestingly enough, the question of sexual orientation change has, over the past couple of decades, been approached from two theoretical and ideological camps that are as far apart as one can imagine. On the one hand, there is the reparative therapy movement, which is both politically and ideologically conservative and “rightist.” On the other hand, there is the social constructionist movement, which is both politically and ideologically liberal and “leftist,” and the constructionists, like the reparativists, have often argued that sexual orientation is more

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fluid than it is fixed (see, e.g., Bem, 1995; Brookey, 2002; Epstein, 1991; Kauth, 2000; Kitzinger & Wilkinson, 1995; Kitzinger, Wilkinson, & Perkins, 1992; Peplau, Spalding, Conley, & Veniegas, 1999; Richardson & Seidman, 2002; Rothblum, 2000; Stein, 1999; Weeks, 1985, 1995, 2000; Young-Bruehl, 2001). At times, there really is something to the expression that science and politics make strange bedfellows!

Not surprisingly, the discourse between NARTH and its critics has been extremely heated. The rhetoric about reparative therapy has far exceeded any empirical evidence about its effectiveness and efficacy, or lack thereof, and has largely focused on ethics and sexual politics (Brookey, 2000; Davison, 1978, 2001; Drescher, 2002; Green, 2003; Haldeman, 1991, 1994; Halpert, 2000; Hicks, 1999; Kemena, 2000; Murphy, 1991, 1992a, 1992b, 1997; Rosik, 2003; Saunes, 2002; Selle, 2003; Shidlo, Schroeder, & Drescher, 2001; Silverstein, 1977; Sturgis & Adams, 1978; Tozer & McLanahan, 1999). As this debate moved into formal resolutions by professional organizations critiquing "reparative therapy" (American Psychiatric Association, 1999, 2000; American Psychological Association, 1998), it is rather disconcerting, from a (narrow) empirical perspective, that so little information is available about the outcome of this form of treatment. Such resolutions raise complex ethical issues in their own right, including matters of individual autonomy in arranging a "contractual" agreement between client and therapist (see, e.g., Szasz, 1965). Of course, the absence of empirical information is all too common for many psychological treatments for many "problems in living" and/or disorders (see, e.g., Heiman & Meston's (1997) thoughtful appraisal of the psychological treatment literature on sexual dysfunctions). In this respect, the absence of such data for "reparative therapy" is not that surprising (indeed, one might also note that, despite the multiplicity of published works on affirmative psychotherapies for gays and lesbians, they, too, lack any clear empirical foundation, at least if one uses standard guidelines for empirically-validated treatments (see, e.g., American Psychological Association, 1995; Streiner, 2002).

It is really only in the last couple of years that we are beginning to see the semblance of some research about who exactly are the types of clients who seek out this form of treatment and some data on outcome (Beckstead, 1999, 2001; Beckstead & Morrow, 2003; Nicolosi, Byrd, & Potts, 2000b; Shidlo & Schroeder, 2002). From a scientific standpoint, however, the empirical database remains rather primitive and any decisive claim about benefits or harms really must be taken with a rather substantial grain of salt and without such data it is difficult to understand how professional societies can issue any clear statement that is not

contaminated by rhetorical fervor. Sexual science should encourage the establishment of a methodologically sound database from which more reasoned and nuanced conclusions might be drawn.

This issue of *Archives* contains an invited target article by Spitzer that examined a sample of 200 reparative therapy clients who sought treatment to change their sexual orientation. Because of the nature of the study, the Editor was of the view that it should be published only with the opportunity for detailed peer commentary, along with a reply by the author. Accordingly, after the article went through several revisions, a call was issued for commentaries with announcements sent to four electronic list serves: SEXNET, an Internet research discussion group (sexnet@listserv.acns.nwu.edu), the International Academy of Sex Research (www.iasr.org), the Society for Sex Therapy and Research (sstargaze-maurice@interchange.ubc.ca), and Division 44 (div44@lists.apa.org) of the American Psychological Association. Of approximately 40 individuals who expressed an interest in writing a commentary, 26 commentaries were received and these immediately follow the target article, followed by a reply from Spitzer.

It is the Editor's view that a scholarly journal is a legitimate forum to address controversial scientific and ethical issues rather than leaving the complexity of the attendant discourse to "the street." Additional commentaries are welcome in the form of a Letter to the Editor.

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