Reparative Therapy and Professional Counselors

David Schlosz

The University of Texas at San Antonio

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The last three decades has seen significant changes in mainstream American’s views on homosexuality. Although society has become increasingly liberal (Fritz, K.F., 2016) there is still considerable resistance to individuals who identify as LGBT. This resistance contributes to the continued practice of reparative therapy (conversion therapy). Reparative therapy is considered unethical by the American Counseling Association (ACA) code of ethics and has long term consequences for the mental health of those upon whom this form of therapy is practiced. Although some states have passed laws rendering it illegal to practice this type of therapy on individuals under the age of 18, reparative therapy for adults is still offered and recommended by some practicing counselors.

Historically, homosexuality has been pathologized. This is largely due to the moralistic views of multiple conservative religions. Removal of homosexuality from the DSM was a pivotal moment that gave rise to the need to develop competencies that included ethical considerations and practical guidelines. In 1998 the ACA passed a resolution affirming its opposition to the portrayal of LGB clients as ill and supporting the dissemination of accurate information about sexuality, mental health, and appropriate interventions. In 2004, ACA released a set of competencies for LGB affirmative practices and in 2005 the ACA published a new code of ethics which included an emphasis on multicultural counseling competencies that included competencies for working with LGB clients. Although these codes of ethics and best practices are clear regarding the harm of practicing reparative therapy, ethics cannot be enforced.

There is considerable complexity surrounding the issue of the Christian church and homosexuality (Rodriguez, E.M., 2010). Historically, religious organizations played and continue to play a major part in the oppression of homosexual men and women (Bright C., 2012). The church has confused homosexuality and pedophilia, called gays an abomination, and told them that they are unwelcome and will burn in hell (Rodriguez, E.M., 20110). Fundamental Christianity has long been a stronghold of heterosexist culture. Members of the LGBTQ community have historically felt as if they have needed to choose between their sexuality and their spirituality. Negative social attitudes about homosexuality often result in fear of eternal damnation, low self-esteem, and feelings of worthlessness (Barton, B., 2010). A fundamental concept in the discussion of homosexuality and Christianity is the issue of conflict (Rodriguez, E.M., 2010). Research indicates that fundamentalism within Christianity appears to be one of the primary causes of conflict and anxiety for LGBTQ Christians (Rodriguez, E.M., 2010). This has caused the LGBTQ community to harbor strong anti-Christian sentiment (Rodriguez, E.M., 2010; Barton, B., 2010). This complex relationship has contributed to stigma, cognitive dissonance, and identity conflict among LGBTQ Christians (Barton, B., 2010; Rodriguez, E.M., 2010). To resolve this conflict, many Christians seek out reparative therapy.

When mental health organizations de-pathologized homosexuality, there was a rise in religious and therapeutic approaches to sexual reorientation (Morrow, S.L., & Beckstead, A.L., 2004). Despite the fact that most professional mental health organizations have a policy condemning reparative therapy, both the practice and organizations supporting it continue to exist (Fritz, K.F., 2016). Many churches have encouraged their gay members to seek out reparative therapy and membership in ex-gay organizations. Reparative therapy is a process through which reparative therapists allegedly change the client’s sexual orientation from homosexual to heterosexual. Besides the controversial study by Spitzer (2003) that claimed that sexual reorientation is possible, there are no reliable quantitative or qualitative studies that support reparative therapy (Bright, C., 2012). Reparative therapies find their basis in oppressive and unsupportable hypotheses and have the potential to cause considerable damage to clients who undergo them (Morrow, S.L., & Beckstead, A.L., 2004). Most religious reparative therapy programs approach homosexuality from a psychoanalytic viewpoint. These reparative therapy organizations define homosexuality as a developmental disorder that is a result of a child not bonding or attaching sufficiently with the same sex parent (Morrow, S.L., & Beckstead, A.L., 2004). These organizations believe that this breach in bonding is repairable, thus the term “reparative therapy”. Tozer and Hayes (2004) identified three variables that potentially pay a role in a client’s decision to enter conversion therapy: (a) religious orientation, (b) gay and lesbian identity development, and (c) internalized homonegativity. Individuals who consider religion a central part of their lives tend to view conversion therapy as a viable option (Tozer, E., and Hayes, J., 2004). These individuals who are intrinsically oriented towards religion are more likely to adopt homonegative beliefs (Tozer, E., and Hayes, J., 2004). Conservative religious clients most frequently request conversion therapy (Gonsiorek, J.C., 2004).

An April, 2018 issue of USA Today cited a 2018 study by the Williams Institute of UCLA that reported that at least 20,000 LGBTQ people ages 13 to 17 will undergo conversion therapy from a licensed health care professional before the age of 18. In addition, 57,000 will receive treatment from a religious or spiritual adviser. A 2009 study in the United Kingdom surveyed 1848 practitioners and found that although only 55 (4%) of therapists reported that they would attempt to change a client's sexual orientation if one consulted asking for such therapy, 222 (17%) reported having assisted at least one client to reduce or change his or her homosexual or lesbian feelings. To date, no such study has been conducted in the United States.

Clinicians should assist clients in investigating their negative feelings towards their sexual orientation and the origin of such feelings. These feelings could indicate internalized homophobia or that the person is in the early stages of their homosexual identity development (Tozer, E., & Hayes, J., 2004). Flentje, Heck, and Cochran (2014) reported that although many participants acknowledged that reparative therapy helped them in the short term by providing them with a “sense of connectedness” and “not feeling alone”, most agreed that it was of no help in the long term. One of the important findings of this study is that the beneficial elements of reparative therapy can be achieved through less harmful and stigmatizing methods (Fentje et al., 2014). Although still a controversial issue, the harmfulness of reparative therapy is clear. Participants mentioned a number of ways that their reparative therapy experiences and had harmed them in the long term. These included increased shame, blaming parents, financial loss, increased suicidal ideation, isolation, and suppression of sexuality (Fentje et al., 2014).

Counselors and counseling students often report feeling their graduate school training did not prepare them sufficiently to appropriately treat LGB clients (Whitman, J., and Bidell, M., 2014). Rock, Carlson, and McGeorge (2010) used the Sexual Orientation Counselor Competency Scale that found that although some counselors felt competent, over half reported receiving no LGB affirmative counselor training. An additional challenge preventing counselor educators from addressing this is strong reactions to this issue prompted by firmly held religious beliefs and values. McGlasson and Rubel (2015) explain how counselors tend to neglect spiritual issues in counseling and are on average less religious than their clients. Most counselor preparation programs do not have a spiritual and religious component. This leaves counselors unprepared to serve clients from a religious background and unequipped to assist clients struggling with spiritual issues. The LGBTQ community often experience a similar dilemma when they encounter counselors with no training in LGBTQ counselor competencies. This deficit in training is compounded when counseling a client struggling to integrate their sexual identity with their religious beliefs.

In order to better treat clients struggling to integrate their sexual identity with their spiritual identity, counselors need to better understand the experiences of LGBTQ clients who were raised in conservative Christian environments. With that in mind, McGlasson and Rubel (2015) conducted a phenomenological study looking at the coming out experience of seven gay men raised in conservative Christian environments. The authors’ recommendations for counseling practice include a need for understanding the importance of spiritual issues to some LGBTQ clients; being aware of local resources that can support the client; and understanding that some professionals still practice reparative therapy. Recommendations for counselor education include counselor educators’ commitment to educating students about the LGBTQ community and understanding the unique mental health issues this community most often experiences.

The plethora of research indication the harmfulness of reparative therapy begs the question of why some counselors still practice this modality or recommend this practice to their clients. Additional research is needed to ascertain how many practicing licensed counselors still endorse and/or practice reparative therapy. Such research will contribute to ongoing efforts to make the practice of this harmful form of therapy upon adolescents and adults illegal.

References

American Counseling Association. (2014). ACA Code of Ethics. Alexandria, VA: Author.

Bartlett, A., Smith, G., & King, M. (2009). The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation.(Research article)(Report). *BMC Psychiatry*, *9*

Barton, B. (2010). "abomination"-life as a bible belt gay. Journal of Homosexuality, 57(4), 465. doi:10.1080/00918361003608558

Beckstead, A. L., & Morrow, S. L. (2004). Mormon clients’ experiences of conversion therapy: The need for a new treatment approach. The Counseling Psychologist, 32, 651–690. doi:10.1177/0011000004267555

Bright, C. (2012). Erratum to: Deconstructing reparative therapy: An examination of the processes involved when attempting to change sexual orientation. Clinical Social Work Journal, 40(4), 457-457. doi:10.1007/s10615-012-0418-x

Flentje, A., Heck, N. C., and Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. Journal of Homosexuality, 61(9), 1242-1268. doi:10.1080/00918369.2014.926763

Fritz, G. K. (2016). ‘Conversion therapy’ and homosexuality — never an appropriate treatment for children or adolescents. The Brown University Child and Adolescent Behavior Letter, 32(3), 8-8. doi:10.1002/cbl.30111

Gonsiorek, J. C. (2004). Reflections from the conversion therapy battlefield. The Counseling Psychologist, 32(5), 750-759. doi:10.1177/0011000004267621

McGlasson, T. D., & Rubel, D. J. (2015). My soul to take: A phenomenology of the struggle for an authentic gay spirituality. Counseling and Values, 60(1), 14-31. doi:10.1002/j.2161-007X.2015.00058.x

Rodriguez, E. M. (2009;2010;). At the intersection of church and gay: A review of the psychological research on gay and lesbian Christians. Journal of Homosexuality, 57(1), 5-38. doi:10.1080/00918360903445806

Spitzer, R. L. (2003). Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation. Archives of Sexual Behavior, 32, 403–417. doi:10.1023/A:1025647527010

Tozer, E., & Hayes, J. (2004). Why Do Individuals Seek Conversion Therapy?: The Role of Religiosity, Internalized Homonegativity, and Identity Development. *The Counseling Psychologist*, *32*(5), 716–740. doi:10.1177/0011000004267563

Whitman, J., & Bidell, M. (2014). Affirmative Lesbian, Gay, and Bisexual Counselor Education and Religious Beliefs: How Do We Bridge the Gap? Journal of Counseling & Development, 92(2), 162–169. doi:10.1002/j.1556-6676.2014.00144.x