

Reparative Therapies

A Contemporary Clear and Present Danger Across Minority Sex, Sexual, and Gender Differences

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Cet article examine pourquoi les associations de santé et de santé mentale en Amérique du Nord ont dénoncé les thérapies de réparation comme étant dommageable et portent des risques pour les jeunes plus vulnérables. L'auteur critique "Courage" un groupe paraprofessionnel catholique qui cible spécifiquement les jeunes gais et les lesbiennes. Elle le dénonce comme un groupe antigai dont les activités doivent être surveillées.

In a unanimous decision in *Egan and Nesbit v. Canada* in 1995, the Supreme Court of Canada read *sexual orientation* into the *Canadian Charter of Rights and Freedoms*, stating that sexual orientation is a protected category analogous to others personal characteristics listed in Section 15 (1) (MacDougall). In a 1998 decision in *Vriend v. Alberta*, the Supreme Court of Canada confirmed equality rights for lesbian and gay Canadians (Lahey). These decisions have provided both an impetus and a requirement for changes in Canadian laws and legislation that confirm greater rights, privileges, and protections for citizens across minority sex, sexual, and gender differences. For example, on September 17, 2003, the Canadian Parliament passed Bill C-250, resulting in sexual orientation being written into the hate propaganda sections of the *Criminal Code of Canada* (CTV.ca News Staff).

This legal and legislative progress recognizing sexual orientation as a character of person not to be subjected to discrimination signifies the power of the *Canadian Charter of Rights and Freedoms* to protect all Canadians across minority differences from the vagaries of exclusionary popular ignorance and fear. It also situates the Supreme Court of Canada as a vital protector of human and civil rights in the face of a federal Parliament that is more porous to popular whim that might exclude or fail to accommodate fully those with minority sex, sexual, and gender differences.

While this critical power of the Courts tends to have broad support in Canada, it is this very power that U.S. conservatives question as they work to stymie human and civil rights for U.S. citizens with minority sex, sexual, and gender differences. For example, on June 26, 2003, in a 6-3 decision in *Lawrence v. Texas, N. 02-102*, the US Supreme Court, supporting a broad constitutional right to sexual privacy, struck down a Texas state law banning private consensual sex between adults of the same biological sex (CNN; Lane). Dissenting Justice Antonin Scalia expressed the opinion that the U.S. Supreme Court "has taken sides in the culture war ... [and] has largely signed on to the so-called homosexual

agenda" (CNN 2). Robert Knight, speaking for the conservative US Culture and Family Institute claimed, "This is social engineering by a court. ... [Now] a government like Texas cannot legislate on public health, safety and morals" (CNN 3). These statements reflect insidious cultural homophobia and this contemporary reality: Working against the grain of entrenched hetero-regulated sexual conservatism in the United States, lesbians, gay men, and other sexual fugitives are embroiled in an uphill battle for the rights and privileges of full citizenship.

In Canada we are fortunate to have *Charter* protections to allay any institutional or individual/group attempts to exclude minority differences. Nevertheless, there is still a wide gap between inclusivity in Canadian law and legislation and its cultural expression. Canadians who constitute minorities by virtue of their sex, sexual, and gender differences are still subjugated by mainstream institutions like conservative churches and schools that perpetuate heterosexism and homophobia by upholding traditional hetero-normativity. This human and civil oppression has been particularly virulent in the wake of the December 9, 2004 *Reference re Same-Sex Marriage* in which the Supreme Court of

Canada held that the proposed federal legislation to extend the capacity to marry to persons of the same sex is consistent with the *Canadian Charter of Rights and Freedoms*. For example, in engaging in the debate on same-sex marriage with what he considered “clarity and charity” (2), Bishop Fred Henry made this disturbing statement in his January 2005 pastoral letter distributed to

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Catholics in the Diocese of Calgary, Alberta.

Since homosexuality, adultery, prostitution and pornography undermine the foundations of the family, the basis of society, then *the state must use its coercive power to proscribe or curtail them* in the interests of the common good. (my emphasis)

With his conservative Catholicized admonition, Bishop Henry has moved into that space where symbolic and actual violence can meet to reject inclusive cultural morality and defy the interests of persons with same-sex attractions who seek the rights and privileges of full citizenship. His dangerous rhetoric has warranted him an investigation by the Alberta Human

Rights and Citizenship Commission (Valpy). It will be up to the Commission to determine whether the bishop’s remarks issued in a public communication constitute a hate crime under the revised *Criminal Code*.

However, the bishop is not the only source of Catholic assaults on the integrity of persons with same-sex orientations. Courage, a Catholic paraprofessional ministry that has Canadian chapters in Edmonton, Alberta; Vancouver, British Columbia; Winnipeg, Manitoba; and Toronto, Ontario, specifically targets lesbian, gay, and bisexual (LGB) youth as well as youth questioning their sexual orientation (Courage 2000a). Its tactics amount to a shaming of sexual minority youth who desire to live full spiritual *and* sexual lives. Courage condones reparative therapies as forms of orthodox psychotherapy intended to alter a person’s same-sex orientation. In this article I examine why mainstream North American health and mental-health associations have denounced reparative therapies as dangerous treatments that have the potential to do damage to vulnerable youth. I then critique Courage, positioning it as an anti-gay ministry whose activities should be publicly monitored.

Reparative Therapies: Their Resurgence and the Contemporary Debate

Reparative therapies, also called conversion, ex-gay, or reorientation therapies, are forms of orthodox psychotherapy used to try to eradicate a homosexual person’s desire for an intimate same-sex relationship. B. A. Robinson, a spokesperson for the Ontario Consultants on Religious Tolerance, Canada, offers this definition:

The term *reparative therapy* [is] more inclusively [defined] to be any formal attempt to change a

person’s sexual orientation—typically from homosexual to heterosexual. It thus includes attempts by conservative Christian *transformational ministries* [like Courage] to use prayer, religious conversion, one-on-one and group counseling, etc. to change a person’s sexual orientation. (2, emphasis in original)

Reparative therapies, which have been rooted in the view that homosexuality is a mental disorder for nearly a century (Halpert), symbolize the mental-health profession’s “inglorious history” of discriminating against homosexuals whom they usually subjected to risky and often harmful treatments (Schneider, Brown and Glassgord 273).

Before proceeding further I must discuss the issue of the outdated and exclusionary language used in the discourse developed by transformational ministries and reparative therapies. In my other research I predominantly use the term queer to represent the spectrum of sex, sexual, and gender differences that lie inside and beyond heterosexualizing discourses. However, transformational ministers and reparative therapists tend to use just the binary descriptors heterosexual/homosexual and male/female. When they use gay, it is usually in a pejorative sense, particularly when they talk about the dangers of the so-called gay agenda. They usually ignore bisexuality or dissolve it into gay and lesbian, thus avoiding consideration of the complexities of desire, need, and expression shaping that complex orientation and identity. As well, they evade mentioning transgender identity or transsexual issues in their conversion discourse. Thus categories like bisexual, trans-identified, and queer are too expansive and fluid descriptors to portray the narrowly construed sex, sexual, and gender differences taken up in this interrogation. In this light, I will mainly use the term homosexual in

this article as I understand its use in transformational ministries and reparative therapies: a homosexual is a person whose sexual orientation, identity, desire, and expression reflect physical and emotional attraction to persons of the same biological sex. However, I proceed aware of the historical association of the term homosexual with pathology and deviance. I also proceed mindful of my resistance to the term and what it evokes for me.

I will also use the word gay in this article, reflecting its use both as a common same-sex cultural descriptor and a less clinical term than homosexual in gay-affirming therapies. Even though I personally find queer a more acceptable and expansive term, I use gay knowing it is a more workable descriptor here that is still preferable to queer for many homosexuals, perhaps especially outside academe.

In 1973, the American Psychiatric Association (APA) removed homosexuality from its listing of mental disorders in its *Diagnostic and Statistical Manual of Mental Disorders*, third edition (DSM-III) (Halpert). To date all major Canadian and US mental-health associations have declared that homosexuality is not a mental illness, issuing resolutions, policy statements, and revised ethical codes to this effect (APA; CMA; Spitzer 2003a). Despite these mainstream moves, there has been "a [discernable] 'movement' of clinical dissenters" since the early 1990s (Zucker 399). These dissenters called reparative therapists founded the U.S. National Association for Research and Therapy of Homosexuality (NARTH) in 1992 (Zucker). NARTH describes itself as "a non-profit, educational organization dedicated to affirming a complementary, male-female model of gender and sexuality" (1). Its aim is to advance the conservative intellectual, political, and ideological position that clients who want to change their homosexual orienta-

tion should have their wish respected and treated. NARTH claims about 1,000 members including Canadians who are either orthodox psychiatrists or associated colleagues from other professions. While this number is very small (Spitzer 2003a), they are well organized with exceptional communications networks.

In the wake of the emergence of NARTH and the noticeable resurgence of reparative therapies in recent years, all major Canadian and U.S. mental-health associations have issued position statements that denounce reorientation therapies, note the lack of empirical evidence and reliable statistics to support their efficacy, and warn of their possible harm (Halpert; Spitzer 2003a). Nevertheless, reparative therapies continue to be utilized, raising ethical and practical concerns. One key problem with these therapies is their usual failure to distinguish between sexual orientation and sexual behaviours, so that suppression of homosexual behaviour and/or increasing heterosexual behaviour tend to be equated with a change in sexual orientation (Halpert). However, what is perceived as sexual reorientation may actually be some resolution of a cognitive dissonance dilemma (homosexual sexual attraction versus anti-homosexual religious beliefs) (Rind; Strassberg; Throckmorton; Vasey).

There is another key problem. While some psychologists are calling for more clinical attention to be paid to the religious/spiritual domain in routine practice (Hathaway, Scott and Garver; Yarhouse and Burkett), reparative therapies do so in a decontextualized way that does not account for the impact of heterosexism and homophobia on the conservative religious beliefs and expression that could drive a homosexual to seek reorientation therapy in the first place. In this regard, Margaret S. Schneider, Laura S. Brown, and

Judith M. Glassgold ask

whether it is appropriate to engage in attempting to change the client as a response to discrimination (and thereby fulfill the purpose of discrimination, which would be to eliminate homosexuality) or to assist the client in developing resiliencies in order to cope with the social climate while also advocating against discrimination. (272)

This suggests mental-health professionals ought to focus on "the etiology of the discomfort" that brings a homosexual to seek therapy (Halpert 27). Richard C. Friedman maintains that therapists need to understand both the historical and sociocultural underpinnings of homophobia. As well, he asserts they need to understand the psychodynamics of internalized homophobia, which is a negative self-concept about being/acting homosexual that develops due to sociocultural exposure to heterosexism and anti-gay behavior.

The Reparative Therapies' Debate

In October 2003, the *Archives of*

Its tactics amount to a shaming of sexual minority youth who desire to live full spiritual and sexual lives. Courage condones reparative therapies as forms of psychotherapy intended to alter a person's same-sex orientation.

Sexual Behavior published Robert L. Spitzer's account of his controversial research that found some lesbians and gay men had changed from a homosexual to heterosexual orientation (2003a). This research, first disseminated to colleagues and the media at the 2001 meeting of the American Psychiatric Association, has been used to support the use of reparative therapies. It has

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also been used to support conservative claims that homosexuality is malleable, and homosexuals do not constitute a minority group deserving human and civil rights because they choose their lifestyle. The spin from socially conservative politico-religious groups is that Spitzer, the man who spearheaded the removal of homosexuality as a mental disorder from the DSM-III, has changed his mind (Drescher; Zucker). Of course, "[t]he 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" (Zucker 400). In this light, it is reasonable to ask why this research was published in a mainstream journal of psychiatry. In his view, Kenneth J. Zucker, the journal's

editor, felt 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'" (400). Thus Spitzer's article appears along with diverse and detailed peer commentaries as well as Spitzer's response to his peers.

In his study, Robert L. Spitzer (2003a) tested the hypothesis that

[s]ome individuals whose sexual orientation is predominantly homosexual can become predominantly heterosexual following some form of reparative therapy (which can take the form of psychotherapy, counseling, or participation in an ex-gay ministry program). (405)

To be included, the 200 individuals in his study had to self-report that they had sustained some change toward a heterosexual orientation for at least five years. Spitzer said his research convinced him of the possibility of sexual reorientation. In light of his findings, he maintained that mental-health professionals should stop moving in the direction of banning reparative therapy. Commenting on his findings, various peer commentators, regardless of their positions on reparative therapies, found a number of conceptual and methodological flaws weakening Spitzer's research (see, for example, Bancroft; Byrd; Worthington).

One major flaw was bias in participant-recruitment and subject-selection processes. As Spitzer (2003a) noted himself, 91 per cent of the participants had learned about the study from three primary sources: ex-gay ministries, NARTH, and reparative therapists. As well, 93 per cent of participants self-reported that religion was "extremely" or "very" important in their lives, and 78 per cent had spoken publicly in favor of reparative therapy, often at their church.

Another major flaw was the study's exclusive reliance on self-reporting, which allows for the possibility of self-deception, exaggeration, and even lying. As well, the fact that research participants were trying to recall events from about 12 years before only compounded the problems of credibility and data reliability.

A third major flaw was Spitzer's failure to interrogate reparative therapy as a concept and a practice variously experienced over time and influenced by conservative morals and politics. Beyond these and other flaws, Spitzer also seemed to forget cultural politics and history, and his social responsibility in terms of gauging the harmful consequences of his research. After all, "[t]he context of possible changes of sexual orientation is heavy with the history of demonizing, criminalizing, pathologizing, scapegoating, guilt-inducing, and otherwise socially, economically, physically, and emotionally harming—not just hundreds of people but millions" (Hartman 437).

The point of Spitzer's research appears to be to encourage more researchers to engage in empirical research on reparative therapies. He elaborates, "What is needed is a prospective outcome study in which a consecutive series of volunteer subjects are evaluated before starting reorientation and after several years" (2003b: 472). He maintains the study's cost and complexity and the prevailing mainstream mental-health disposition toward reparative therapies are barriers making such a study unlikely. He is also clear that research is needed on both sides: gay-affirmative and reparative. As he notes, the efficacy of gay-affirmative therapies has never been subjected to rigorous empirical study either (Spitzer 2003a). Spitzer is right here. For example, Ariel Shidlo and Michael Schroeder interviewed 202 consumers of sexual orientation con-

version interventions and found that the majority had failed to achieve heterosexual reorientation. Many also reported harm in such forms as intensified self-hatred, depression, anxiety, and self-destructive behaviour. Moreover, many felt subjugated by an approach that aligned with societal anti-gay prejudices, and that devalued and defiled homosexuality as it blamed individuals for “choosing” it. However, this study is hampered by some of the same methodological flaws that weakened Spitzer’s study such as relying on self-reporting and research participants’ memories since data gathering was based on 12 year-old interventions. Once again, we have another example of research on sexual reorientation that must be viewed cautiously because of persistent methodological and conceptual problems (Schneider, Brown, and Glassgold).

In this regard, it is not just exclusionary religions or orthodox psychotherapy that trouble me. Mainstream empirical science troubles me, too. Working through the history and contemporary debates regarding reparative therapies in the diverse sexual-science journal articles in *Archives of Sexual Behavior*, I questioned what science is truly able to say about sexual orientation and identity. Whether it is mainstream psychology/psychiatry or orthodox psychotherapy, where are the prospective outcome studies, and where is the empirical evidence to say something definitive about sexual orientation, about reparative therapies?

The sexual-science literature tells me that I am very much the historical sexual object that some mental-health professionals still consider ill, deficient, and inadequate. Even when I read gay-affirming sexual-science research, I feel its lack of empirical research to prove otherwise only helps to reinscribe homosexuality as a disorder.

Courage: An Urgent Reason to Say No to Reparative Therapies

On August 14, 1997, the American Psychological Association passed a resolution rejecting the view that homosexuals need treatment for their sexual orientation. Notably, the resolution also provided protection for LGB youth whose parents or guardians may coerce them into treatment (Halpert). This protection is necessary because LGB youth are quite a vulnerable group. After all, they are dealing with personal and social perplexities surrounding orientation and identity, which can be exacerbated by heteronormative peer, family, and community mores and expectations (Baker; Kשמאשירו; Quinlivan and Town). They are also dealing with a history of silencing homosexuality in classrooms (MacDougall). LGB youth may submit to sexual reorientation therapy because they fear multiple personal losses, including the losses of family, friends, and spiritual community (APA). They may seek a “cure” because they feel isolated and/or no longer able to deal with the verbal and physical harassment, discrimination, and violence that constitute homophobic reactions to a homosexual orientation and identity.

When parents or guardians impose any reparative therapy on a minor in the hope of changing the child’s sexual orientation, Karolyn Ann Hicks maintains it is reasonable to ask whether such imposition legally constitutes child abuse and neglect because of the possible harmful effects. Douglas C. Haldeman insists, “Any individual or organization advocating the coercion of LGB, transgender, or questioning youth in conversion therapy is not only in likely ethical violation but [also] liable to be committing child abuse as well” (263).

Reparative therapists have used dubious techniques including

behavioral therapy, electrical shock therapy, chemical aversive therapy, [and] drug and hormone therapy. ... [Other problematic techniques include] homophobic counseling, religious propaganda, isolation, unnecessary medication (including hormone treatment), subliminal therapies designed to inculcate “feminine” or “masculine” behavior, and “covert desensitization” therapies that teach a young person to associate homosexual feelings with disgusting images. (Hicks 515)

The consequences of such “treatments” range from feelings of guilt and paranoia to nervous breakdowns, genital self-mutilation, post-traumatic stress syndrome, and attempted or completed suicides (Hicks).

Since Courage condones reparative therapies, it is more than what it self-describes as the saccharine “apostolate of the Roman Catholic Church [that] ministers to those with same-sex attractions and their loved ones” (2000b: 1). In specifically targeting LGB and questioning Catholic youth and offering them sexual reorientation through orthodox psychotherapy, Courage

“Any individual or organization advocating the coercion of LGB, transgender, or questioning youth in conversion therapy is not only in likely ethical violation but liable to be committing child abuse as well.”

engages in symbolic violence in its rhetoric. Moreover, in sanctioning the use of reparative therapies, it is complicit in the mental, emotional, and physical violence that can possibly accompany reorientation treatments. While we may be able to deal with the overt symbolic violence in the kind of Catholic rhetoric that is Bishop Henry's response to persons with same-sex orientations seeking human and civil rights in Canada, it is the insidious violence hidden in Courage's call to chastity and celibacy that should be a graver concern. After all, this Catholic call can hurt in subtle ways with lasting impact as it interferes with the possibility of youth coming out, coming to terms, and growing into adults capable of living in the fullness of their spirituality and sexuality.

Courage is adept at communication. It has a handbook, publishes several newsletters each year, and holds a national annual conference. It also runs EnCourage, an affiliate group focused on prayer and outreach for families and friends of homosexuals. As noted, Courage endorses NARTH and it makes referrals to conversion therapists, holding up reparative therapy as the way to "cure" homosexuals. Courage (2000b) teaches that homosexuality is an "objective disorder" (a term coined by Pope Benedict XVI during his tenure as prefect of the Congregation for the Doctrine of the Faith), and an incomplete and changeable identity that is not biologically determined (1). With Vatican support from the Pontifical Council for the Family, Courage often uses the 12-step treat-the-illness format developed by Alcoholics Anonymous to conduct support sessions. A key aim of these sessions is to develop spiritual fellowship to "ensure that none of us will have to face the problems of homosexuality alone" (Courage n. d.: 1). With this approach, LGB youth are once again placed at risk as they take the "Catholic cure" for

their "illness." Since "[t]he promotion of 'reparative therapy' ... is likely to exacerbate the risk of harassment, harm, and fear" in LGB youth (NEA, APA and Partners 3), it is vital to monitor the deleterious effects of this anti-gay therapy on misinformed or uninformed LGB or questioning youth. Since Courage is the resource of choice for various Catholic school districts in Canada in their dangerous outreach to LGB youth, I contend that the work of this anti-gay ministry should be publicly monitored and the possible dangers of its conversion regimen ought to be persistently exposed. Youth across minority sex, sexual, and gender differences deserve and are due nothing less in a post-*Charter* Canada.

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