

What Does Research Show: Therapies for Same-sex Attraction

Research shows that:

- Sexual orientation is not a single, one-dimensional phenomenon (Weinrich & Klein, 2002). “Homosexuals—and to a much lesser extent, heterosexuals—demonstrate evidence of sexual fluidity, including ‘spontaneous’ as well as ‘assisted’ reorientation.” (Whitehead and Whitehead, 2007)
- The mean length of a relationship for homosexual couples—both male and female—is only 2.5 years (Whitehead and Whitehead, 2007). Even in countries where civil unions are available, the “break-up rates of officially sanctioned homosexual partnerships are still significantly higher than in marriages between heterosexuals.” (NARTH, *Journal of Human Sexuality*, Volume I, p. 1:81)
- “In the 20th century, HIV/AIDS risk was approximately 430 times greater among homosexuals than heterosexuals. In 2005 the risk of acquiring HIV from a single act of unprotected sex among the homosexual community in the US remained about 500 times greater than among the heterosexual community, (assuming that 25% of the male homosexual community is HIV positive [CDC, 2005] compared with 0.2% of the heterosexual population [UNAIDS/WHO, 2005] and 66% of HIV-positive cases are among the male homosexual community).” (NARTH, p. 1:66)
- There is a higher prevalence of many mental disorders in the homosexual population. When compared to the heterosexual population, homosexual men demonstrated 2.58 times increased risk of lifetime prevalence of depression; 4.28 times increased risk of suicidal attempts; 2.30 times increased risk of deliberate self-harm; 1.88 times risk of 12-month prevalence of anxiety disorders; and 2.41 times risk of 12-month prevalence of drug dependence. (King, et al., 2008)
- In our culture today, we have seen a gradual shift in public and professional opinion toward homosexuality “from amelioration toward acceptance and, finally, normalization. But even homosexually-identified scholars recognize the need to serve the psychological needs of homosexuals.” While a shift in sexual orientation might be difficult to attain, and while any successes attained will need ongoing maintenance, “the documented benefits of reorientation therapy support its continued availability to clients who exercise their right of therapeutic autonomy and self-determination through ethically informed consent.” (NARTH, p. 1-38)
- “There are two principal premises underlying the treatment of homosexuality: first, it is primarily developmental or adaptational in nature (with contributing factors such as predisposing constitutional/biological factors or learning through nonconsensual sexual activity). Second, people with a homosexual adaptation can be helped to experience a more heterosexual adjustment, at least in some cases and to some degree.” (NARTH, p.1:38)
- Various therapies can help those with same sex attraction. In one study, 689 men and 193 women were interviewed in order to document the degree of change toward heterosexuality they experienced as a result of a variety of therapies: professional therapy; both professional therapy and pastoral counseling; only pastoral counseling; and self-help modalities including religiously oriented ministries. Of the 318 persons who described themselves as *exclusively* homosexual before treatment, 17.6% described themselves as exclusively heterosexual after treatment, 16.7% as “almost entirely heterosexual” and 11.1% as “more heterosexual than homosexual.” Thus, 45.4% of the participants reported a “major shift in their sexual orientation.” 35.1% were unsuccessful in making “significant

changes in orientation”—they did however report “functioning better emotionally” after therapy. (Nicolosi, 2000)

- Certain variables predict greater success in reorientation modalities: “high lack of psychological relatedness to other men, reduction of conflict associated with restrictive affectionate behavior between men, the conscious choice to take on a heterosexual identity, and the prior presence of absent/weak bonding with father.” (Karten, 2000)
- “While client dissatisfaction is a possible and unfortunate consequence of any therapy, efforts to help persons change unwanted homosexual orientations have not been shown to be generally harmful or to lead to psychological harm. In fact, in many cases there have been many reports of psychological benefits . . . independent of those benefits associated with changing sexual orientation.” (NARTH, p. 1:50)