

Sexual Identity Therapy

A framework for addressing sexual identity distress

Warren Throckmorton, PhD

Grove City College

Mark A. Yarhouse, PsyD

Regent University

<http://sitframework.com/>

SIT Framework in the APA Task Force Report



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Report of the American Psychological Association Task Force on
Appropriate Therapeutic Responses
to Sexual Orientation



Part One, APA Report

Laying the Foundation of the Report

Understanding Affirmative Therapeutic Interventions

The task force was asked to report on appropriate application of affirmative psychotherapeutic interventions for those who seek to change their sexual orientation. As some debates in the field frame SOCE and conservative religious values as competing viewpoints to affirmative approaches (cf. Throckmorton, 1998; Yarhouse, 1998a) and imply that there is an alternative “neutral” stance, we considered it necessary to explain the term *affirmative therapeutic interventions*, its history, its relationship to our charge and current psychotherapy literature, and our application and definition of the term. The concept of

SOCE
defended

Part Two, APA Report

SIT Frame work

2008). For instance, a growing number of authors address the religious and spiritual needs of LGBT individuals from integrative and affirmative perspectives that provide resources for LMHP working with this population (Astramovich, 2003; Beckstead & Israel, 2007; Beckstead & Morrow, 2004; Glassgold, 2008; Haldeman, 1996, 2004; Horne & Noffsinger-Frazier, 2003; Mark, 2008; D. F. Morrow, 2003; O'Neill & Ritter, 1992; Ritter & O'Neill, 1989; Throckmorton & Yarhouse, 2006; Yarhouse, 2008). Based on of these scholarly contributions, we take the perspective that religious faith and psychology do not have to be seen as being opposed to each other. Further psychotherapy that respects faith can also explore the psychological implications and impacts of such beliefs.

More Part 2, APA Report

We believe that simply providing SOCE to clients who request it does not necessarily increase self-determination but rather abdicates the responsibility

We also believe that LMHP are more likely to maximize their clients' self-determination by providing effective psychotherapy that increases a client's abilities to cope, understand, acknowledge, explore, and integrate sexual orientation concerns into a self-chosen life in which the client determines the ultimate manner in which he| or she does or does not express sexual orientation.

of LMHP to provide competent assessment and interventions that have the potential for benefit with a limited risk of harm. We also believe that LMHP are more likely to maximize their clients' self-determination by providing effective psychotherapy that increases a client's abilities to cope, understand, acknowledge, explore, and integrate sexual orientation concerns

into a self-chosen life in which the client determines the ultimate manner in which he or she does or does not express sexual orientation (Bartoli & Gillem, 2008; Beckstead & Israel, 2007; S. L. Morrow & Beckstead, 2004; Haldeman, 2004; Tan, 2008; Throckmorton & Yarhouse, 2006; Yarhouse, 2008).

Wall Street Journal – 8/9/09

U.S. NEWS | August 6, 2009

A New Therapy on Faith and Sexual Identity

Psychological Association Revises Treatment Guidelines to Allow Counselors to Help Clients Reject Their Same-Sex Attractions

Article

Slideshow

Comments (103)

MORE IN US »

Sexual Identity Counselor

< 1 / 7 >



Email

0



Tweet

0



+1



Dr. Warren Throckmorton listened to a patient in his temporary office at a church in Grove City, Pa., Wednesday. The counselor says he tries to help some patients accept that their gay and lesbian attractions will not go away – but need not define them.

How much can you



WSJ – 8/9/09

- For many years, Dr. Throckmorton felt he was breaking a professional taboo by telling his clients they could construct satisfying lives by, in effect, shunting their sexuality to the side, even if that meant living celibately. That ran against the trend in counseling toward "gay affirming" therapy -- encouraging clients to embrace their sexuality.
- But in a striking departure, the American Psychological Association said Wednesday that it is ethical -- and can be beneficial -- for counselors to help some clients reject gay or lesbian attractions.

New York Times Magazine 6/16/11

Living the Good Lie



Photo illustration by John Gail

Should therapists help God-fearing gay people stay in the closet?

By MIMI SWARTZ

NYT Mag 6/16/11

- “Many theorists in the gay-affirming world have taken a view that religion is a changeable aspect of personality,” Throckmorton said. “But people don’t wake up in the morning and say, ‘I’ll be a Baptist instead of a Buddhist.’ Religion is the way the world makes sense to them, and for them that seems like a pretty stable attribute.”
- Rob expected to begin a process akin to psychoanalysis, but within just a few sessions the two were focused on the life Rob imagined for himself. “My faith was very important to me,” he recalled. “I didn’t want to be alone all my life, and I wanted to be married and share that kind of life with someone else in the context of my Christian faith.”

NYT Mag 6/16/11

- In the final document...The A.P.A. considered the kind of identity therapy proposed by Throckmorton and Yarhouse to be a viable option. No effort needed to be expended trying to change a client's religion or sexual orientation. Therapy, in fact, was to have no particular outcome either way, other than to guide the client closer to self-acceptance, whatever the client believed that to be.
- Clinton Anderson, director of the A.P.A.'s Lesbian, Gay, Bisexual and Transgender Concerns Office, put it another way: "The task-force report is more of an acknowledgment than was true in the past that not everyone who is coming to this dilemma with a strong religious background is going to find an adaptation that is positive with regard to their sexuality. There may be people who are just not going to get there."

NYT Mag 6/16/11

- It [the 2009 APA report] further stated that acting on same-sex attractions might not be a fulfilling solution for everyone. “I called up Mark, and I said: ‘Can you believe this? Am I reading this right?’ ”Throckmorton told me.

Sexual Identity Therapy

- Sexual identity therapy assists clients to clarify values and beliefs about sexuality and develop an integrated sense of self.

When values and sexuality collide...

- Historically, there were guidelines for addressing gay, lesbian and bisexual concerns and
- There were (fewer) guidelines for addressing religious concerns in therapy
- How can both concerns be addressed?

When values and sexuality collide

- When we wrote the SIT Framework, we could find no formal guidance for persons who experience value conflicts over sexual orientation
- The field had polarized into gay affirming and reparative therapy camps
- We took issue with both sides on several issues and wanted another way

Why Sexual Identity Therapy Framework? (2006)

The purposes of these guidelines are

- To develop professional consensus around best practices for people who seek counseling due to value conflicts over sexual orientation.
- With clients, to promote the development of a valued sexual identity that promotes personal well being and integration with other aspects of personal identity (cultural, ethnic, relational, spiritual, worldview, etc.).
- To focus therapists on helping the total person – therapists should address any mental health issues that might impact the successful resolution of a valued sexual identity.
- To encourage therapists to only work within their training and expertise and make appropriate referrals.
- To help prospective consumers choose care that fits their individual needs

APA Task Force Report (2009)

- *Telic congruence* (i.e., living consistently within one's valuative goals)
- *Organismic congruence* (i.e., living with a sense of wholeness in one's experiential self)
- This difference in worldviews can impact psychotherapy. For instance, individuals who have strong religious beliefs can experience tensions and conflicts between their ideal self and beliefs and their sexual and affectional needs and desires
- The different worldviews would approach psychotherapy for these individuals from dissimilar perspectives: The telic strategy would prioritize values, whereas the organismic approach would give priority to the development of self-awareness and identity
- It is important to note that the organismic worldview can be congruent with and respectful of religion (Beckstead & Israel, 2007) and the telic worldview can be aware of sexual stigma and respectful of sexual orientation (Throckmorton & Yarhouse, 2006).

Definitions

- Sexual identity – A person's assessment of erotic orientation, emotional/romantic preferences, inclinations to engage in sexual activities and social behavior.
- Sexual orientation - It depends. Some define as attractions, some as behavior, some as identity and some as all three. We tend to view it as erotic preferences.

What is sexual identity distress?

- Sexual Disorder Not Otherwise Specified (302.9) includes this description: “Persistent and marked distress about sexual orientation,”
- V62.89 (DSM-IV) addresses identity and religious conflicts that may include sexual identity.
- Conflicts involving personal values and beliefs
- Conflicts involving discordance aspects of relationship and attachment orientation

When values and sexuality collide

- We propose the sexual identity therapy as a framework to guide services with clients who experience value conflicts over sexual orientation.

Endorsements

- I have reviewed the sexual identity framework written by Warren Throckmorton and Mark Yarhouse. This framework provides a very necessary outline to help therapists address the important concerns of clients who are in conflict over their homosexual attractions. The work of Drs. Throckmorton and Yarhouse transcend polarized debates about whether gays can change their sexual orientation. Rather, this framework helps therapists work with clients to craft solutions tailored to their individual situations and personal beliefs and values. I support this framework and hope it is widely implemented. - *Robert L. Spitzer, past-Chairman of the committee that developed the Diagnostic and Statistical Manual of Mental and Emotional Disorders, 3rd Edition and 3rd Edition (Revised)*

Endorsements

- "Drs. Throckmorton and Yarhouse have brilliantly resolved contention in psychotherapy by providing the field with unbiased guidelines that are responsive to scientific evidence, are sensitive to professional practice, and which restore patient determination in choosing his/her goals in psychotherapy." – *Dr. Nicholas Cummings, past-president of the American Psychological Association*

Sexual Identity Therapy Framework

- Framework for conducting therapy to relieve sexual identity distress
- Not a new theory of homosexuality or therapy
- Can incorporate many theoretical approaches
- Provides ethical guidelines for therapy

SIT - Four phases

- Assessment
- Advance Informed Consent
- Psychotherapy
- Sexual identity social integration

Assessment

- Mental health assessment
- Values and beliefs assessment
- Sexuality assessment
- History of the conflict

Advanced Informed Consent

- This should include accurate information about:
- Research about same-sex attraction,
- Possible causes of sexual orientation distress,
- Professional interventions available (including success rates and definitions of success),
- Alternatives to therapy, and
- Possible benefits and risks of pursuing therapy.

Advanced Informed Consent:

Accurate information

- Mental health professional organizations do not consider homosexuality to be a mental disorder
- Homosexuality not the same for everyone – multiple pathways to sexual orientation
- No consensus regarding causes and development of sexuality
- Biological factors have some support as do some environmental factors
- A broad range of mental health outcomes exist for homosexuals in the same manner as for heterosexuals.

Psychotherapy

- May not be needed if the information provided during the first two phases is enough
- Objectives and plan of psychotherapy is individualized
- Sexual identity therapy provides a framework for the application of many approaches
- Primary therapist stance is the reduction of distress and the development of plan to achieve valued action

Sexual identity integration

Therapist assists clients to:

- Develop strategies that support an integration of sexual identity with personality
- Clarify values and beliefs and pattern of sexuality
- Reassess strategies and direction as needed

Referral

- Therapist may refer if value position conflicts with client's direction
- Client should always feel the freedom to choose another approach and/or direction
- Increasingly controversial, especially in ACA

Practical evaluation

- Addresses ethically deficient approaches – e.g., we reject “holding therapy”
- Addresses gaps in research – e.g., lack of consensus over sexual orientation
- Avoids focus on change in sexual attractions as measure of success
- Elevates values and beliefs as organizing principle of identity formation
- Focus is on client satisfaction as outcome measure

Things you shouldn't hear in sexual identity therapy

- To heal homosexuality everyone must relive past wounds
- You need to receive healthy touch in therapy in order to change
- Homosexuality is a gender identity disorder
- You were born gay and you should not try to resist it
- Experts agree that people are gay because _____.
- Anyone can completely be free of homosexual attractions if they are motivated
- You are not trusting God enough if you have same sex attractions
- Coming out of the closet and living an openly gay life is the only way to be really well-adjusted
- Your religion is homophobic, you should consider changing your church

Sexual Identity Therapy: Web Links

- www.sitframework.com
- www.wthrockmorton.com
- www.sexualidentityinstitute.org