



AMERICAN COUNSELING ASSOCIATION

March 19, 2008

Warren Throckmorton, PhD
100 Campus Drive
Grove City College
Grove City, PA 16127

Re: Response to Complaint letters of July 2007 and February 2008

Dear Dr. Throckmorton:

I am writing in reply to the letters of July 2007 and February 2008 in which you and numerous co-signatories brought to my attention concerns relating to the ethical propriety of providing counseling services which address issues pertaining to sexual orientation. The crux of the issues you presented appear to reflect an existing dichotomy in American society and world views regarding homosexuality and how these world views are reflected within our association.

One world view holds that homosexuality is a variation of normal human sexual expression. An opposing world view - informed by some religious and cultural beliefs - holds that homosexuality is an aberrant form of human sexual expression which is inherently "wrong" or "sinful." While there are ardent voices on both sides of this issue, as you correctly note in your communications, there is no social consensus regarding homosexuality.

While opinions and theories abound regarding the etiology of homosexuality, questions remain unanswered as to why some persons hold or develop same-sex attractions and orientations. Compounding this lack of knowledge is the fact that questions and research concerning homosexuality hold a strong social and political dimension. While general societal attitudes toward homosexuality have become increasingly tolerant and accepting in the United States over the past fifty years, Gay and Lesbian persons, as well as other sexual minorities, continue to struggle with acceptance and discrimination.

In the absence of compelling scientific evidence or broad social consensus, it is beyond the scope of the American Counseling Association to reconcile these world views. However, the ACA does hold a very clear position which prohibits discrimination based on sexual orientation. As such, engaging in counseling services which cause harm - or hold a reasonable potential to cause harm to clients - whether intentional or unintentional, must be closely scrutinized.

Therapeutic interventions that purport to change sexual orientation - sometimes referred to as "conversion therapy" or "reparative therapy" - have been largely discredited by professional mental health organizations as well as by most scholars and researchers published in the peer-reviewed professional literature. The reason for this is that such approaches maintain the *a priori* assumption that homosexuality is - to use the term of the Roman Catholic Church - "inherently disordered." While this assumption is consistent with some cultural and religious views, it does not reflect the position of mainstream mental health organizations, all of which endorse the position of the American Psychiatric Association which in 1973 declassified homosexuality as a mental disorder. As such, while the propriety of homosexuality may be addressed in terms of personal, cultural, or religious beliefs and values; "treatment" of homosexuality, *per se*, cannot be ethically supported since it is not a mental disorder.

However, to what extent a counselor may ethically engage in providing counseling services to a client who expresses conflict and dissonance over their sexual attraction/orientation with their personal, cultural, or religious beliefs and values is, in my opinion, a very legitimate question which needs to be clarified.

While the use of counseling techniques designed to modify sexual desire and impulsive behaviors are widely employed in counseling work with identified sex offenders and clients presenting with issues of sexual impulsivity and so-called "sexual addiction", the use of such techniques to address same-sex desires and behaviors have strong social and political implications. Historically and currently, many Gay and Lesbian persons, as well as other sexual minorities, have been discriminated against and victimized as a result of their sexual expression or orientation.

As with all counseling services, but particularly those which address issues of human sexuality, a counselor must always remain sensitive to client needs and the fundamental ethical principle of "do no harm." However well intentioned, any counselor who would attempt to use their professional position to advance a particular social or political agenda which resulted in harm to a client - intended or unintended - would have violated this most basic of ethical principles.

I am forwarding to the ACA Ethics Committee copies of your complaint letters asking that the committee review and provide clarification on current ACA policy as it related to your expressed concerns. Once I have received a summary review from the Ethics Committee, further clarification will be forthcoming. I appreciate your patience as we review this matter further.

Sincerely,



Brian S. Canfield, Ed.D.
President, American Counseling Association