

# Surviving Gay Activism in Graduate School: A First-Person Account

*Andrew Rodriguez<sup>i</sup>*

*Pottstown, Pennsylvania*

This first person narrative chronicles my story as a graduate student in a clinical psychology program in the mid-Atlantic United States, who faced discrimination from the school for my support and involvement in therapeutic help for individuals with unwanted same-sex attraction. I had provided lay counseling to same-sex attracted men for several years prior to beginning my graduate school training. Though I had been transparent about my experiences throughout my academic career and received no complaints from my internship site or clients, near the completion of my degree the administration suspended and then dismissed me for my views. I recount the tactics and arguments my opponents used, how I obtained support and resisted the discrimination, and offer insights for aspiring students, counselors, and other interested parties.

Keywords: *discrimination, graduate school, homosexuality, gay activism*

*Andrew,*

*The program has become aware that you are providing and advertising services directed at people “leaving homosexual lifestyles,” healing/recovering from homosexuality, and addressing “unwanted same sex attraction.” We are VERY concerned about this, and we need you to discontinue your internship IMMEDIATELY. Please schedule a meeting with us as soon as possible to discuss this. Monday or Tuesday next week look to be possible for some of us. I have CCd your supervisors both on site and on campus so that they are aware that your internship work must stop immediately. (Dr. S., personal communication, June 25, 2015)*

That was the email I received from the coordinator of master’s field placement at my university, on the fateful day of June 25, 2015—just four weeks away from finishing my internship and graduating with my master’s of science in Clinical and Counseling Psychology. I had been a student at this graduate school of psychology in excellent standing since January 2012. My entire experience was arduous and draining: working full-time at a highly stressful administrative job, then driving to three-hour classes twice a week, while also running a support group for men at my alma mater; serving in youth ministry at my church, and barely getting the hours I needed at my internship site. Nearly all of my classmates from my cohort, who were

able to take three classes each session while working just part-time, had graduated and moved onto their careers a year previous. The end for me was imminent; I could barely wait for my freedom. And then this email arrives.

### **My Prior Background**

How did I get to this point? The field of recovery for unwanted same-sex attraction (SSA) was one I entered through a different path than most counselors. I believe the vast majority of therapists begin exploring this type of work after they have already been in practice for some time, usually precipitated by encountering certain clients with this presenting concern. However, by the time I entered graduate school, I had six years of training and lay counseling experience in this area. In 2006, I was fortunate to complete my undergraduate internship at Day Seven Ministries, a Christian counseling center in Lancaster, PA, which at the time was a member ministry of Exodus International, the umbrella organization for various Christian ministries for people looking for help with unwanted SSA, though Day Seven dealt with an array of sexual issues beyond homosexuality. Regarding this particular ministry, the modalities used were Christian-focused 12-step recovery, cognitive-behavioral, insight-based, and trauma-sensitive. Beyond just the typical clerical work involved in most undergraduate internships, I participated in their recovery groups and a couple intake assessments.

The topic of sexual and gender identity conflicts had interested me for some time, as demonstrated by my research projects even before this internship. I also had some personal stakes in the matter; though I myself had never experienced SSA, I had an assortment of family and friends with SSA—some embracing a gay identity, some

struggling in secret, and some openly and actively fighting to overcome it in some way. The existence of therapies to assist people with the latter goal excited me, and in my internship, I found living examples of effective and beneficent help at work.

Upon returning to campus after the internship, I cofounded a support and recovery group for men at my school dealing with past trauma, sexual addiction, and unwanted same-sex attraction. Starting this group is a story in itself, considering that there were no counseling services on campus back then and the administration was not so keen on allowing anything, especially not something for this population. Nevertheless, I persevered, even receiving some aid from my internship site to launch it. I continued leading this group after graduating, all while continuing to study books and articles on related topics and develop my own curriculum.

Allow me to make it clear the type of work I was doing in this group and in my lay counseling. As stated, this group was never exclusively for same-sex attracted individuals, though they composed on average half of the men in the group each school year. Therefore, the core curriculum focused on topics applicable to the majority of men in the group: accountability for goals and undesired behavior, emotional regulation, processing emotional wounds, forgiveness, conflict resolution, shame and guilt, grief, identity and self-worth (particularly from a Christian perspective), addiction, understanding a biblical model of masculinity and development, and sexuality. A couple of the men opted to see me during school breaks for continued mentorship. I never made claims—especially not guarantees—that following the group process would result in changes in one's sexual attractions. I was aware of therapeutic approaches to attempt changes in attractions, and I understood their theoretical

concepts; however, as I was not adequately trained in these approaches, we did not make same-sex attraction change a stated goal of the group (or my individual counseling) for the individuals with unwanted SSA. And with my members being college students, I soon realized their efforts for self-improvement would be in competition with the demands of school, so in general I tempered my expectations for the types of changes we would see in the group. It also should be noted that I never made any effort to convince the group members to adopt my view of sexuality or sexual ethics. The members with SSA came to the group already convinced that homosexual behavior and identity were incompatible with their commitment to Christianity. With all of these considerations, our main focus in the group was to assist the other members in living congruently with their religious convictions, while also exploring past emotional wounds and their global effects on their lives. The members may have come to identify contributing factors to the development of their SSA or other issues, but we ultimately kept discussion focused on one's responsibility in the present, as well as resolving one's shame through a revelation of God's grace. That is not to say that this type of ministry approach could not result in changes in one's attractions as a consequence of inner healing and pursuing chastity. I frequently encouraged the men to continue the work begun in the group after they left the school. Some went on to embrace a gay identity and enter into gay relationships, some have maintained their original convictions and celibacy, and some continued with individual counseling or mentoring (some of whom are now in heterosexual marriages).

## **Definitions and Background of This Field**

There are a number of terms for the multiple forms of intervention for individuals with unwanted same-sex attraction. The mainstream media tends to label them all conversion or reparative therapies—both misnomers, as they do not take into account the distinction between religious lay counseling and professional therapies, as well as the actual goals of each approach. Sexual orientation change efforts (SOCE) is perhaps a more appropriate umbrella term for all efforts to reduce or change unwanted same-sex attraction, behavior, and identity—including secular and religious, professional and lay, trained and untrained. Complaints about the ineffectiveness and risk of harm more often than not fail to make the distinction between inadequately trained lay counseling and professional therapy approaches. I will most often refer to professional therapy to include treatment performed by either licensed mental health professionals (LMHPs) or unlicensed professionals who still have some type of a master's degree or higher in counseling, thereby qualifying both types as trained professionals. The unlicensed professionals will typically be found in private practice or a non-profit organization (such as a religious ministry) where insurance is not accepted.

Religious ministries that address unwanted same-sex attraction are traditionally called ex-gay ministries, a term I consider inadequate because it does not account for the existence of clients with SSA who never identified as gay nor even engaged in homosexual relationships. The various member ministries of Exodus International, such as the one at which I had interned, often contained a combination of support and recovery groups as well as individual therapy, while some ministries offered just group support (which may or may not be facilitated by a trained therapist).

The Exodus ministry at which I had interned employed as counselors only professionals with a master's degree or higher, while some of their support groups were facilitated or co-facilitated by non-professionals. Some of these groups followed a modified 12-step recovery model, which is commonly peer-led. I must also note that counseling by non-professionals is not necessarily unethical or ineffective, though I concede that they run a greater risk for unprofessional conduct. Nevertheless, Jones and Yarhouse (2009) conducted a longitudinal study of participants in Exodus ministries and found results across a spectrum. Significant reduction or elimination of SSA and development of opposite-sex attraction was the minority result (23%), but still a showed to be a possibility. Spitzer (2003) had interviewed 200 participants who believed SOCE were helpful for them, and based on their retrospective self-reports, there was a shift from 46% of the men being exclusively same-sex attracted before intervention to 17% having exclusive opposite-sex attraction after intervention.

Of the professional approaches to unwanted same-sex attraction and homosexuality, there are two main camps: change-oriented therapies and Sexual Identity Therapy (Rosik & Popper, 2014). Change-oriented therapies have been called many terms. Both professional and non-professional interventions often get mislabeled as conversion therapy or reparative therapy, the latter of which is a specific form of professional change-oriented therapy, developed by Joseph Nicolosi as a synthesis of psychodynamic and other trauma-informed therapies. It is one of several approaches, but it is the most prevalent among change-oriented therapists. In the spirit of finding a unifying and exclusive term for all professional change-oriented therapies, the Alliance for Therapeutic Choice and Scientific Integrity

(ATCSI, hereafter identified as the Alliance) introduced in 2016 the term Sexual Attraction Fluidity Exploration in Therapy (SAFE-T) (Rosik, 2016), which I will use for these approaches going forward. Sexual Identity Therapy, developed by Mark Yarhouse and Warren Throckmorton, attempts to circumvent the controversy over efforts to change sexual attractions by remaining agnostic regarding the etiology of SSA and focusing the therapy on assisting clients with their choices to make their identities and behaviors congruent with their sincerely held religious beliefs (ISSI, n.d.).

The persistent message of SOCE and SAFE-T opponents, which has inundated and indoctrinated the whole culture, has been that therapy to modify or just cope with unwanted SSA is both ineffective and harmful. As a researcher and journal editor, Walter Schumm (2015) recalls frequent rejection of conservative approaches to sexual orientation by students, other scholars and publishers, lawyers, judges, and potential employers. The topic has become so toxic that most clinicians, researchers, and teachers do their best to disassociate from it, even if they personally take issue with the tenets of LGBT activism. On October 5, 2015, Albert Mohler, president of the Southern Baptist Convention, called reparative therapy a superficial response to homosexuality, misconstruing it as a simplistic attempt to convert someone categorically from homosexual to heterosexual (Sanders, 2015). Harvest USA, an ex-gay ministry in Philadelphia, adamantly denies doing reparative therapy, decrying it and confusing it with other types of therapy largely in the past that relied on behavior modification and aversive techniques (Black, n.d.).

The criticisms of SOCE and SAFE-T are largely unfounded or grossly exaggerated. Mainstream media outlets that mention conversion therapy or reparative therapy are

quick to state matter-of-factly that these therapies have been discredited. However, in its task force report, the APA (2009) even admits that there is insufficient scientifically rigorous data to conclude whether or not SOCE are harmful or effective. Nevertheless, the report's conclusion still cautions against these therapies, stating that they pose a risk for harm. And even though the task force's report has been used by several states to ban therapy for minors, the report acknowledges that published research on SOCE among children is lacking (p. 42). There have been only a couple studies reporting harm, the chief amongst them being Shidlo and Schroeder's (2002) retrospective interviews with former SOCE counseling clients, with the majority of the claims of harm being increased psychological distress—not physical torture or overt shaming, as the popular culture would have one believe.

Furthermore, the APA's conclusion that the data on SOCE and SAFE-T are inconclusive concerning efficacy and beneficence completely dismisses decades of research, case studies, and anecdotal evidence that affirms the benefits and safety of professional therapy for unwanted same-sex attraction. Though no published study has sought a random population from which to assess the treatment success of SAFE-T, Phelan, Whitehead, and Sutton (2009) argue that existing positive outcome research should not be so easily dismissed. An ATCSI retrospective survey of 882 participants in SAFE-T reported that 34.3% experienced change in orientation. Whereas prior to therapy 67% considered themselves exclusively homosexual, post-therapy only 12.8% saw themselves as exclusively homosexual (Nicolosi, Byrd, & Potts, 2000). Byrd and Nicolosi (2002) completed a meta-analytic review of 14 outcome studies, finding that treatment for homosexuality was 79% more effective compared to

alternative therapies or control groups. Berger (1994) documented several case studies that demonstrated change occurring along a continuum. Lee Beckstead, typically an opponent of SAFE-T, even found in a small study of 20 participants that though they experienced no change in SSA, they reported greater self-acceptance and well-being, which is contrary to the accusation that this therapy increases shame (Beckstead, 2001). Phelan's book (2014), *Successful Outcomes of Sexual Orientation Change Efforts*, provides an overview of the decades of beneficial professional treatment for unwanted homosexuality.

I had been well aware of the hostility toward those who go into this field for years—as well as the hostility toward those who have made efforts to avoid conflict by opting out of gay-affirmative therapy. In the summer of 2010, two cases of students in counseling graduate programs faced expulsion for holding to traditional, biblical views of sexuality. At Eastern Michigan University, Julea Ward referred out a gay client to another colleague because her convictions precluded her from providing the gay relationship counseling the client was seeking. The school required she complete a remediation program and change her beliefs or be expelled (Starnes, 2010). At Augusta State University in Georgia, Jennifer Keeton's expression in and out of class that she adheres to Christian beliefs regarding sexuality and gender identity was apparently enough for the school to require she undergo a re-education program or be expelled (Schmidt, 2010). Her case against the school was thrown by a federal judge two years later (Rudow, 2012). In December, 2012, after Julea Ward appealed a federal judge's verdict in 2010 to uphold Eastern Michigan University's decision, the school reached a settlement with her, which was touted as a victory by her legal team at

the Alliance Defense Fund (Lederman, 2012).

### **My Experiences in Graduate School**

Eventually, it came time for me to obtain my master's in counseling so I could do this work full-time. I chose this particular institute because it offered specialization tracks in addiction, trauma, and marriage and family—all areas related to the work I do. The theoretical orientation of its clinical psychology program was psychodynamic, which I knew was foundational to reparative therapy, which I was hoping to learn in the future. And as a self-described “inclusive Catholic university,” I figured they would be at least tolerant of my religious convictions.

As I entered the admissions process, I came to terms with a looming dilemma: would I try to hide my involvement in the field of homosexual recovery so I could quietly earn my degree and then enter the field professionally? Or would I risk academic and career suicide and be open about my convictions and experiences? I resolved that my integrity is the one commodity I cannot spare, no matter the consequences. If I ever found myself embattled, I was confident that the truth would be on my side—the truth that I had been honest since day one. As a Christian, I know that my ultimate judgment will be before God, and not a council of ideologically corrupt men. That security afforded me freedom to be disclosive when the topic would come up in my classes.

And the topic came up immediately and then throughout my time as a student. In my admissions paperwork, I stated where I did my undergraduate internship. A quick look on Day Seven's website would easily show their affiliation with Exodus even after Exodus North America collapsed in 2013, or just show the types of sexual issues they address. In my admissions interview, Dr. T.

(the then-head of the psychology department) asked me which types of clients I would not treat, to which I explained how my moral convictions would prohibit me from endorsing sinful and destructive choices, such as homosexual behavior or having an affair. Instead, I would offer to help the client explore their options and the emotional roots of such issues. The very same question came up early in my first semester in a reflection paper for Dr. H.'s theories of counseling course.

Once my first session of classes began, it immediately became clear that this was a very liberal Catholic university. The overwhelming majority of my professors were neither Catholic nor Christian. One professor was transgender. Some were very outspoken liberals, or they were at least unaccustomed to interacting with conservatives. The students were a bit more mixed, but being a conservative Christian with firm traditional convictions on sexuality squarely placed me in a minority viewpoint. This became quite evident in my first semester's Theories of Counseling class when the professor decided to open the conversation one day by disparaging recent comments Kirk Cameron made about homosexuality on Piers Morgan's television show, and then attacking reparative therapy. I had to present that evening, but before speaking about my assignment, I chose to share about my knowledge of reparative therapy and do what I could to dispel myths, which led to a robust discussion. Fortunately—though the professor and another student strongly opposed me—because I had demonstrated my intelligence and maturity in prior class discussions, the majority of the class wanted to hear what I had to say. (A similar discussion occurred a year or so later in my Adolescent Therapy course.)

Also in my first year, in my Techniques of Counseling class by Dr. D., I revealed my

involvement in this field. We were assigned a journal that we had to turn in near the end of the course. During that time, my church was blessed to host a seminar by Sy Rogers, one of the early leaders of Exodus International, who used to attend the same church in Florida as my pastor. My wife and I had the tremendous honor of having breakfast with Sy and his wife, Karen, and I then journaled about the experience. When I received the journal back from Dr. D. on the last day of class (personal communication, July 23, 2012), she wrote a question: “Have you thought of how your values re: homosexuality might play a role in the way you counsel your clients? Particularly those that are struggling w/ the coming out process?”

I include all of these stories because when I received that email from Dr. S. (the director of master’s field placement), and in the subsequent inquisition, they claimed ignorance about my involvement in this type of work. And yet numerous professors were made aware, and if they truly considered me a danger to the field of psychotherapy because of my convictions and practice, why did they not present their concerns earlier? After the department head, Dr. T., left during my first year, he was replaced by a board of a few different faculty members, one of whom was Dr. D. herself. And most damning of all is a story about Dr. S., who taught my group therapy course just before beginning my internship. One written assignment was to reflect upon a guest speaker at the university, Greg Boyle from Homeboy Industries. I wrote,

Finally, I appreciated Boyle’s comments about our call not necessarily to be successful but to be faithful, even if we do not arrive at the outcomes people expect. This standard is particularly relevant to the population with which I work:

men with sexual struggles (such as sexual addiction or unwanted same-sex attraction). When it comes to these issues—above all others—the world demands to an unreasonable degree that the only acceptable outcome of counseling be categorical change. But the members of my group understand that their purpose is to honor God and be faithful to his standards no matter the degree of change they experience. The world does not agree with this nor tolerate it. And so I can definitely relate to the hostility Boyle experienced for the first 10 years of his ministry to gang members.

And as proof that Dr. S. actually read this paragraph, he handwrote (personal communication, circa March 16, 2014) right next to it the following: “Your empathy and caring sensitivity is very apparent in your writing. Excellent work!” The irony from my position of hindsight certainly does not escape me.

I never learned the reason for the about-face. Dr. S. and I were previously on such good terms that he was looking into helping me publish one of my papers from the group therapy class. Nevertheless, Dr. S. and the other faculty involved in the discrimination against me remained stalwart in their claims that they had no prior knowledge of my involvement in SOCE.

### **The Impetus for the Email**

I was able to surmise the likely impetus of the email I received, which was later confirmed by Dr. S. when we met. As I stated, I had a rather trying internship experience at a private group practice. My site supervisor, Dr. C., is a self-described “neo-Freudian psychoanalyst with strong Jungian leanings.” And though my training

was in psychodynamic therapy, I was not so quick to dismiss other approaches and I was interested in integration, which led to various theoretical conflicts between Dr. C. and me, especially when he would largely base my evaluations on my number of “verbal units” (any vocalizations from the therapist, including minimal encouragers, questions, and statements) in a given session since the ideal psychoanalyst rarely speaks. Ultimately, after hearing of so many such stories, Dr. S. decided to look up Dr. C.’s profile online. And while he was perusing the counseling center’s website, he saw my profile, which had the following biography:

I believe changes and growth are always possible. But in some areas, wounds and unhealthy thinking and patterns of relating to others, God, and ourselves can hold us back. This process can be hard work and I am eager to help you with it. For those who are seeking a Christian approach, I believe in a biblical integration of cognitive-behavioral, psychodynamic, family systems, Adlerian, and reality therapies. I have worked with individuals dealing with childhood trauma (typically sexual or physical abuse), sexual addiction, and those leaving homosexual lifestyles and coping with unwanted same-sex attractions. I have also co-facilitated a kids play therapy group. I am looking forward to broadening my experiences at [my internship site], particularly with families and children. In addition to counseling, I work part-time with my wife as a youth pastor.

The mention of key words like “unwanted same-sex attractions,” “homosexual lifestyles,” and “change” (even though I used the latter in the broadest

sense) he found alarming and sufficient to immediately stop the work I was doing with my clients. It is particularly noteworthy that the concern derived solely from Dr. S. alone, as opposed to some complaint against me from any clients or my internship site. I was well aware of cases of religious graduate student interns persecuted for opting to refer out clients referred to them for gay-affirmative therapy. But this was not the case with me; there was no inciting incident. In fact, the *only* client I was seeing with unwanted SSA was a pre-existing group member that chose to continue with me at internship site during the summer (a detail Dr. S. did not even investigate even when we met). None of the clients I obtained through the site were dealing with homosexuality, nor did the topic even arise.

### **Finding Support**

Some very encouraging events occurred after I received Dr. S.’s email. First, I contacted Dr. C., my site supervisor. Whereas prior to this moment we struggled to connect on a personal level, I now saw a different side to him—a fiercely protective one. He and the rest of counseling practice demonstrated their support to me. Next, I informed my pastor, Bob Levins, of True North Christian Church (Trappe, PA). Without hesitation, the whole church rallied behind me. Some members even offered to provide me a lawyer for my first meeting with the school. And most providential of all was the timing of the whole ordeal because the day following the email, I was long-scheduled to travel to Lancaster, PA, for the Restored Hope Network’s conference.

Restored Hope Network is the umbrella organization for ex-gay ministries that was formed prior to Exodus North America’s 2013 implosion. I was following them online for some time, wishing I would be able to attend one of their conferences, but



they were normally too far out west for me. But, I can only conclude that it was by God's design, for 2015 the conference would be in my old hometown. And I just so happened to receive the threatening email from Dr. S. the day before the conference. There was no better place to be that Friday, June 26, receiving encouragement from other workers in this field as they heard my very fresh story, and especially as we also got the news that very day about the US Supreme Court's decision regarding gay marriage. I was blessed to meet some of my heroes in the field, such as Andrew Comiskey, as well as a client from my undergraduate internship nearly ten years ago, who was present to share his testimony. As a non-denominational Protestant going to a Catholic University with a very liberal faculty, I was also amazed to learn how many Catholics in the area were actually my allies.

At the conference, I met a new hero of mine, Dr. Mike Davidson, from the United Kingdom. He had a much more severe story of persecution for his work, and yet remained completely humble and steadfast. He also is a member of the Alliance, which I had known only as NARTH before then. He offered to connect me with former Alliance president Dr. Christopher Rosik, which started a very helpful email correspondence.

### **The First Meeting with the School**

In Dr. S.'s email, he requested to meet immediately, but I advised him I needed more time to seek appropriate counsel, which should have been a hint to him that I was securing a lawyer. I met with Dr. S. and my advisor (whom I had not previously met), Dr. K. , on Tuesday, July 7. To their apparent surprise, I arrived with a lawyer. However, they informed us that, as professors, the school prohibited them from meeting with a lawyer without the school's

own lawyer present. They offered to reschedule, but they also assured me that this meeting was just to gather information and no decision would be made then. Instead, they would report to the other program coordinators, Dr. N. and Dr. D., as well as the dean of the graduate school. I chose to dismiss my lawyer and meet with them on my own. I was confident that I would need to do only two things: point out that my admissions record shows I was open about my history of involvement in the ex- gay ministry field, and explain how I was not practicing any sort of bizarre or inherently harmful therapy, but just applying what I had been learning to a unique client population that had goals to live congruently with both their belief systems and biological design.

After some exchanges about why we had to delay this first meeting, I made my first point, to which they responded by stating that they did not look up my admissions packet. They had no interest in verifying that the school had indeed accepted me and kept me this long as a student with the knowledge of my beliefs and experiences regarding homosexuality. Instead, they had numerous questions about my beliefs, my history of involvement in this field, and why I started doing this type of work. (Perhaps all of my previous professors, one of whom was my main inquisitor, believed that with enough time I would be fully indoctrinated, and so they did not see the need to call me in for questioning sooner.) They especially had questions about hypothetical situations, but not about the work I was actually doing, particularly as part of my internship. Again, I was seeing only one client at my internship with unwanted SSA, and I had already been working with him for five years through my group. It was clear that their main concern was the type of therapy I might do after graduating.

They asked if I was familiar with the American Counseling Association's informed consent process and ethical guidelines regarding this type of work (lumping together all forms of help for SSA clients that are not gay-affirmative). I explained that I knew the informed consent process must include disclaiming any guarantees of change in sexual attraction, and that if at any point they change their minds on pursuing this type of work, they can just let me know and I can help them obtain more appropriate care. They asked for outcome studies of the efficacy of this type of therapy. I stated that there are not many studies available, but I did point them to a longitudinal study Mark Yarhouse and Stanton Jones performed that followed participants of different Exodus ministries (which would include a variety of therapeutic and religious modalities) years after their involvement in Exodus. The results demonstrated sustained change in attraction distributed across a continuum, though the participants who experienced the greatest degree of change were in the minority (Jones & Yarhouse, 2009).

They were concerned that I was not following the ACA's guidelines to inform clients of the potential for harm. I disputed them on this point because I know the data is nonexistent or at least inconclusive in proving that reparative therapy by licensed professional therapists directly causes harm to clients. They could provide no proof themselves. Dr. S.'s rebuttal was a classic fallacy call to authority, reminding me that all of the professional organizations agree that it is potentially harmful, "so who are you as a student with just one year of supervised experience to say otherwise?" Dumbfounded though I was by this remark, I reminded him of the number of clinicians who have been doing this work much longer than me, and of the entrenched bias in the professional organizations like the American

Psychological Association and its task force report on therapies for unwanted SSA (APA, 2009).

Besides, I was not actually doing reparative therapy, nor was I claiming to do so, and yet they continued to make the assumption that I was. So I took a moment to correct their understanding and explain that there are a few approaches to assisting clients with conflicts over same-sex attraction: their gay-affirmative approach, Nicolosi's reparative therapy (and other change-oriented approaches or SAFE-T), and Yarhouse and Throckmorton's Sexual Identity Therapy, which focuses only on change in identity and behavior but not attraction. I told them that though I agree with the developmental model upon which reparative therapy is based, I was not trained in that approach, so my work has been to help individuals live congruently with their sincerely held values which conflict with the pull to embrace a gay identity and behavior. They asked what this type of therapy looks like, to which I answered that it is no different than the very techniques in which I have been trained.

The inquisition increased with a litany of irrelevant questions. What about homosexuality among animals? What about the apology Alan Chambers (the final president of Exodus North America) made to the LGBT community, and his decision to shut down the ministry? What about JONAH (the Jewish ex-gay ministry in New Jersey), which had just lost its case for consumer fraud? It was clear to me that they were not interested in the ethics of the work I was actually doing, but they were most interested in attacking my beliefs, a fight I was all too eager and ready to join.

By the end, their questions turned to my personal goals and aspirations as a therapist. Would I continue to do this type of work? As a Christian therapist, I intend to treat a variety of concerns from a biblical

worldview, but I hope to make this an area of specialty. And then came the question that was the clincher: “But what if it became illegal?” I pointed out how it currently is not illegal and that there is no just reason to make it so. Any legal prohibition would itself be unethical, for it would not be respecting a client’s right to self-determination and basic freedom of speech between client and therapist. But Dr. S. pressed the hypothetical scenario, so I declared that if the state decided to outlaw any approach that was not gay-affirmative, then I would be forced into a position to practice civil disobedience.

As my interrogation came to a close, I asked some questions about my status and why I was not allowed even in my internship class. I was considered “functionally suspended” until a decision was made. Then I summarized that this whole issue was a conflict over our ideologies, and not over anything I have done. Dr. S. agreed.

### **The Decision to Terminate My Internship**

After the meeting, I got to work updating people and making appeals for aid. I contacted Archbishop Chaput, who wrote a letter on my behalf, though we both knew the school was not under his jurisdiction. Dr. Rosik from the Alliance sent me a journal article delineating the different approaches to unwanted SSA (Rosik & Popper, 2014), which I forwarded to the department heads. I wrote to the board myself as well, not trusting Dr. S. and Dr. K. to represent my side to the other members accurately.

On July 14, just over a week after our meeting, I received the following email from the dean of the graduate school:

*Dear Mr. Rodriguez,*

*On behalf of [the college], I want to reply to your questions about*

*returning to your internship and graduating.*

*According to item 9 in the Clinical Experience Affiliation Agreement (attached), the College has the right and responsibility to suspend or terminate any students from the Clinical Experience whose behavior is a serious violation of the College’s formal policies. In accord with the terms of that agreement, we are notifying you that your internship [. . .] is terminated.*

*Your ethical violations of the College’s formal policy include but are not limited to offering a form of counseling that is not supported by research, is contrary to professional standards and codes of ethics (American Counseling Association (ACA) Code of Ethics, 2014, section C.7. Treatment Modalities; American Psychological Association (APA) Policy Statement on Evidence-Based Practice in Psychology, 2005) as well as College policies, and is unlike anything taught in your graduate program at this College. Further, you did not disclose the fact that you were offering this form of counseling in supervision with your faculty supervisor at this College.*

*Dismissal from field placement due to a serious ethical violation is grounds for dismissal from this College’s Master’s Program in Clinical and Counseling Psychology.*

*However, the College is willing to offer you a remediation plan that will permit you to graduate after its terms are met. The College will permit you to withdraw from your current internship, which would give you a grade of W on your transcript, and undertake a new internship at a*

*different site in accord with the terms of a remediation plan.*

*Please let me know if you wish to meet with faculty in your program to review the details of a proposed remediation plan for your consideration.*

*You are welcome to contact me with questions or concerns. We wish you well as you consider how you would like to proceed.*

Make note of a few aspects of this letter. She speaks of a form of counseling I was performing without naming it. The insinuation is clearly that I was practicing some form of therapy, such as reparative therapy, with the stated goal to change a client's sexual attractions from homosexual to heterosexual. It is abundantly obvious that everything I shared at my meeting was misconstrued and misrepresented. What exactly was I doing that was not supported by research? All I was doing, as I stated in the meeting, was applying commonly accepted therapeutic techniques—which I learned at this university, my internship, and over the years prior to and outside my graduate school education—to assist members of a minority population in a way respectful of their values. So, are they in effect implying that the psychodynamic and family systems techniques they teach are not supported by research? How about the Rogerian, cognitive-behavioral, and dialectical behavioral techniques I learned from various other trainings; are they insinuating that they are not supported by research? No, they are assuming—despite having no evidence—that I was practicing some bizarre, dangerous form of counseling, which is how they wrongly perceive reparative therapy—which I was not actually performing.

Evidently, the dean was either extremely obtuse or willfully dishonest, or both. There was no basis to claim that what I was doing was “unlike anything taught in [my] graduate program,” unless she means that I was not following the ideological doctrine they had hoped to implant in me by this point in my education. A forthright admission would be that they disagreed with *how* I was using my clinical training—not that I was veering from it, which is also to say that they believe they should have control over a client's stated goals regarding his sexual identity and behavior.

And the bonus rationale for terminating my internship—that I failed to inform my internship class teacher that I was offering help for unwanted same-sex attraction—was both false and irrelevant. I mentioned repeatedly in class that I had a biography on my internship site's website; if my professor was curious about my biography, it was publicly available. I saw no need to mention the single SSA client I had in my class because the case was quite manageable at the time. There was no requirement in the class that I provide a description of each client in my caseload. Therefore, if I was experiencing no difficulties with my clients, there was nothing to share. Regardless, the specific wording in the letter was a way to sidestep an admission of the school's awareness of my open involvement in this field of work. As I demonstrated earlier, I made known my work repeatedly throughout my academic career; it just so happened to be the case that I did not see the need to mention it at my internship class. But Dr. S. , the very head of the internship program, should have remembered knowing about my work from prior experience with me—a fact he never acknowledged in the course of my debacle. (Dr. D., one of the department heads, also knew.)

And then their so-called remediation plan, to re-do an entire year's worth of

internship work, was a ridiculous affront to me. Considering I was just four weeks away from finishing, and the fact that the school should have intervened far sooner in my career there if they considered my convictions incompatible with their program, the wiser course of action would have been to allow me to finish, graduate me, and then update their policies to be explicit about this topic. I was certain I sent a clear message that I was unwilling to be bullied, so I was disappointed by their decision, but my resolve was strong.

### **Defending Myself with Legal Counsel**

I thank God that my case was quickly accepted by the Independence Law Center, a religious liberty legal ministry specifically for Pennsylvania. Jeremy Samek and Randy Wenger were eager to help me, and over the next four months they provided me with sound counsel and prevented me from making rash decisions. However, it is important and helpful to note that they were completely new (though of course sympathetic) to the type of work we do in this field and unfamiliar with the legal and systemic challenges we face. I consider this a sign that we need to do a much better job of informing and familiarizing the public as well as targeted parties (such as lawyers, legislators, school administrators, and churches) with our field. I have found that the common conservative may argue for the protection of traditional marriage but he/she is still reticent to support our therapies because the myths about harm and lack of benefit have infiltrated his/her consciousness. In their effort to keep me focused on the main goal of graduating, Jeremy and Randy were also determined to resolve my case diplomatically and quietly; it received absolutely no media attention, which I regret. Ultimately though, we were able to reach a settlement without going to

court so that I could indeed graduate, and this I do not regret.

Along with my lawyers, I met with the school one more time. This meeting included the board members, Dr. S., and the school's lawyer. The exact details of that discussion I am under obligation not to disclose. I can say that I was advised to refrain from speaking as much as possible and allow Jeremy and Randy to attempt negotiation. Despite their sincerest efforts at diplomacy, they shared with me during a break how surprised they were by the level of hostility coming from the other side. The meeting ended with my lawyers offering some form of a compromise, but we had to wait over a month for a decision, which was immensely frustrating. As it turned out, what delayed their response was that they took it upon themselves to still try to find a new internship site for me in the local area. But of course, to each site they contacted they shared their version of events—that I committed ethical violations at my previous site—so naturally, each site refused to accept me. And so, after amassing a number of rejections and possibly blacklisting me, the school decided that they did not want me to return as a student at all.

And here is how I was able to still graduate with my master's from the same school that was expelling me. In Pennsylvania, one needs 48 credits for a master's in counseling. However, for licensure, one needs 60 credits. The extra 12 credits one may choose to complete at once while in graduate school or complete after graduation and prior to testing for licensure. I was on track for 60 credits, but my plan was to finish my internship, graduate with one course remaining, which I would later take after paying off some school debt. Upon my expulsion, the school's offer was to grant me my degree for the 48 credits earned, and then transfer over the remaining credits to another university. However, they

would not count the hours earned toward my internship during that final session in the summer, which really left me in a bind, as I searched for a sympathetic school that would accept me without requiring I re-do work. My salvation came from Cairn University, who graciously accepted me and enabled me to finish all of my coursework for licensure in the spring of 2016.

### **Reflections and Recommendations**

Upon reflecting on this whole ordeal and the array of interactions with the college, I have identified some points that may be of use for colleagues and hopeful students. What became increasingly apparent to me was the utter lack of reasoning behind the LGBT agenda in academia and psychology. And yet they hold the bulk of power in these areas; therefore, a dismissive attitude is less than prudent.

They attempted to make the case that it is inappropriate for a graduate student to have a biography posted at all. And to list areas of experience is equivalent to claiming expertise in an area. I never claimed expertise, and a plain reading of my biography would not suggest it either. Should a biography not include professional and personal experiences that inform readers of my familiarities and values? The school officials appeared to make the assumption that any counseling experience and trainings received prior to or outside of my courses were nonexistent. Their objection to listing the types of people with which I have worked was an obvious mask for their bias against the type of work I was doing, for I am certain there would have been no objection if I stated in my biography that I (hypothetically) worked for years as a technician at a drug and alcohol rehab; they would not red flag that as a claim to substance abuse expertise.

They also repeatedly referred to my biography as an advertisement, with the implication that I was seeking out clients to put through conversion therapy. This was a rather ludicrous perspective because it is perfectly reasonable to expect a therapist to market himself (especially at a small group practice where I had to rely on myself to build my own caseload) and to include in his marketing some biographical data. But to label the biography an advertisement in and of itself is dishonest because it was posted only on the practice's website (along with all of the other therapist's biographies) and not sent out to other media outlets. Furthermore, it is erroneous to conclude that I was advertising reparative therapy (however one understands it) just by mentioning my experiences. I also noted that I had used to co-facilitate a children's play therapy group, yet I had no intention of running such a group at the practice. What I am selling in the biography is myself and my attributes that potential clients may care to know in order to determine the type of therapist I am. I described myself as a Christian therapist, while understanding how that designation is broad and clients bring an array of assumptions to their expectations for it. Among conservative Christians, one's stance on sexuality has become a sort of litmus test; so by stating my work in this field, I provided some insight into the type of Christian I am.

The most important insight gleaned from reflection upon the school's opposition to me was their conflation of all forms of therapy for unwanted same-sex attraction that were not gay-affirmative. This point is critical for Sexual Identity Therapists to comprehend. When the APA's Task Force on *Appropriate Therapeutic Response to Sexual Orientation* (2009) report was released, Mark Yarhouse and Warren Throckmorton's Sexual Identity Therapy (SIT) framework was affirmed at some

points throughout the paper, particularly parts that advised against encouraging the “coming out” process for individuals in certain circumstances. However, I am convinced that my story demonstrates how any confidence that the SIT approach would be politically safe was premature. In my meeting with Dr. S. and Dr. K., I explained the different approaches for unwanted SSA and then clarified that though I may agree with the developmental model underlying reparative therapy, my praxis was in line with SIT. Changing sexual attraction was never a stated goal in my group or individual work. Instead, just as I worded it in my biography, I assisted clients in coping with the attractions and with their choices to leave homosexual lifestyles (patterns of sexual behaviors and relationships). Just as with the tenets of SIT, I explained in my meeting that my role was to help Christian clients live congruently with their faith, which includes its values, goals, and sexual ethics. What soon became quite evident was that none of these distinctions mattered to the school. The goals of my clients were in contradiction to their own ideology, and therefore they deemed our work unethical and harmful. If there is any existing enmity between SAFE-T therapists (reparative therapists and others) and SIT-oriented clinicians, my case should serve as a call to unite in realization that we all face the same existential threat.

The school’s final rationale for opposing me was their belief that I would be a future danger to the field of psychology and so they had a moral obligation to thwart my career, especially when I declared that I would be open to civil disobedience if a client’s right to self-determination was threatened. The irony is manifold because the psychology establishment is making judgments outside of its jurisdiction. In my meeting, Dr. K. and Dr. S. informed me that science has already proven that

homosexuality is a good and normal expression of sexuality. I had to remind them that such a claim is a philosophical and moral assertion that materialistic science is unable to make. Nevertheless, without indisputable proof that reparative therapy or SIT are harmful, they are on a crusade to protect clients by trampling on client rights. And here is the next irony: the establishment removed homosexuality as a disorder but still believes it should have the say in how it is addressed—having their cake and eating it too, as we would say. If it is not a disorder, and just a matter of personal ethics (especially when we live in such a pluralistic society), then how it is addressed should be determined by the client’s preference. And its non-designation as a disorder does not preclude its qualification to be a treatment concern. People can obtain licensed professional counseling for an array of nondiagnosable issues. For example, a client coming solely for marital concerns is not necessarily diagnosable, but they can still see a therapist (even if the insurance may not reimburse), and whether or not the treatment plan should gear toward seeking a divorce or reconciliation is not dictated by the APA; it is determined by an agreement between the values and goals of the client and therapist.

And the final irony is that their efforts to impede me from entering this field only served to propel me more into it. Through my correspondence with Dr. Davidson and Dr. Rosik, I came into contact with multiple other members of the Alliance, all of them offering support in various ways, which was incredibly encouraging. One of the highlights of my life was receiving a phone call from the late Dr. Joseph Nicolosi and subsequently receiving the 2015 Dr. Nicolosi Award for Student Excellence. He also enlisted my aid in one of his research projects, summarizing journal articles to be included in a comprehensive review of the

evidence on homosexuality. I am now an Alliance member and am receiving the necessary training to provide professional help for clients who do wish to explore potential change in sexual attraction. And once I secured my degree and finished my coursework at Cairn in 2016, I was hired as a therapist at Day Seven Ministries, the very counseling center at which I interned as an undergraduate that began my whole journey into this field of helping individuals with unwanted same-sex attraction.

### **Specific Advice to Students**

I hesitate to give advice to students—partly because of the uniqueness of my experience, but also because I predict my advice will not be palatable to many people, perhaps not even some members of the Alliance. I hope the example I have demonstrated makes my advice quite evident: speak the truth. I do not recommend this lightly.

After my lawyers and I met with the school and it became increasingly more apparent that they would not decide in my favor, I began inquiring with some Christian universities in case I would have to transfer. In a meeting with several professors and administrators at one of these schools, I recounted my story. One of the professors told me it was unwise of me to include in my biography my experience in working with men with unwanted same-sex attraction, and essentially that I brought my expulsion upon myself. I am certain that there are people reading my account who share his sentiments. Respectfully, I disagreed with him. Granted, if my goal was only to survive graduate school unscathed, I definitely was unwise—for I knew that every time I spoke up in class or wrote about my convictions and work I was risking academic (and possibly career) suicide.

This professor, a director of a small Christian counseling practice, explained that

his practice is willing to work with clients who have unwanted SSA but they would never advertise that they address this concern. I consider this almost as great a travesty as the multiple forms of discrimination against our profession and clientele. How will potential clients seeking professional help know where the help is? Our practice has not yet been outlawed entirely, so we ought to work while it is still day. Why are my colleagues working in the daytime as if it is night?

A year after my ordeal in graduate school, my resolve to speak the truth no matter the consequences was further encouraged by an unlikely source. A psychology professor from the University of Toronto, Jordan Peterson, posted a video on YouTube decrying a proposed bill, C-16, that would compel speech by use of transgender and non-binary people's preferred pronouns (Peterson, 2016). I say unlikely because it is well known how left-leaning Canada is, and how left-leaning the psychology world is; so I found it quite inspiring that a psychology professor from Canada was speaking out against the agenda of the radical left and the overreach of LGBT activism. Even more inspiring is how consistent Peterson was being with the content of his lectures (many of which he had already been posting on YouTube) over the years. I have found that Peterson has been echoing much of the same counsel Scott Peck had been giving since the 1970s and 1980s with his seminal work *The Road Less Traveled* (2002 [original version 1978]) and then *People of the Lie* (1983).

Both of these clinicians had been concerned with the nature of human evil; Peterson, in particular, has been studying the development of totalitarian regimes and the role of ideology. Both understood that reality by nature is suffering, but deceit and malevolence are what make it unbearable. Both concluded that the solution to



oppressive hierarchies and human malevolence was at its core theological and spiritual. They realized that the alternative to pathological ideology was in individual growth, by each person taking responsibility and speaking the truth—in both words and actions. As Peck said, “Mental health is an ongoing process of dedication to reality at all costs” (2002, p. 50), and “For truth is reality. That which is false is unreal” (2002, p. 44). And after Peterson’s original video on Bill C-16 sparked a wildfire of controversy, he appeared in a caravan of videos online preaching about the importance and power of speaking the truth, that the capacity for speech is divine. Speaking truth is what brings order to chaos. “The truth is what redeems the world from Hell” (Manning Centre, 2017). Peterson often cites Solzhenitsyn’s *Gulag Archipelago* (1974, 1975, 1978), noting how Solzhenitsyn came to realize how he himself contributed to the rise of the Soviet Union and its atrocities simply by remaining silent. Therefore, Peterson’s (2018) eighth rule for life is to tell the truth—or at least, do not lie. The following are some practical suggestions for total dedication to truth in the university. If your professors or classmates assert that SOCE and SAFE-T are ineffective or harmful, first ask that they define their terminology, especially when they use terms like “conversion therapy” and “reparative therapy.” Then require that they provide the evidence—and not just citations but what the studies actually demonstrated. Familiarize yourself with the research, particularly the studies that show the effectiveness of SAFE-T, so that you can correct misinformation. If you are still uncertain yourself about the value of SAFE-T, then remember that the APA has admitted that there is not enough data to determine whether or not this therapy is effective or harmful. Use that concession as grounds to challenge the sentiment that the verdict is in;

instead, appeal to true scientific minds by calling for more sophisticated research to be conducted. And if you personally benefited from SOCE or SAFE-T, share your story (however, I caution against doing so if you are still early in your recovery process). Objectors will be at a disadvantage in trying to rebut you, and you may also be influential in eroding their prejudices.

As a student (whether in graduate school, college, or even grade school), or even as a professional, you may believe that it is not safe to speak up or take a stand for truth, that you will finally speak up once you are in a position of power. By then, it may be too late. And you will eventually realize that it is never truly safe to speak the truth. Some people have heard my story and told me it felt like a nightmare. Others rejoiced with me because it ultimately ended well for me. However, I was prepared for it to not end well for me. Even now, as I prepare for licensure and as the public sentiment and laws in the West continue to turn against our work, I understand that I am not entirely out of the woods yet and may never be.

If you are to speak the truth, there are some things to keep in mind. First, “we must always hold truth, as best we can determine it, to be more important, more vital to our self-interest, than our comfort” (Peck, 2002, p. 50). Total dedication to truth requires a willingness to be challenged (Peck, 2002), as well as a willingness to let go of the consequences (Manning Centre, 2017). When I briefly faced the dilemma of whether or not to be open about this aspect of my life, I was not just choosing how I would present myself in graduate school; I was choosing a trajectory for my life. With every lie or withholding of truth that we come to accept, we grow more comfortable with living in a false reality (Peterson, 2018) until we get to the point of being a mass of prisoners with just a few armed guards. We could overthrow them, but everyone is too

scared to be the first one shot. In speaking up, you act in the faith that nothing brings a better world into being than the stated truth. Yes, you risk paying a price for speaking up, but it will never be safe to *not* speak either, to not advocate for client rights, to not demand scientific integrity and inquiry. If you find yourself outed—whether it was on your terms or not—then consider it an opportunity to stand your ground. Do not apologize for holding unpopular beliefs or even just desiring to investigate the facts on homosexuality and SAFE-T. Instead, practice articulating your beliefs, even if they are still in the process of formulation and they are open to revision. The benefit of speaking the truth is that your ideas as well as the ideas of others can be corrected where necessary (Peck, 2002; Peterson, 2018). I understand that telling the truth may result in your own sacrifice, but speak the truth you must. And consider the outcome (whatever it may be) to be the best possible outcome.

Secondly, do not believe that you are alone. When you speak up, you will discover allies and you will inspire others to also take a stand. I was overwhelmed by the support I received—from my family, my church, my clients and group members, my internship site, my lawyers, my employer, the Restored Hope Network, the Alliance, and various other therapists I knew. You may even find unlikely allies. The current sociopolitical zeitgeist is one in which classical liberals and libertarians are now joining forces with conservatives. There were people who heard my story who expressed disagreement with my values but were reasonable enough to acknowledge how the school wrongly discriminated against me and my clients.

Finally, if you speak the truth, do so with wisdom. The more you understand your life's mission, the more accurately you can calculate risks. Whether or not I completed

graduate school, I still had a secure job to provide for myself and my wife, not to mention I have other talents I could find a way to monetize. And even if I could not obtain my degree, I would not be deterred from continuing to do lay counseling in some form or another. I encourage you to network and establish a support system in advance of any potential conflicts. Identify and utilize advocacy groups, such as the ATCSI and Equality and Justice for All. Familiarize yourself with the various constitutional and religious liberty legal funds. I recommend consulting lawyers as soon as you realize your rights or your clients' rights may be in danger by your school.

In hindsight, do I regret being open about my work in this field? No. After so much time to reflect, I have no regrets. However, I have some suggestions for what might have benefited me without sacrificing my honesty and integrity. Once the administration changed after my first semester, perhaps I should have initiated contact with the new administration and explained my story to ascertain if it would cause any conflict going forward. I suppose that I would have needed any answer to be in writing in case I would need it as defense. Beyond that, I am at peace with my conduct and decisions throughout my entire graduate school career. And I am eager to share my story in hope that it will bring courage to others.

## References

American Psychological Association.  
(2009). *Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation* [PDF document]. Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeuticresponse.pdf>

- Beckstead, A. L. (2001). Cure versus choices: Agendas in sexual reorientation therapy. In A. Shidlo, M. Schroeder, & J. Drescher (Eds.), *Sexual Conversion Therapy: Ethical, Clinical, and Research Perspectives*, Binghamton, NY: Haworth Press, 87–115.
- Berger, J. (1994). The psychotherapeutic treatment of male homosexuality. *American Journal of Psychotherapy*, 48, 251–261.
- Black, N. (n.d.). *The Dangerous Expectations of Reparative Therapy*. Retrieved from [https://www.harvestusa.org/the-expectations-of-reparative-therapy/#.WxX8lLuG\\_IU](https://www.harvestusa.org/the-expectations-of-reparative-therapy/#.WxX8lLuG_IU)
- Byrd, A. D., & Nicolosi, J. (2002). A meta-analytic review of treatment of homosexuality. *Psychological Reports*, 90, 1139–1152.
- Institute for the Study of Sexual Identity. (n.d.). *Sexual Identity Therapy*. Retrieved from <http://sexualidentityinstitute.org/sexual-identity-therapy/>
- Jones, S. L., & Yarhouse, M. A. (2009). Ex gays? An extended longitudinal study of attempted religiously mediated change in sexual orientation [PDF document]. Retrieved from <https://www.cedarville.edu/~media/Files/PDF/Student-Life-Programs/Critical-Concern/Ex-Gays/jones-and-yarhouse-2009.pdf>
- Lederman, D. (2012, Dec. 11). Settlement in counseling conflict: Eastern Michigan settles former graduate student's lawsuit challenging curricular requirements that conflicted with her religious beliefs. *Inside Higher Ed*. Retrieved from <https://www.insidehighered.com/news/2012/12/11/university-and-student-settle-lawsuit-over-requirement-counseling-gay-people>
- Manning Centre. (2017, April 6). Censorship on campus: Taking the lead on freedom of expression [Video panel discussion online]. Retrieved from [https://www.youtube.com/watch?v=30U1AAuo\\_wE](https://www.youtube.com/watch?v=30U1AAuo_wE)
- Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports*, 86, 1071–1088. Retrieved from <http://dx.doi.org/10.2466/pr0.2000.86.3c.1071>
- Peck, M. S. (1983). *People of the Lie: The Hope for Healing Human Evil*. New York, NY: Simon & Schuster.
- Peck, M. S. (2002). *The Road Less Traveled: A New Psychology of Love, Traditional Values and Spiritual Growth* (25<sup>th</sup> anniversary ed.). New York, NY: Touchstone.
- Peterson, J. B. (2016, September 27). 2016/09/27: Part 1: Fear and the law [Video online]. Retrieved from [https://www.youtube.com/watch?v=fvPg\\_jg201w0](https://www.youtube.com/watch?v=fvPg_jg201w0)
- Peterson, J. B. (2018). *12 Rules for Life: An Antidote to Chaos*. Toronto, ON: Random House Canada.
- Phelan, J. E. (2014). *Successful Outcomes of Sexual Orientation Change Efforts: An Annotated Bibliography*. Charleston, SC: Practical Application.
- Phelan, J. E., Whitehead, N., & Sutton, P. M. (2009). What research shows: NARTH's response to the APA claims on homosexuality. *Journal of Human Sexuality*, 1.
- Rosik, C. H. (2016). Sexual attraction fluidity exploration in therapy (SAFE-T): Creating a clearer impression of professional therapies that allow for change [PDF document]. The Alliance for Therapeutic Choice and Scientific Integrity. Retrieved from

- [https://docs.wixstatic.com/ugd/ec16e9\\_1940a968273d47f5be4bdf9614d2dd0c.pdf](https://docs.wixstatic.com/ugd/ec16e9_1940a968273d47f5be4bdf9614d2dd0c.pdf)
- Rosik, C. H., & Popper, P. (2014). Clinical approaches to conflicts between religious values and same-sex attractions: Contrasting gay-affirmative, sexual identity, and change-oriented models of therapy. *Counseling & Values, 59*, 222–237. <http://dx.doi.org/10.1002/j.2161-007X.2014.00053.x>
- Rudow, H. (2012, June 28). Judge throws out counseling student's suit against Augusta State. *Counseling Today*. Retrieved from <https://ct.counseling.org/2012/06/judge-throws-out-counseling-students-suit-against-augusta-state/>
- Sanders, S. C. (2015, Oct. 5). Southern seminary leaders underscore rejection of 'superficial' reparative therapy in response to LGBT protesters at ACBC conference. *Southern News*. Retrieved from <http://news.sbts.edu/2015/10/05/southern-seminary-leaders-underscore-rejection-of-superficial-reparative-therapy-in-response-to-lgbt-protesters-at-acbc-conference/>
- Schmidt, P. (2010, July 22). Augusta State U. is accused of requiring a counseling student to accept homosexuality. *The Chronicle of Higher Education*. Retrieved from <https://www.chronicle.com/article/Augusta-State-U-Is-Accused-of/123650>
- Schumm, W. R. (2015). Navigating treacherous waters: One researcher's 40 years of experience with controversial scientific research. *Comprehensive Psychology, 4*, 1–40. <http://dx.doi.org/10.2466/17.CP.4.24>
- Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumer's report. *Professional Psychology: Research and Practice, 33*(3), 249–259. <http://dx.doi.org/10.1037/0735-7028.33.3.249>
- Solzhenitsyn, A. I. (1974, 1975, 1978). *The Gulag Archipelago, 1918–1956: An Experiment in Literary Investigation* (Vols. 1–3) (T. P. Whitney, Trans.). New York, NY: Harper and Row.
- 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. <http://dx.doi.org/10.1023/A:1025647527010>
- Starnes, T. (2010, July 28). Court upholds expulsion of counseling student who opposes homosexuality. *Fox News*. Retrieved from <http://www.foxnews.com/us/2010/07/28/court-university-expel-student-opposes-homosexuality.html>

---

<sup>i</sup> Andrew Rodriguez, MS, is a Christian psychotherapist in Pennsylvania working as an independent contractor at Day Seven Ministries, a counseling center specializing in sexual and relational conflicts; the University of Valley Forge, and True North Christian Church, where he and his wife, Jessica, also serve as youth pastors.

Correspondence concerning this article should be addressed to [mr.andrew.rod@gmail.com](mailto:mr.andrew.rod@gmail.com).

