Can people change their sexual orientations? Should the church require gay and lesbian Christians to try to change their orientations in order to be ordained?

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In *The Spirit and the Forms of Love*, Daniel Day Williams suggested that "love has communion in freedom as its goal." Sexual orientation refers to the way women and men self-identify in our sexual attraction to others. But it is more than a matter of preferred sexual partners. Sexual orientation is part of persons' core identity. It shapes the ways we seek to satisfy deep God-given needs for communion and intimacy – sexual, emotional, physical, and spiritual. Sexual orientation is not simply sexual behavior. Persons who self-identify as gay, lesbian or bisexual in their sexual orientation are not simply naming preferences for sexual partners. Rather, many would say sexual orientation refers to a more encompassing aspect of a person's being in the world.

The best model for understanding sexual orientation acknowledges a continuum between heterosexual and homosexual orientations, despite urgent concerns for heterosexual conformity. Indeed, only about ten percent of the population of the United States think of ourselves as exclusively heterosexual or homosexual.

Sexual orientation, like other aspects of our identity, may become more complex in our self-understanding. Some adults find, for example, that their orientation is more truly satisfied in a homosexual orientation after they initially identify as heterosexual. Some studies suggest that women's sexual orientation may be more fluid, allowing them to choose a partner based more on emotional attachment, while men's orientation usually finds expression in more fixed terms. However, even this capacity for some fluidity in sexual orientation does not mean that sexual orientation ought to be reduced to a lifestyle choice.

From the book

Freqently Asked Questions About Sexuality, The Bible, and The Church: Plain Talk about Tough Issues

A collection of essays considering the appropriate participation of gay and lesbian Presbyterians in church life and leadership.

Rather, such occasions describe a struggle to discern the relationship that will bring the most integrity to one's identity and desire. It is also the case that for some persons who move from one location on the orientation continuum to another in their behavior, this shift may reflect a growing strength to resist the oppressive environmental effects of heterosexism and homophobia that they may also have internalized. The forces of such change will vary, but the liberative dynamics of such change cannot be overlooked. They would suggest that such change is less a "choice" than a developmental freedom to be who one is despite the oppressive forces at work against valuing one's true orientation.

The question of whether persons whose sexual orientation is predominantly or singularly gay, lesbian, or bisexual should undergo conversion therapy presumes that such sexual orientations are pathological. In 1973 the American Psychiatric Association took the action of removing homosexuality from the official manual listing mental and emotional disorders after careful research confirmed that homosexuality is not an illness, mental disorder, or emotional problem. In 1975 the American Psychological Association followed suit. Since that time both organizations have advocated against stigmatizing homosexuality and have encouraged their members to become educated about sexual orientation and to correct any biases they may bring to their practice of therapy. Both organizations have focused attention on the distortions of heterosexism and homophobia as they undermine the well-being and safety of gay and lesbian and bisexual persons.

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Conversion therapy advocacy groups such as Exodus International, Transforming Ministries, and OneByOne (Presbyterian Renewal Network) presume that homosexual and bisexual orientations are a matter of dysfunctional and sinful choice and disordered desires. Such groups reduce homosexual orientation to addictive disordered sexual behavior and desire. Proponents argue that changing one's sexual orientation is difficult but possible. Conversion or change therapies vary in strategies; but their primary means involve religious instruction, group counseling, and exploration of various possible psychosocial origins for distorted desire such as absent fathers or mothers or sexual abuse. These therapies also try to help participants develop heterosexual desire. If that fails, these approaches encourage abstinence.

Sexual reorientation tries to proceed in ways similar to Alcoholics Anonymous (Homosexuality Anonymous) in that it expects ongoing self-monitoring of desires and behavior. Those who seek conversion therapies are usually persons whose religious beliefs exclude the possibility of a right relationship with God if they self-identify in a homosexual orientation. For these persons there is a remarkable motivation to align their behavior with their faith. Often they have internalized homophobia and fear that their salvation is at stake in their conversion therapy.

For a relatively small number of persons, conversion therapy seems to have contributed to their ability to develop heterosexual desires and enter into lasting marriages. There are no studies that use commonly accepted scientific means to verify results. In one study of nearly 900 persons who sought to change their homosexual orientation, roughly two percent reported success in their effort to change their orientation. A larger number reported improvement in self-esteem and other relational and spiritual indicators. While numerous studies describe anecdotal reports of harm from these conversion therapies, the absence of empirical evidence of harm has kept national clinical and medical groups such as the American Psychological Association from preventing their members from engaging in such therapies.

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Thus the APA's position is complex. Because there is no empirical evidence of harm, it does not forbid its members from participating in conversion therapy. But because it does not regard homosexual orientations as a disorder, it recognizes no need for conversion therapy. The American Psychiatric Association, the American Psychological Association, the American Psychoanalytic Association, the American Medical Association, the American Academy of Child and Adolescent Psychiatry, and the National Association of Social Workers all question the efficacy and utility of "change therapies."

The church does and should have standards of its own. Theologically we do well to wonder what notion of sin underlies the urgency for conversion therapy. Daniel Day Williams described sin as the refusal to effect love in life. Indeed throughout scripture we are enjoined to look beyond a focus on form or the letter of the law and to seek after those practices that better assure the flourishing of love embodied in relationships marked by authenticity, mutual respect, care, and joy. Sexuality that deepens the authenticity of our communion

and joy in one another helps us to glimpse God's love and hopes for us regardless of the form that sexuality takes. The evidence gathered by clinical and medical specialists of the last forty years points not to homosexuality but to heterosexism as one of the sins that has caused the most distortion and pain.

We should not encourage gay and lesbian people to undergo conversion therapy. Rather, we do well to require of all who serve as religious leaders a commitment to honor their relationships of sexual intimacy as covenantal relationships in which authenticity, joy, mutual regard, hospitality, and love flourish.

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