

Conversion Therapy III

10.1 Sex therapy

Douglas Haldeman has described William Masters' and Virginia Johnson's work on sexual orientation change as a form of conversion therapy.

In *Homosexuality in Perspective*, published in 1979, Masters and Johnson viewed homosexuality as the result of blocks that prevented the learning that facilitated heterosexual responsiveness, and described a study of 54 gay men who were dissatisfied with their sexual orientation. The original study did not describe the treatment methodology used, but this was published five years later. John C. Gonsiorek criticized their study on several grounds in 1981, pointing out that while Masters and Johnson stated that their patients were screened for major psychopathology or severe neurosis, they did not explain how this screening was performed, or how the motivation of the patients to change was assessed. Nineteen of their subjects were described as uncooperative during therapy and refused to participate in a follow-up assessment, but all of them were assumed without justification to have successfully changed.

Douglas Haldeman writes that Masters and Johnson's study was founded upon heterosexist bias, and that it would be tremendously difficult to replicate. In his view, the distinction Masters and Johnson made between "conversion" (helping gay men with no previous heterosexual experience to learn heterosexual sex) and "reversion" (directing men with some previous heterosexual experience back to heterosexuality) was not well founded. Many of the subjects Masters and Johnson labelled homosexual may not have been homosexual, since, of their participants, only 17% identified themselves as exclusively homosexual, while 83% were in the predominantly heterosexual to bisexual range. Haldeman observed that since 30% of the sample was lost to the follow-up, it is possible that the outcome sample did not include any people attracted mainly or exclusively to the same sex. Haldeman concludes that it is likely that, rather than converting or reverting gay people to heterosexuality, Masters and Johnson only strengthened heterosexual responsiveness in people who were already bisexual.

Studies of conversion therapy

Can Some Gay Men and Lesbians Change Their Sexual Orientation?

In May 2001, Robert Spitzer presented *Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual*

to Heterosexual Orientation", a study of attempts to change homosexual orientation through ex-gay ministries and conversion therapy, at the American Psychiatric Association's convention in New Orleans. The study was partly a response to the APA's 2000 statement cautioning against clinical attempts at changing homosexuality, and was aimed at determining whether such attempts were ever successful rather than how likely it was that change would occur for any given individual. Spitzer wrote that some earlier studies provided evidence for the effectiveness of therapy in changing sexual orientation, but that all of them suffered from methodological problems.

He reported that after intervention, 66% of the men and 44% of the women had achieved "Good Heterosexual Functioning", which he defined as requiring five criteria (being in a loving heterosexual relationship during the last year, overall satisfaction in emotional relationship with a partner, having heterosexual sex with the partner at least a few times a month, achieving physical satisfaction through heterosexual sex, and not thinking about having homosexual sex more than 15% of the time while having heterosexual sex). He found that the most common reasons for seeking change were lack of emotional satisfaction from gay life, conflict between same-sex feelings and behavior and religious beliefs, and desire to marry or remain married. This paper was widely reported in the international media and taken up by politicians in the United States, Germany, and Finland, and by conversion therapists.

In 2003, Spitzer published the paper in the Archives of Sexual Behavior. Spitzer's study has been criticized on numerous ethical and methodological grounds, and "press releases from both NGLTF and HRC sought to undermine Spitzer's credibility by connecting him politically to right-wing groups that had backed the ex-gay movement." Gay activists argued that the study would be used by conservatives to undermine gay rights.^[6] Spitzer acknowledged that the study sample consisted of people who sought treatment primarily because of their religious beliefs (93% of the sample), served in various church-related functions, and who publicly spoke in favor of changing homosexual orientation (78%), and thus were strongly motivated to overreport success. Critics felt he dismissed this source of bias, without even attempting to measure deception or self-deception (a standard practice in self-reporting psychological tests like MMPI-2). That participants had to rely upon their memories of what their feelings were before treatment may have distorted the findings. It was impossible to determine whether any change that occurred was due to the treatment because it was not clear what it involved and there was no control group. Spitzer's own data showed that claims of change were reflected mostly in changes in self-labelling and behavior, less in

attractions, and least in the homoerotic content during the masturbatory fantasies; this particular finding was consistent with other studies in this area. Participants may have been bisexual before treatment. Follow-up studies were not conducted. Spitzer stressed the limitations of his study. Spitzer said that the number of gay people who could successfully become heterosexual was likely to be "pretty low", and conceded that his subjects were "unusually religious."

Spitzer renounced and retracted his own study in 2012, stating "I was quite wrong in the conclusions that I made from this study. The study does not provide evidence, really, that gays can change. And that's quite an admission on my part." He also apologized to the gay community for making unproven claims of the efficacy of reparative therapy, calling it his only professional regret. Spitzer has requested that all "ex-gay" therapy organizations such as NARTH, PFOX, American College of Pediatricians, and Focus on the Family stop citing his study as evidence for conversion therapy.

Changing Sexual Orientation: A Consumer's Report

Ariel Shidlo and Michael Schroeder found in "Changing Sexual Orientation: A Consumer's Report", a peer-reviewed study of 202 respondents published in 2002, that 88% of participants failed to achieve a sustained change in their sexual behavior and 3% reported changing their orientation to heterosexual. The remainder reported either losing all sexual drive or attempting to remain celibate, with no change in attraction.

Some of the participants who failed felt a sense of shame and had gone through conversion therapy programs for many years. Others who failed believed that therapy was worthwhile and valuable. Shidlo and Schroeder also reported that many respondents were harmed by the attempt to change, causing; depression, suicidal ideation and attempts, hypervigilance of gender-deviant mannerisms, social isolation, fear of being a child abuser and poor self-esteem. Of the 8 respondents (out of a sample of 202) who reported a change in sexual orientation, 7 worked as ex-gay counselors or group leaders. NARTH states that the Shidlo study has often been used by gay activists as "proof" that conversion therapy is on average harmful, but they advertised for study participants with an ad that said, "Help Us Document the Harm".

The Shidlo-Schroeder recruitment poster is available at NARTH online, stating that the study's authors did not seek to measure the average outcome of conversion therapy, although their study has often been used by activists as if it had, in fact,

sought a representative sample; the lack of a representative sample therefore means that the 80% failure rate, cited above in this same paragraph, should be taken with caution. The study does show however that qualitatively conversion therapy can cause significant harm.

Ethical Issues in Attempts to Ban Reorientation Therapies

Mark Yarhouse and Warren Throckmorton, of the private Christian school Grove City College, in 2002 published "Ethical Issues in Attempts to Ban Reorientation Therapies", which argues that conversion therapy should be available out of respect for a patient's values system and because there is evidence that it can be effective. They state that studies from the 1950s–1980s generally reported rates of positive outcomes at about 30%, with more recent survey research generally consistent with the extant data. Their paper was partly a response to Jack Drescher's 2001 paper, "Ethical issues surrounding attempts to change sexual orientation", which used the principle of "Do no harm" to argue against conversion therapy.

Medical, scientific and legal views

United States

National health organizations in the United States have announced that there has been no scientific demonstration of conversion therapy's efficacy in the last forty years. They find that conversion therapy is ineffective, risky and can be harmful. Anecdotal claims of cures are counterbalanced by assertions of harm, and the American Psychiatric Association, for example, cautions ethical practitioners under the Hippocratic oath to do no harm to refrain from attempts at conversion therapy. Mainstream medical bodies state that conversion therapy can be harmful because it may exploit guilt and anxiety, thereby damaging self-esteem and leading to depression and even suicide. There is also concern in the mental health community that the advancement of conversion therapy can cause social harm by disseminating inaccurate views about sexual orientation and the ability of gay and bisexual people to lead happy, healthy lives.

Mainstream health organizations critical of conversion therapy include the American Medical Association, American Psychiatric Association, the American Psychological Association, the American Association for Marriage and Family Therapy, the American Counseling Association, the National Association of Social Workers, the American Academy of Pediatrics, the National Association of School Psychologists, and the American Academy of Physician Assistants.

The American Psychological Association undertook a study of the peer-reviewed literature in the area of sexual orientation change efforts (SOCE) and found a myriad of issues with the procedures used in conducting the research. The taskforce did find that that some participants experienced a lessening of same sex attraction and arousal, but that these instances were "rare" and "uncommon." The taskforce concluded that, "given the limited amount of methodically sound research, claims that recent SOCE is effective are not supported. Two issues with SOCE claims are that conversion therapists falsely assume that homosexuality is a mental disorder and that their research focuses almost exclusively on gay men and rarely includes lesbians.

Self-determination

The American Psychological Association's code of conduct states: "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination," but also: "Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making." The American Counseling Association says that "it is of primary importance to respect a client's autonomy to request a referral for a service not offered by a counselor." No one should be forced to attempt to change their sexual orientation against their will, including children being forced by their parents.

Supporters of SOCE focus on patient self-determination when discussing whether therapy should be available. Mark Yarhouse, of Pat Robertson's Regent University, wrote that "psychologists have an ethical responsibility to allow individuals to pursue treatment aimed at curbing experiences of same-sex attraction or modifying same-sex behaviors, not only because it affirms the client's rights to dignity, autonomy, and agency, as persons presumed capable of freely choosing among treatment modalities and behavior, but also because it demonstrates regard for diversity." Yarhouse and Throckmorton, of the private Christian school Grove City College, argue that the procedure should be available out of respect for a patient's values system and because they find evidence that it can be effective. Douglas Haldeman similarly argues for a client's right to access to therapy if requested from a fully informed position: "For some, religious identity is so important that it is more realistic to consider changing sexual orientation than abandoning one's religion of origin... and if there are those who seek to resolve the conflict between sexual orientation and spirituality with conversion therapy, they must not be discouraged."

In response to Yarhouse's paper, Jack Drescher argued that "any putative ethical obligation to refer a patient for reparative therapy is outweighed by a stronger ethical obligation to keep patients away from mental health practitioners who engage in questionable clinical practices." Chuck Bright wrote that refusing to endorse a procedure that "has been deemed unethical and potentially harmful by most medical and nearly every professional psychotherapy regulating body cannot be justifiably identified as prohibiting client self-determination." Some commentators, recommending a hard stand against the practice, have found therapy inconsistent with a psychologist's ethical duties because "it is more ethical to let a client continue to struggle honestly with her or his identity than to collude, even peripherally, with a practice that is discriminatory, oppressive, and ultimately ineffective in its own stated ends." They argue that clients who request it do so out of social pressure and internalized homophobia, pointing to evidence that rates of depression, anxiety, alcohol and drug abuse and suicidal feelings are roughly doubled in those who undergo therapy.

Douglas Haldeman wrote:

However this distinction between religious identity and sexual orientation may be viewed, psychology does not have the right to interfere with individuals' rights to seek the treatments they choose. This is why the mental health organizations have adopted advisory policies about conversion therapy that affirm the right of LGB clients to unbiased treatment in psychotherapy and that reject treatments based upon the premise that homosexuality is a treatable mental disorder. They do not, however, ban the practice of conversion therapy outright out of concern for the individual whose personal spiritual or religious concerns may assume priority over his sexual orientation.

Ethics guidelines

In 1998, the American Psychiatric Association issued a statement opposing any treatment which is based upon the assumption that homosexuality is a mental disorder or that a person should change their orientation, but did not have a formal position on other treatments that attempt to change a person's sexual orientation. In 2000, they augmented that statement by saying that as a general principle, a therapist should not determine the goal of treatment, but recommends that ethical practitioners refrain from attempts to change clients' sexual orientation until more research is available.

The American Counseling Association has stated that they do not condone any training to educate and prepare a counselor to practice conversion therapy. Counselors who do offer training in conversion therapy must inform students that the techniques are unproven. They suggest counselors do not refer clients to a conversion therapist or to proceed cautiously once they know the counselor fully informs clients of the unproven nature of the treatment and the potential risks. However, "it is of primary importance to respect a client's autonomy to request a referral for a service not offered by a counselor." A counselor performing conversion therapy must provide complete information about the treatment, offer referrals to gay-affirmative counselors, discuss the right of clients, understand the client's request within a cultural context, and only practice within their level of expertise.

NARTH states that refusing to offer therapy aimed at change to a client who requests it, and telling them that their only option is to claim a gay identity, could also be considered ethically unacceptable.

International medical views

The World Health Organization's ICD-10, which along with the DSM-IV is widely used internationally, states that "sexual orientation by itself is not to be regarded as a disorder". It lists ego-dystonic sexual orientation as a disorder instead, which it defines as occurring where "the gender identity or sexual preference (heterosexual, homosexual, bisexual, or prepubertal) is not in doubt, but the individual wishes it were different because of associated psychological and behavioural disorders, and may seek treatment in order to change it."

The development of theoretical models of sexual orientation in countries outside the United States that have established mental health professions often follows the history within the U.S. (although often at a slower pace), shifting from pathological to non-pathological conceptions of homosexuality.

Legal views

In a 1997 U.S. case, the Ninth Circuit addressed conversion therapy in the context of an asylum application. A Russian citizen "had been apprehended by the Russian militia, registered at a clinic as a 'suspected lesbian,' and forced to undergo treatment for lesbianism, such as 'sedative drugs' and hypnosis.... The Ninth Circuit held that the conversion treatments to which Pitcherskaia had been subjected constituted mental and physical torture. The court rejected the argument that the treatments to which Pitcherskaia had been subjected did not constitute persecution

because they had been intended to help her, not harm her, and stated "human rights laws cannot be sidestepped by simply couching actions that torture mentally or physically in benevolent terms such as 'curing' or 'treating' the victims."