Scientific Integrity and the Issue of Harm: The Triumph of Advocacy over Science

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The Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (APA, 2009)

- Considered the authoritative analysis on this subject.
- But *The Report’s* objectivity is demonstrably suspect.
- Therefore its portrayal of the relevant literature concerning the efficacy of and harm from sexual orientation change efforts (SOCE) is neither complete nor definitive.
- Examples: The selection of Task Force members & the different evidentiary standards used to evaluate SOCE efficacy and harm (Jones, et al. 2010).
Bias in Task Force Selection

- Many qualified conservative psychologists were nominated to serve on the task force—all were rejected.
- Only psychologists unsympathetic to SOCE were appointed—at least 5 of the 6 task force members were LGB identified.
- “We cannot take into account what are fundamentally negative religious perceptions of homosexuality—they don’t fit into our world view”—Clinton Anderson, director of the APA’s LGB Concerns Office, defending the Task Force selection process (Yarhouse, 2009).
- Thus the APA operated with a litmus test: No affirming views of SOCE or non-affirming views of homosexual practice would be allowed.
- One result: The Report fails to include any religious resources that adopt a traditional or conservative approach to addressing conflicts between religious beliefs and sexual orientation.
Bias in Different Evidentiary Standards for Efficacy and Harm

- The *Report* utilizes exceptionally rigorous methodological standards for assessing SOCE outcomes and considerably less rigorous and uneven standards in assessing potential harms.

- Reference is made to many problems in the (mostly older) research supportive of SOCE that are deemed to render it virtually useless (e.g., convenience samples, participants not blind to study purposes, no control groups).

- Yet the *Report* is ready to overlook these same limitations when the findings support preferred conclusions regarding harm.
The *Report’s* Conclusions Seem to Fluctuate Significantly

- The Report seems to affirm incompatible assertions:
  - We do not have credible evidence on which to judge the likelihood of sexual orientation change and potential harm.
  - We know with scientific certainty that sexual orientation change is unlikely and many are harmed.

- “We thus conclude that there is little in the way of evidence that could clarify whether SOCE does or does not work in changing same-sex sexual attractions.” (APA, 2009, p. 28)

- “We cannot conclude how likely it is that harm will occur from SOCE.” (p. 42)

- “The results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex attractions through SOCE.” (p. 83)
Representations of Harm in the Political Arena: The Case of California SB 1172
"The attack on parental rights is exactly the whole point of the bill because we don't want to let parents harm their children," he said. "For example, the government will not allow parents to let their kids smoke cigarettes. We also won't have parents let their children consume alcohol at a bar or restaurant."

– California State Sen. Ted Lieu, as quoted by the Orange County Register, August 2, 2012

I subsequently compared the scientific basis for harms to youth from smoking, alcohol, and SOCE
Results from psychARTICLES and Medline Database Search

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Thus, the literature regarding youth and harm from alcohol and cigarettes is extensive, with studies numbering in the thousands.
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Results from psychARTICLES and Medline Database Search

- In contrast to the thousands of articles related to alcohol and cigarette usage by youth, my search yielded only four articles that addressed sexual orientation change and youth.

- Three of these articles were not research-oriented, and one of these even appeared supportive of change efforts.

- Only one study suggested harms (Shildo & Schroeder, 2002) and this study specifically recruited for participants who had felt harmed by their SOCE experience.

- I concluded from these findings that Sen. Lieu’s comparisons lack merit scientifically.
Lack of Context for Claims of Harm

- There currently are no data that scientifically establish the prevalence rate of harm with SOCE.

- Critics generally refer to the “potential” for harm or that the risk of harm is “significant.”

- For example, this language is in the UKCP’s *Conversion Therapy Consensus Statement* and the RCP’s *Position Statement on Sexual Orientation*.

- SOCE is considered poor practice by definition.

- Never is the question of harm placed in the broader context of the rates of harm from psychotherapy in general. (cf., Lambert, 2013).
The Proper Context for Claims of Harm

- 5-10% of adult clients across all forms of psychotherapy are worse off after treatment.
- Deterioration rates of 14% to 24% have been reported for children and adolescents.
- 40-60% of youth drop out of psychological treatment prematurely.
- Therefore rates of harm significantly higher than these figures would need to be obtained from representative samples of SOCE consumers in order for approach-specific harms to be substantiated.
- Otherwise, critics of SOCE are targeting one approach to psychological care not on scientific grounds but rather for ideological and political reasons.
The Recent Resurgence of anti-SOCE Advocacy Research

Three newly published or about to be published studies on SOCE reincarnate the advocacy research of Shildo & Schroeder (2002):

Critiquing the New Anti-SOCE Research

- Expect these studies to be heralded uncritically by UKCP, RCP, the mainstream media, and activists as supporting claims of widespread harm and general ineffectiveness of SOCE.

- But significant methodological limitations of these studies make such broad conclusions scientifically unjustifiable.

- While there are many problems, three main limitations stand out: (1) highly non-representative samples, (2) compromised outcome measures, and (3) the confounding of the various forms of SOCE under study.
Limitation #1: highly non-representative samples

- Flentje et al. recruited through unspecified list servs 38 individuals who identified as “ex-gay” at the time of their SOCE experience but who identified as “ex-ex-gay” at the time of the study.
- Dehlin et al. and Bradshaw et al. recruited 1612 current or former members of the Church of Jesus Christ of Latter-Day Saints (LDS).
- At the time of their study, 91% of participants identified as gay, lesbian, or bisexual and 73% were disaffected from the LDS church.
Limitation #1: highly non-representative samples

- What is the concern about these samples? Consider an analogy.
- What if researchers had surveyed religiously disaffected former marital therapy patients who had subsequently divorced about the harms and effectiveness of this therapeutic modality?
- Would the use of the results of such a study to make sweeping conclusions about potential harms and ineffectiveness of marital therapy be a fair and scientifically justified use of the findings?
Limitation #1: highly non-representative samples

- To take the analogy further, keep in mind that the marital therapist is not trying to cure an illness here, but rather is frequently attempting to help clients live their lives in a manner consistent with their religious beliefs about the sanctity of marriage.

- Furthermore, these religious clients’ deeply held moral values may lead them to remain in a distressful marriage and pursue therapy long after other clients would have opted for divorce.
Limitation #1: highly non-representative samples

- Yet the choices of such clients to seek marital therapy are not *ipso facto* assumed by the profession to be based on *internalized divorce-negativity* or *cultural maritalism* and thereby invalidated, despite the additional emotional stress which may come from remaining in their marriages.

- That SOCE is not treated in a similar manner gives some indication of the political and advocacy influences at play within mental health associations.
Limitation #2: Compromised outcome measures

- The Dehlin et al. and Bradshaw et al. use the following 5-point outcome scale for participant ratings of their SOCE experience:

  1 = highly effective
  2 = moderately effective
  3 = not effective
  4 = moderately harmful
  5 = severely harmful

- Can you see a problem with this?
Limitation #2: Compromised outcome measures

- It is highly unusual for a single scale to evaluate two entirely different dimensions, i.e., harm and effectiveness.
- Normally, two scales would be utilized in such outcome ratings.
- One scale would have the endpoints of *highly effective* and *highly ineffective* and the other would have endpoints of *significantly beneficial* and *significantly harmful*. 
Limitation #2: Compromised outcome measures

- The scale midpoint, *not effective*, is also quite problematic.
- The survey was said to take over an hour.
- Midpoint response bias occurs when respondents who are in a hurry or are uncertain or have no opinion simply endorse the middle response.
- This would likely inflate the ineffectiveness ratings.
- Question: What might results have looked like had the authors made an equally arbitrary decision to label the midpoint option *not harmful* instead of *not effective*?
Limitation #3: The confounding of various forms of SOCE

- Confounding occurs where an outcome is attributed to one factor when in actuality it is being fully or partially confused with another factor.
- All of the studies involved participants who had engaged in multiple forms of SOCE.
- SOCE forms involving religious practices and counseling provided by church leaders were far more common than professional, therapist-led SOCE.
- Even where Bradshaw et al. purport to study professional SOCE, participants averaged 3.7 additional forms of SOCE intervention.
Limitation #3: The confounding of various forms of SOCE

- The Dehlin et al. and Bradshaw et al. studies found greater risk of harm with SOCE involving religious leaders, but even this finding is deceptive.
- These studies involved participants with an LDS background.
- The typical LDS local church authority is a bishop who has not obtained a theological or pastoral graduate education.
- Instead, bishops are chosen from among male members in good standing with the church who have shown themselves to be competent and successful with their families and vocations.
Limitation #3: The confounding of various forms of SOCE

- Thus, the unflattering results of these studies regarding church counseling forms of SOCE may well reflect a not particularly surprising result.

- Namely, that religious individuals in conflict about their same-sex attractions are at a greater risk of harm when their SOCE counselor is, for example, trained as a plumber or a banker.

- The likely confounding of personal, religious, and professional forms of SOCE in participants’ ratings make it virtually impossible to draw definitive conclusions, particularly about professional SOCE.
Recent anti-SOCE Studies: Some Conclusions

- Shidlo and Schroeder (2002) explicitly recruited former SOCE clients who felt harmed by their experience, with predictable findings.
- But at least they were willing to explicitly and emphatically emphasize their inability to generalize beyond their sample:
  
  “The data presented in this study do not provide information on the incidence and prevalence of failure, success, harm, help, or ethical violations in conversion therapy” (p. 250).
Recent anti-SOCE Studies: Some Conclusions

- The authors of these new studies are far more willing to draw conclusions and make recommendations that they have no assurance can actually be supported beyond their own study’s participants.

- No doubt NARTH and other SOCE proponents would welcome this research were it utilized to offer guidance within the bounds of its limitations.

- Guidance such as the need for therapists to (1) provide SOCE within the traditional ethical standards of their professions, (2) recognize the limitations of our current scientific understanding of sexual orientation change, and (3) offer up-to-date education on sexual orientation and SOCE to conservative religious communities.
Recent SOCE Studies: Some Conclusions

- Unfortunately, the authors of the studies examined in this review have largely not chosen such a scientifically accurate and measured approach.
- Rather, they offered what appear to be advocacy-emboldened recommendations that support the further professional marginalization and legal prohibition of professional SOCE.
- Were we to apply the rigorous methodological standards of the APA (2009) Task Force to these studies, scientific integrity and consistency would have us conclude that they do not meaningfully advance the discussion on the issues of SOCE harm and effectiveness.
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References


