

ANGLES

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The Pseudo-science of Sexual Orientation Conversion Therapy

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Organized mental health declassified homosexuality as a mental illness more than twenty-five years ago. Those who thought this action would mean the demise of therapies designed to change homosexual orientation have only to look at the events of the past year to realize that some religious political activists and marginalized mental health professionals are seeking to reinstate the “illness” model of homosexuality by peddling the stories of the “cured” to the American public.

As a result of a high-profile advertising campaign promoting treatments for unwanted homosexual orientation, the term “reparative therapy” has become widespread. This term inaccurately implies “broken-ness” as the distinctive feature of homosexuality and bisexuality, however. Since mainstream mental health organizations have rejected this position, the more accurate term for therapeutic efforts to change homosexual orientation is sexual orientation conversion therapy, or simply, conversion therapy.

The promotion of reparative or conversion therapy goes beyond its obvious market of disaffected lesbian, gay and bisexual people. This campaign attempts to influence public opinion and justify anti-gay discrimination by inaccurately portraying homosexuality as a mental disorder and a social evil. Conversion therapy, then, is more than just a clinical issue. It figures prominently in the national debate over lesbian and gay civil rights.

To show why conversion therapy should not influence the development of public policy, this analysis will address several issues:

- Conversion therapy is based on faulty assumptions.
- Homophobia leads some individuals to seek sexual orientation change.
- The mental health professions generally oppose conversion therapy.
- No reliable evidence supports the effectiveness of conversion treatments.
- Conversion therapy can be harmful.
- Conversion therapy adversely affects the public's views of lesbian, gay and bisexual people.

The faulty theoretical foundations of conversion therapy

Psychology and psychiatry have no precedents for treating conditions that are not considered to be illnesses. Since 1973 homosexuality has been considered a normal variation of human sexuality. Proponents of conversion therapy disregard this view because of their mistaken belief that homosexuality was declassified as a mental illness only after lobbying from gay activists. The truth, however, rests in the science, or lack thereof, of the “mental illness” assumption of homosexuality.

Homosexuality itself became a mental health diagnosis only as a reflection of prevailing social prejudice. This assumption was first questioned by Evelyn Hooker,¹ who compared matched groups of homosexually- and heterosexually-identified men. She found that scores from psychological tests of the two groups were indistinguishable from one another. Since then, a substantial scientific literature has found no significant differences between homosexual and heterosexual subjects on measures of overall psychological functioning and mental and emotional well-being. The most comprehensive review of such studies was conducted by Gonsiorek, who also carefully analyzed studies purporting to demonstrate that homosexuality is a mental illness and found them to be rife with methodological problems.²

Conversion therapy is based upon the notion that homosexuality is a mental ill-

ness and/or a destructive element in society. Theorists such as Nicolosi and Socarides maintain that homosexuals suffer from an arrest of normal development.³ According to their theories, if the circumstances of childhood attachment can be reproduced in therapy, the patient will supposedly overcome his or her homosexuality. Such theories have been described for decades. They have never been empirically validated, however. The theories are concocted from the experiences of unhappy homosexual psychotherapy patients and bear little resemblance to the lives of most lesbian and gay people.

Why people seek to change sexual orientation

Since conversion therapies operate on the assumption that homosexuality is a mental disorder, conversion therapists assume that they understand why people would wish to change it. No published study of conversion therapy has asked why people would seek to change something as profound and complex as sexual orientation, however. As a result, most conversion therapists incorrectly assume that their clients are motivated by intrinsic negative factors associated with homosexuality, and those therapists ignore the influence of social pressure, which is likely a central factor in individuals' attempts to change their sexual orientation.⁴

Lesbian, gay, and bisexual individuals may be subjected to significant social stress in the form of harassment, violence, and discrimination. These stress factors have been extensively documented, along with their tendency to cause high levels of emotional distress in lesbian, gay, and bisexual people.⁵ We do not see a parallel interest on the part of heterosexuals in changing their sexual orientation because they enjoy social privilege.⁶ Given that homosexuality is not a mental illness, and in light of the considerable stigma experienced by many gay people, it is likely that people attempt to change their sexual orientation because of the aforementioned social stress factors, as well as pressure from family, society, and church.⁷

Yarhouse⁸ contends that some people simply find homosexuality at odds with

their "values framework" and so freely seek to become heterosexual. But from where do gay, lesbian, and bisexual people derive their "values framework," if not the homophobic world around them? This unsupportive social context is why the argument that people freely seek to change their sexual orientation is unconvincing. Current psychological research on this issue confirms that social factors bear a strong influence on individuals who choose conversion therapy.⁹

The concerns of mainstream mental health organizations

The prejudicial and scientifically inaccurate view of homosexuality advanced by conversion therapists has called for a response from mainstream mental health organizations. Historically, most conversion therapy occurred in religious settings, so it was not necessary for mental health groups to comment on the practice. That changed with the emergence of the National Association for Research and Therapy of Homosexuality (NARTH) in the early 1990's. NARTH disseminates material that promotes discredited stereotypes and portrays all lesbian, gay and bisexual people as troubled.

Mainstream mental health organizations in the United States have responded to this challenge. In 1997, the American Psychological Association adopted a policy admonishing all practitioners who deal with lesbian, gay and bisexual clients to refrain from discriminatory practices and from making unscientific claims about their treatments. Therapists must also provide the client with information about the treatment, alternatives, and reasonable outcome expectations. Further, the policy affirms the Association's commitment to the "dissemination of accurate information about sexual orientation," and "opposes portrayals of lesbian/gay/bisexual adults and youth as mentally ill."¹⁰

In 1998, the American Psychiatric Association took a stronger stand, officially opposing "all forms of therapy based on the assumption that homosexuality per se is a mental illness." Similar policies opposing conversion therapy have been adopted by the American Counseling Association, the

National Association of Social Workers, and the American Academy of Pediatrics.

Conversion therapy's track record

Conversion therapists have different views on what constitutes effective treatment. Religious groups often encourage celibacy for their "ex-gay" followers, so lack of sexual contact is construed as successful treatment. Most studies published in the mental health literature use heterosexual behavior as a treatment goal. Much of the effectiveness of conversion therapies is asserted in clients' testimonials or in articles in publications that do not meet accepted research standards. A careful analysis of other evidence of conversion therapy effectiveness fails to justify these recent claims.

The studies that have appeared in legitimate journals are generally quite old and share common methodological problems. Studies of conversion therapy are not based upon a random sample of homosexuals who are randomly assigned to different treatments and are then compared, but on a group of homosexuals who have sought treatment because they are unhappy with their sexual orientation. Furthermore, the studies all rely on clients' self-reported outcomes or on therapists' post-treatment evaluations. As a result, all conversion therapy studies are biased in favor of "cures" because clients of conversion therapy are likely to believe that homosexuality is an undesirable trait to admit and may feel pressure to tell their therapist that the treatment has been successful. Similarly, conversion therapists have an interest in finding that their treatments are successful.

The potential for what is known as "social desirability bias" in self-reported outcomes is most obvious in studies of group approaches to conversion therapy. In one group approach, Hadden finds that 37% of 32 research subjects reported that they had shifted to heterosexuality.¹¹ But these results must be viewed with skepticism, since therapy groups implicitly encourage individuals to report that they meet the group's standards, even when this is not true.

Misclassification is another widespread

flaw in these studies that will inflate reported success rates. Researchers are likely to misclassify bisexual people as homosexual, which makes it more likely that clients will pursue heterosexual behavior even without treatment. A finding that bisexual men can be taught to strengthen their heterosexual behavior is not equivalent to changing sexual orientation. The earliest study attempting to show reversal of homosexual orientation through long-term psychoanalytic intervention reported a 27% success rate in "heterosexual shift."¹² But only 18% of those research subjects were exclusively homosexual to begin with. Fifty percent of the successfully treated men were more appropriately labeled bisexual.

Other studies that report higher success rates share this classification problem. For instance, Mayerson and Lief report that half of their 19 subjects were engaging in heterosexual behavior 4.5 years post-treatment.¹³ These subjects were actually bisexual going into treatment, however. Exclusively homosexual subjects reported little or no change in that study. Another psychoanalytic study reported virtually no increase in heterosexual behavior in a group of homosexual men.¹⁴ One of the studies used most often to demonstrate that homosexuals can be "changed" was conducted by Masters and Johnson.¹⁵ This study also included a number of subjects who were not primarily or exclusively homosexual in their stated orientation, however.

Finally, follow-up of those subjects who meet the subjective criteria for "successful change" in sexual orientation is either poor or nonexistent in conversion therapy studies.¹⁶ Adequate follow-up is likely to uncover cases of reversion to homosexual behavior, which would further reduce the therapy's success rate. Birk described a combination-approach group format for treating homosexuality and claimed that 38% of his subjects achieved "solid heterosexual shifts."¹⁷ Nonetheless, he acknowledged that these shifts represented "an adaptation to life, not a metamorphosis," and that homosexual fantasies and activity are ongoing, even for the "happily married" individual. Similarly, a religiously-oriented conversion therapy

program described by Pattison and Pattison reveals that more than 90% continued to have homosexual fantasies and behavior after treatment.¹⁹

More comprehensive examinations of conversion therapy studies have been published elsewhere.²⁰ Those reviews show that no study claiming success for conversion therapy meets the research standards that would support such a claim.

Finally, it should be noted that almost all published research on conversion therapy deals with male homosexuals, not lesbians. Presumably, this reflects a general devaluation of women in clinical research agendas, as well as a greater tolerance on the part of some heterosexual males for lesbians than for gay men. Nevertheless, conversion therapists continue to apply their findings to women, even though their own studies do not support that extension.

The harm of conversion therapy

The studies cited above allege that a typical success rate for conversion therapies is about 30%. Surprisingly, those researchers never question what might have happened to the other 70%. The only comment that conversion therapists offer is that sexual orientation is difficult to change.²¹ All conversion therapy rests solidly on the assumption that homosexuality is in conflict with a fulfilling life, balancing out any risks from treatment in the eyes of those therapists. It is important to ask if these treatments might result in negative consequences, however.

This author's fifteen years of clinical experience with gay men who have gone through some form of conversion therapy suggests a wide variability in the way people are affected. All of the following comments are based upon the author's own clinical observations and numerous anecdotal reports which await confirmation in controlled studies.

Some—but not all—conversion therapy clients are harmed. In particular, those who have undergone treatments such as electric shock or drugs inducing vomiting while homoerotic material is presented are likely

to have been harmed the most. Many such individuals seen in my practice are not only tormented by an exacerbated level of shame but are physically rendered "asexual"—not changed into heterosexuals, but no longer functioning as homosexuals either.

In recent years, however, refugees from such cruel therapies have become less common in this author's practice as these treatments have fallen into disfavor. At present, the majority of former conversion therapy clients, or "ex-ex-gays", as they are sometimes known, have gone through a religious, prayer-based program or a talk-oriented therapy of some sort. Such individuals often experience continued depression over their homosexuality, compounded with a sense of shame over having failed at conversion therapy. Further, they may have a psychologically debilitating sense of having lost those important life elements—family of origin, religious affiliation, social support—for which there was still some hope as long as the individual was trying to change. Some former conversion therapy clients report extraordinary difficulties with interpersonal interactions, and particularly sexual intimacy, with same-sex partners.

The author's own clinical practice and the views of other practitioners working with former conversion therapy clients suggest that the problems associated with conversion therapy are not limited to the client. The goal of conversion treatments is to involve other individuals in the client's romantic and sexual life. For the ex-spouses and children of conversion therapy "experiment relationships," the sense of betrayal and loss can be devastating. Very often individuals and family members who have been caught in the conversion therapy process need counseling of their own.

The dangerous social implications of conversion therapy

The recent conversion therapy ad campaign and the practice of conversion therapy are prime pathways for devaluing lesbian, gay, and bisexual people and reinforcing stigma. Inaccurate information encourages prejudice and discrimination. Research in social

psychology tells us that while public opinion about lesbian and gay people has moderated over the past two decades, negative attitudes about homosexuality persist, and lesbian, gay and bisexual people still experience harassment, discrimination, and violence.²² Although the literature on hate crimes against gay people is only starting to emerge, recent evidence suggests that anti-gay attitudes, fueled by misinformation and cultural sanction, may greatly influence the behavior of those predisposed to abuse lesbian, gay, and bisexual individuals.²³

But if sexual orientation can be freely chosen, as conversion therapists claim, then why not change it therapeutically? And why pass laws that protect the rights of gay, lesbian, and bisexual people in the same way that laws prohibit discrimination on the basis of race, gender, or national origin? From a practical perspective, even the staunchest advocates of conversion therapy will admit that sexual orientation is extremely difficult to change. For every satisfied client who comes forward claiming that conversion therapy changed her or his sexual orientation, there are many more who disavow its efficacy. Sexual orientation is a deeply rooted, psychologically complex aspect of the human experience. Though one's feelings about his or her sexual orientation may be changeable and susceptible

to social influence, no evidence suggests that sexual orientation itself is so malleable.

From a civil rights perspective, the issue of whether homosexuality is unchangeable or a matter of free choice is equally irrelevant. Ultimately, the right of the individual to choose a sexual orientation or to refuse conversion therapy should not be grounds for stigmatization or for limiting civil rights. Our laws provide civil rights protection against discrimination related to numerous characteristics (such as religious beliefs or some disability conditions) that are the product of choices. For instance, 29 states have laws that prohibit discrimination against cigarette smokers.²⁴

Conversion therapy is not just an individual mental health issue but has implications for society. This discredited and ineffective psychological treatment harms people and reinforces the notion that homosexuality is bad. In this regard, it is not a compassionate effort to help homosexuals in pain, but a means of exploiting unhappy people and of reinforcing social hostility to homosexuality. Herein lies the real "reparative therapy:" helping refugees of conversion therapy reconstruct their sense of identity and rediscover their capacity to love, as well as repairing a society still affected by the myth that lesbian, gay, and bisexual people are mentally ill. Reparative efforts

are best directed toward a broken social context, not the individual who has been victimized by it.

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