

# Does conversion therapy work? It depends on the definition of “change”

The slogans, “change is possible,” “question homosexuality” and “truth brought freedom” have been a part of advertisements used by Exodus International in newspapers and magazine ads, and in 2005, on giant billboards along highways in Houston, Texas,<sup>185</sup> and Orlando, Fla.<sup>186</sup> In a press release announcing the Orlando ad campaign, Exodus President Alan Chambers said, “The public is constantly bombarded by media messages asserting that people are born gay and that change is a myth.”<sup>187</sup>

In the Frequently Asked Question (FAQ) section of its website, Exodus explain what it means by “change” in more confusing detail:

No one is saying that change is easy. It requires strong motivation, hard work, and perseverance.... On the statistical side, careful reviews of research studies on sexual orientation change suggest that real change is indeed possible. Studies suggesting change rates in the range of 30-50% are not unusual, although “success rates” vary considerably and the measurement of change is problematic.<sup>188</sup>

Further analysis of the statements made by ex-gay programs and their leaders reveals a shifting definition of what it means to “change.”

According to Rev. John Smid, director of Love In Action, “There isn’t a cure for homosexuality.”<sup>189</sup> In a 2001 interview, Alan Chambers, said, “I don’t think [change is] going from gay to straight. Just saying that doesn’t sound like an accurate representation of what Exodus facilitates or proclaims.”<sup>190</sup> Smid and Chambers are not alone in this sentiment as many of the nation’s most prominent ex-gays admit to still having same-sex attractions. According to Joe Dallas, a featured speaker at Focus on the Family’s “Love Won Out” conferences, “No one has ever left therapy saying, ‘Wow, I have absolutely no homosexual thoughts.’”<sup>191</sup> In his testimony distributed by Love In Action (LIA), John



<sup>185</sup> Exodus International. (2005, January 26). Houston billboards feature former homosexuals: Ministry sponsors ads offering a message of hope. Author. Retrieved February 18, 2006, from [http://exodus.to/news\\_2005\\_0127.shtml](http://exodus.to/news_2005_0127.shtml)

<sup>186</sup> Exodus International. (2005, April 1). Orlando billboards to feature former homosexuals. Offering a message of change: Ex-gay organization’s ads to appear above local gay resort. Author. Retrieved February 18, 2006, from [http://exodus.to/news\\_2005\\_0401PR.shtml](http://exodus.to/news_2005_0401PR.shtml)

<sup>187</sup> Ibid.

<sup>188</sup> Exodus International. [http://www.exodus-international.org/exodus\\_faqs\\_success.shtml](http://www.exodus-international.org/exodus_faqs_success.shtml)

<sup>189</sup> Feyerick, D. (2005, July 28).

<sup>190</sup> Interview with Alan and Leslie Chambers, taped March 11, 2001. Cited in Besen, W. R. (2003). p. 35.

<sup>191</sup> Christian, S. (1990, April 5). The last temptation. *Los Angeles Times*. Cited in Besen, W. R. (2003). p. 37.



Smid—married for over sixteen years—admits, “I still struggle at times...I still shut down with my wife at times. I periodically have sexual thoughts regarding men.”<sup>192</sup>

Perhaps because of the growing number of ex-gay leaders who have publicly “fallen off the wagon,” when asked specifically in interviews many current ex-gay leaders have abandoned explicit claims of conversion, focusing on less stringent measures of success. For example, more recent success stories highlighted by ex-gay programs stop short of declaring a full conversion. For example, Leah Deriel, an LIA graduate interviewed by NPR in July 2005, admitted that “[t]he feelings come back from time to time.”<sup>193</sup> According to Gerard Wellman, another LIA graduate who is also a staff member of the organization, “[t]herapy doesn’t change attractions, it changes behavior. I have guardrails not for my attractions but for my behaviors so there’s things I don’t do based on my faith.”<sup>194</sup> Finally, Ben Marshall, a graduate of Refuge, the same LIA program that Zach Stark and DJ Butler were forced to attend, admits, “[t]here is that lust that’s still there. It’s subsiding. I don’t know if it’ll ever go away altogether.”<sup>195</sup>



Rev. John Smid,  
Love in Action

Perhaps the most striking example of the confusing rhetorical dance by ex-gay leaders around the question of whether their programs actually work is a statement made by John Smid, who, when asked by a reporter how God makes a gay man straight replied:

I’m looking at that wall and suddenly I say it’s blue. Someone else comes along and says, “No, it’s gold.” But I want to believe that wall is blue. Then God comes along and He says, “You’re right, John, [that yellow wall] is blue.” That’s the help I need. God can help me make that [yellow] wall blue.<sup>196</sup>

In a July 2005 interview with *Friends and Family* magazine, Smid provides more clarity on the success rate of his ex-gay teen program, Refuge, for the 23 adolescents who had been treated by the time of the interview.

Out of the 23, one of them left after two days, who was not a fit for the program; two of them remained through the two-week period and at the end stated that they were going to pursue homosexuality after they left the program. The other 19, or 20, at the point where they graduated, said that they were clearly not going to pursue homosexuality and they felt so much clarity about it. I think as a result of that since that time in two and a half years I would say I think, from what I can see and know, about three or four of them returned to homosexual behavior, but I clearly see their age bracket as a very fluid time and I don’t know where they’re going to be 10 years from now or 20 years from now.<sup>197</sup>

However, in a *New York Times* article also printed in July 2005, Smid said that he does

192. Smid, J. (1994). Journey out of homosexuality. Memphis, TN: Love in Action. Retrieved February 18, 2006, from [http://www.stonewallrevisited.com/pages/john\\_s.html](http://www.stonewallrevisited.com/pages/john_s.html); Cited in Besen, W. R. (2003). p. 36.

193. OnPoint. (2005, July 29). Making gays straight. Boston: WBUR. Retrieved February 16, 2006, from [http://www.onpointradio.org/shows/2005/07/20050729\\_a\\_main.asp](http://www.onpointradio.org/shows/2005/07/20050729_a_main.asp)

194. Sawyer, D. (2005, July 28). Conversion therapy? Controversial crusade: Turning gay teens straight. New York: ABC News.

195. Feyerick, D. (2005, July 28).

196. Cited in Davis, C. (2005, June 17). Homo no mo: Yellow is blue and pink’s a sin at the Love in Action camp. *Memphis Flyer*. Retrieved July 20, 2005, from <http://www.memphisflyer.com/gyrobase/Content?oid=9657>

197. Pair, P. (2005, July). Love In Action’s Rev. John J. Smid talks openly. *Family and Friends Magazine*. Reprinted with permission at Exgay Watch. Retrieved February 20, 2006, from [http://www.exgaywatch.com/blog/archives/2005/07/love\\_in\\_actions\\_1.html](http://www.exgaywatch.com/blog/archives/2005/07/love_in_actions_1.html)



not track the success rate of his programs.<sup>198</sup> It is important to note here that Smid charges \$2,000 for the two-week Refuge program, and \$4,500 for the 6-week program.

The shifting definition of the word “change,” along with unclear details of how “change” happens, is an important development in the third wave of ex-gay activism. Additionally, ex-gay and evangelical Christian right leaders have yet to come up with a consistent and verifiable number of how many individuals have actually been changed. For example, in 2002, Dr. James Dobson of Focus on the Family claimed that there are “800 known former gay and lesbian individuals today who have escaped from the homosexual lifestyle and found wholeness in their newfound heterosexuality.”<sup>199</sup> Three years later, in 2005, Melissa Fryrear had a larger but less specific number, claiming “literally thousands of men and women have successfully overcome homosexuality.”<sup>200</sup>

Over a three year period, the number of homosexuals who have changed according to Alan Chambers has grown exponentially. In an August 2003 interview responding to ex-gay leader Michael Johnston’s “falling back into homosexuality,” Chambers said there were “thousands” of ex-gays.<sup>201</sup> In an April 2004 same-sex marriage debate at UC Berkeley, he claimed to be one of “tens of thousands” of ex-gays.<sup>202</sup> More recently, in July 2005, he claimed that there are “hundreds of thousands” of ex-gays.<sup>203</sup>

Given the sheer number of ex-gays that exist according to Alan Chambers, one would think that ex-gay leaders would have more success stories of real people available on their websites or appearing in their advertisements, but that is not the case. According to Richard Cohen, an ex-gay therapist who claims to know “thousands” of ex-gays, “A lot of the people I’ve worked with ... don’t want to come forward. So many people don’t want to be seen or heard. They’ve moved on. That’s like their past.”<sup>204</sup> Melissa Fryrear offers an alternative explanation: “There are plenty of success stories, but those people often keep quiet to avoid intimidation by the gay community.”<sup>205</sup>

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198. Williams, A. (2005, July 17) Gay Teenager Stirs a Storm, *The New York Times*.

199. Dobson, J. (2002, June). Dr. Dobson’s newsletter: Can homosexuality be treated and prevented? Focus on the Family. Retrieved February 19, 2006, from <http://www.family.org/docstudy/newsletters/a0021043.cfm>

200. Jacobs, E. (2005, August 11). Ex-gay movement plans Boston confab. *Bay Windows*. Retrieved August 11, 2005, from <http://www.baywindows.com/media/paper328/news/2005/08/11/News/ExGay.Movement.Plans.Boston.Confab-966568.shtml>.

201. Foust, M. (2003, August 8). News about fallen leader doesn’t change truth of ex-’gay’ message, friends say. *BPNews*. Retrieved July 13, 2005, from <http://bpnews.net/bpnews.asp?ID=16452>

202. Chambers, A. (2004, April 17). Opening testimony of Exodus president Alan Chambers: U.C. Berkeley debate on same-sex marriage. *NARTH*. Retrieved February 17, 2006, from <http://narth.com/docs/chambers.html>

203. WorldNetDaily.com. (2005, July 5) OK’ing “gay” unions “not true compassion.” Author. Retrieved July 13, 2005, from [http://worldnetdaily.com/news/article.asp?ARTICLE\\_ID=45132](http://worldnetdaily.com/news/article.asp?ARTICLE_ID=45132)

204. Besen, W. R (2003).

205. Jacobs, E. (2005, August 11). Ex-gay movement plans Boston confab. *Bay Windows*. Retrieved August 11, 2005, from <http://www.baywindows.com/media/paper328/news/2005/08/11/News/ExGay.Movement.Plans.Boston.Confab-966568.shtml>



# The debate over the 2003 Spitzer study on the efficacy of conversion therapies

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*...it is possible to change, first of all.... Dr. Spitzer is the psychiatrist who did the most to change the policy of the American Psychiatric Association saying there is nothing wrong with homosexuality.... He's come all the way over to the other side and now says that it can be changed in some individuals because it's not genetic.*

—Dr. James Dobson

Referencing the work of Dr. Robert L. Spitzer as evidence supporting the efficacy of conversion therapy in a CNN interview with Larry King<sup>206</sup>

The role of conversion therapy has long been controversial in the professional psychological community. However, the 2003 publication of a paper by renowned psychologist Robert L. Spitzer brought the issue back to the forefront of the debate surrounding the “cause” of sexual orientation and, perhaps more importantly, its impact on the public policy debate over full legal and social equality for LGBT Americans.<sup>207</sup> On the surface, the study purports to demonstrate that it is possible in some instances for individuals to change their sexual orientation following participation in a conversion therapy program.

For his study, Spitzer interviewed 200 people (143 men and 57 women) over the telephone, asking them questions about their sexual attraction and sexual history prior to and subsequent to conversion therapy. A number of respondents claimed a marked increase in both the frequency and satisfaction of “heterosexual activity.” However, only 11 percent of men and 37 percent of women reported that they completely changed their sexual orientation. While these numbers might not seem especially impressive, they were enthusiastically seized upon by ex-gay leaders and the evangelical Christian right as evidence that sexual orientation was a changeable behavioral trait, and that gays and lesbians did not deserve “special protections.” Why did the ex-gay movement place such importance on this particular study?

The answer is simple, but requires us to go back more than 30 years to a time when the American Psychiatric Association (APA) considered homosexuality a treatable mental illness. At the APA’s conference in 1972, a young Dr. Spitzer attended a panel discussion on electroshock therapy as a form of conversion therapy treatment for gay men and lesbians.<sup>208</sup> After lesbian and gay activists interrupted the meeting to protest their

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206. CNN Larry King Live. (2002, March 7). Transcript: Interview with Dr. James Dobson. CNN. Retrieved February 19, 2006, from <http://transcripts.cnn.com/TRANSCRIPTS/0203/07/lkl.00.html>

207. 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* v32 (5). 403-417.

208. Besen, W. R. (2003). p.227.



mistreatment by psychiatrists, Spitzer engaged one of the protestors in conversation. After further conversations over the course of a year, Spitzer decided to advocate for the removal of homosexuality from the profession's *Diagnostic and Statistical Manual of Mental Disorders* (DSM). In 1973 the APA voted to approve this change.<sup>209</sup> Given Spitzer's pivotal role in advancing the cause of gay rights, is it any wonder that years later his role in suggesting that a change in sexual orientation was possible would make him a poster child for the ex-gay movement? Before discussing the criticisms and outcome of the debate over the Spitzer study, we first provide a brief history of conversion therapies, which date back to the early 1900s

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## FROM FREUD TO NICOLOSI: A BRIEF HISTORY OF CONVERSION THERAPIES

The history of these controversial therapies is complex, with discussion about the causes, consequences and treatments for homosexuality going back at least as far as Freud. Given the day and age in which he lived, Freud was generally tolerant of the notion of homosexuality, and he even signed a statement calling for the decriminalization of homosexuality in Germany in the 1930's.<sup>210</sup> According to Dr. Jack Drescher, "Taken out of the historical context in which he wrote, and depending upon the author's selective citations, Freud can be portrayed as either virulently antihomosexual or as a closeted friend of gays."<sup>211</sup> Since his time, many psychologists have sought to impart their version of the truth on this complex topic.

In the 1960s, Sandor Rado laid the foundation for what became modern-day conversion therapy, claiming that heterosexuality is the "...only nonpathological" outcome of human sexual development.<sup>212</sup> Irving Bieber more directly linked homosexuality to a dysfunctional family situation, supporting the notion that a mental health professional might help a patient "overcome" the "...personality maladaptation" caused by dysfunction in the nuclear family.<sup>213</sup> This "blame the parents" route was further adapted by Charles Socarides, who blamed "...absent, weak, detached or sadistic" fathers for creating homosexual sons.<sup>214</sup> Socarides' theories took on a new context after his own son came out of the closet in the 1995.<sup>215</sup>

In 1969 Lionel Ovesey took conversion therapy advocacy among his peers one step further by suggesting that "those who lack conviction that homosexuality is a treatable illness, but believe instead that it is a natural constitutional variant, should not accept homosexuals as patients."<sup>216</sup> Compared to the rigors of shock therapy, Ovesey had what some may consider a more simplistic approach to conversion:

There is only one way that the homosexual can overcome this phobia and learn to

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209. Ibid. p.228.

210. Drescher, J. (2001). I'm your handyman: A history of reparative therapies. In A. Shidlo, M. Schroeder & J. Drescher (eds.), *Sexual conversion therapy: Ethical, clinical and research perspectives*. Binghamton, NY: The Haworth Medical Press, pp.5-24.

211. Ibid. p. 7.

212. Ibid. p.12.

213. Ibid. p.13.

214. Ibid. pp.13-14.

215. Nagourney, A. (1995). Father doesn't know best. *Out Magazine*, Feb. pp. 75-77, 113-115.

216. Ovesey, L. (1969). *Homosexuality and pseudohomosexuality*. New York: Science House. p. 119. Cited in Drescher, J. (2001). p. 14.



have heterosexual intercourse, and that way is in bed with a woman.... Sooner or later, the homosexual patient must make the necessary attempts to have intercourse, and he must make them again and again, until he is capable of a sustained erection, penetration, and pleasurable intravaginal orgasm.<sup>217</sup>

In the 1980s and '90s, we begin to see the “science” of conversion therapy replaced by religion. In 1991, Joseph Nicolosi produced what has been called the first overtly religious based analysis of this issue, defined by conformity to “traditional values” and gender roles. Nicolosi claimed that homosexual men feel incomplete within themselves; hence they seek out other men to complete themselves. Conversely, heterosexual men have a healthy self regard of themselves as men and so they seek out, quite naturally, a woman to “round out the package,” so to speak.<sup>218</sup>

It is not surprising, given their determination to cling to a pathology-based view of homosexuality, that some adherents to the notion of changeability were frustrated when the APA officially removed homosexuality from the DSM in 1973. Given their increasing sense of marginalization from mainstream psychology and psychiatry, proponents of reparative therapy, lead by Nicolosi, gradually moved away from recognized professional associations, and in the early 1990s established a new organization, the National Association for Research and Therapy of Homosexuality (NARTH).<sup>219</sup>

As religion and dogma superseded science for these practitioners, they were welcomed with open arms by anti-LGBT organizations, which spent millions of dollars promoting the possibility of change to support the “special rights” argument they use to fight against legal equality for LGBT people. As Lee Tiffen points out, NARTH has adopted tactics akin to creationists who “...obscure their increasingly fundamentalist religious political agendas behind scientific and pseudo-scientific language.”<sup>220</sup>

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## BACK TO SPITZER: ANTICIPATING THE CRITICISM

Given the predictable controversy that was likely to follow publication of Spitzer’s study, the journal that published his study, *Archives of Sexual Behavior*, invited commentaries on his results, which were published in the same issue. A number of researchers and mental health practitioners took the opportunity to review and comment on Spitzer’s work, and the criticisms were broad in scope. The following is a summary of the more significant problems identified with Spitzer’s methodology and interpretations. Despite Spitzer’s reputation, this particularly study was plagued by many of the same fatal flaws found in other conversion therapy research.

First and foremost, Spitzer’s sample of respondents was seriously biased in a number of distinct ways. The respondents were self-selected, which means they were theoretically more likely to have a desire to take part in the study. While self-selection bias is a problem faced by much of social science research (true random, representative samples are extremely difficult and costly to produce, especially when studying small and stigmatized

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217. Drescher, J. (2001).

218. Ibid. p.18.

219. Ibid. p.20.

220. Ibid. p.21 citing Tiffen, L. (1994). *Creationism's upside-down pyramid: How science refutes fundamentalism*. Amherst, NY: Prometheus Books.



minority populations), Spitzer's sample was so biased that the generalizeability of his findings can be seriously questioned. For example, nearly half (43 percent) of his participants were provided by professional ex-gay organizations, with nearly one-quarter (23 percent) referred by NARTH. Additionally, 78 percent had spoken publicly in favor of conversion therapy as a way to "overcome" homosexuality.<sup>221</sup>

Obviously anyone involved with the ex-gay movement might well be predisposed to say good things about a program so central to the movement's very existence. As Cohen & Savin-Williams note, respondents were "...decidedly invested in demonstrating the possibility and benefits of reparative therapy."<sup>222</sup>

The demographics of the group are also significantly biased towards white, Christian, married people of a certain age range.<sup>223</sup> Ninety-three percent claimed that their religion was extremely or very important to them, and 19 were mental health professional or directors of ex-gay programs. Given the role of religious organizations in the conversion therapy movement, it is likely that this proportion impacted responses significantly. Legitimate studies have demonstrated the conflict caused by the role of religion on internalized homophobia and "[the] effect of such conflict and anguish very likely distorts assessments made by individuals who have gone to great lengths to seek help."<sup>224</sup> Spitzer also failed to talk to anyone who had experienced particular problems with the therapy process or who publicly decried the programs.

The aim of the study was theoretically to demonstrate the capacity to change from homosexual to heterosexual orientation, but the sexual orientation of respondents prior and subsequent to therapy is hardly clear. In fact, 86 percent of the men and 63 percent of the women in the study commented that after therapy they still experienced same-sex attraction. While we might suggest that they were bisexual, it is clearly an exaggeration in these cases to claim that people successfully changed their sexual orientation.

In the end, Spitzer even declared, "...it would be a serious mistake to conclude from my study that any highly motivated homosexual can change his or her sexual orientation, or that my study shows that homosexuality is a 'choice'"<sup>225</sup> In an interview with *The Advocate* magazine, Spitzer also expressed his support for legal and social equality for gay people saying, "I want to make it clear I support gay marriage and adoption and that I'm opposed to the military policy banning gays from serving openly. Look, I'm a Jew atheist, I'm not really comfortable with right-wing groups. I'm certainly not for telling people they should change for political or religious reasons."<sup>226</sup>

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221. Spitzer, R. L. (2003). p.406.

222. Cohen, K. M. & Savin-Williams, R. C. (2003). Are converts to be believed? Assessing sexual orientation "conversions." In Archives of Sexual Behavior. (2003). Peer commentaries on Spitzer (2003). *Archives of Sexual Behavior*, 32(5), 419

223. Carlson, H. M. (2003). A methodological critique of Spitzer's research on reparative therapy. In Archives of Sexual Behavior. (2003).

224. Hill, C. A. & DiClementi, J. D. (2003). Methodological limitations do not justify the claim that same-sex attraction changed through "reparative therapy." In Archives of Sexual Behavior. (2003).

225. Spitzer, R. L. (2001, September 24). Open e-mail letter to Kari Karkkainen, MP. Cited in Stalstorm, O. & Nissinen, J. (2003). The Spitzer study and the Finnish parliament. *Journal of Gay & Lesbian Psychotherapy*, 7(3), 83-95.

226 Bull, C. (2001, July 19). Much ado about changing. *The Advocate*.



# Academic research and literature on the harm and ethical violations of conversion therapy

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*Those of us who have criticized Spitzer from a scientific perspective fear an increase in suicide rates and mental health problems in adolescents and young adults who, due to societal homophobia, internalized homophobia, and poorly designed studies like Spitzer's, are pressed to pursue conversion therapy that may expose them to more harm and years of struggle.*

— Dr. Milton Wainberg  
Professor of Clinical Psychiatry, Columbia University<sup>227</sup>

As was the case with Spitzer's study, medical and mental health professionals often warn about the harmful effects of conversion therapy whenever ex-gay leaders receive prominent coverage in the mainstream press. In a *New York Times* article about Zach Stark and his experiences at Refuge, experts stated that the stakes are even higher for adolescents forced by their parents to attend conversion therapy programs because they are already wrestling with deep questions of identity and sexuality. In the article, Dr. Jack Drescher is quoted saying, "One serious risk for the parent to consider is that most of the people who undergo these treatments don't change. That means that most people who go through these experiences often come out feeling worse than when they went in."<sup>228</sup>

In an early analysis of conversion therapy published in 1991, Dr. Doug Haldeman, who received an American Psychological Association Presidential Citation for his important and valuable contributions to psychology, warned that "[g]ay men and lesbians who are coming out are at particular risk for the harmful effects of conversion treatments."<sup>229</sup> Young people may view the possibility of change as a panacea during a time when they are having a difficulty accepting themselves and are likely to be afraid of rejection from their friends, families and religion, if they are not experiencing it already. According to Haldeman, this fear makes them vulnerable targets for conversion therapy programs.<sup>230</sup>

Haldeman provided two examples of how the vulnerability of youth questioning their sexual orientation may make them an easy target for ex-gay leaders who have "fallen from grace" for having sex with their clients. Collin Clark, whose ex-gay counseling program was affiliated with the Seventh Day Adventist Church, was eventually exposed for having sexual contact with his clients during "treatment." Haldeman also cited the work of Ralph Blair, who wrote one of the first reports on ex-gay programs, simply titled *Ex-gay*. In his book, Blair detailed the history of "Liberation in Jesus Christ," founded

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227. Wainberg, M. L. (2004). Letters to the editor: Reply to Spitzer's (2003) reply. *Archives of Sexual Behavior*, 33(2), 83-84.

228. Williams, A. (2005, July 17) Gay Teenager Stirs a Storm, *The New York Times*.

229. Haldeman, D. (1991). Sexual orientation conversion therapy for gay men and lesbians: A scientific examination. p.153. In J. Gonsiorek & J. Weinrich. (eds.), *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage, pp.149-160

230. Ibid.



by Guy Charles as an ex-gay program affiliated with the Episcopal Church. Charles was also exposed for having sex with his clients during treatment sessions; he told his clients that these experiences were not homosexual experiences, but rather “Jonathan and David” relationships, referring to the Old Testament friendship between King David and Jonathan. Haldeman concluded that the “tradition of conflicted homosexual pastors using their ministries to gain sexual access to vulnerable gay people is as long-standing as the conversion movement itself.”<sup>231</sup>

The concerns expressed by respected, licensed medical and mental health professionals in earlier journal articles about the harmful effects of conversion therapy are an important part of the case against conversion therapy. Based on over 20 years of clinical practice with people who have been through a variety of conversion therapy treatments, Haldeman concludes that potential harms of conversion therapy include depression related to a number of factors, such as feelings of failure when conversion therapy did not work and feelings of loss related to broken relationships with family and friends. Some of Haldeman’s clients experienced depression to the point of feeling suicidal. His clients also experienced “intimacy avoidance,” a pattern of difficulty in developing long-term relationships post conversion therapy treatment, as well as sexual dysfunction and internal conflict over reconciling their religious beliefs with their sexual orientation, which was often what prompted them to seek out conversion therapy in the first place.<sup>232</sup>

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## A STUDY OF THE EXPERIENCES OF OVER 200 CONSUMERS OF CONVERSION THERAPY

What is missing from these accounts is empirical research data from large-scale studies designed to assess the experiences of conversion therapies, including any harm that resulted from treatment. This need prompted psychologists Ariel Shidlo and Michael Schroeder to embark on a seven-year project to collect and publish data from consumers of conversion therapy. Their goals were to help individuals make more informed choices about participating in conversion therapy, and to identify how individuals perceive their failure to change or their success in changing post treatment. They also examined ethical issues related to the provision of conversion therapy. Their study was designed to collect qualitative data to help lay the groundwork for future quantitative assessments.

The article summarizing Shidlo and Schroeder’s findings, “Changing Sexual Orientation: A Consumer’s Report,” was published in 2002 in *Professional Psychology: Research and Practice*, a peer-reviewed journal produced by the American Psychological Association.<sup>233</sup> At the beginning of the article, the authors clearly state the limitations

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231. Ibid. p. 158.

232. Haldeman, D. C. (2001). Therapeutic antidotes: Helping gay and bisexual men recover from conversion therapies. In A. Shidlo, M. Schroeder & J. Drescher. (eds.), *Sexual conversion therapy: Ethical, clinical and research perspectives*. New York: The Haworth Medical Press. pp. 131-166.

233. Shidlo, A & Schroeder, M. (2002). Changing sexual orientation: A consumer’s report. *Professional Psychology: Research and Practice*, 33(3), 249-259.



of their exploratory study: their findings are not generalizable to all individuals who have received some form of conversion therapy treatment. Additionally, the study was based on the retrospective accounts of conversion therapy consumers, and such “self-reporting” may not always accurately reflect the behavior of therapists or the effects of therapy. However, the qualitative data they collected do provide in-depth information about the 202 participants in the study. They also assist in the development of a methodology that can be used for quantitative studies in the future. Despite these limitations, Shidlo and Schroeder’s research provides comprehensive analysis of the experiences of a large group of conversion therapy consumers published in a respected, peer-reviewed academic.

To collect the data for their analysis, Shidlo and Schroeder conducted in-person and telephone interviews with participants between 1995 and 2000. Individuals who reported that they participated in at least six sessions of any form of conversion therapy, and ranked themselves from five (more homosexual than heterosexual) to seven (exclusively homosexual) on a modified seven-point Kinsey scale, were allowed to participate. While a total of 216 interviews were conducted, four were excluded because they did not meet these criteria, resulting in a final population of 202 study participants who were primarily Caucasian (86 percent) male (90 percent) and religious (66 percent).<sup>234</sup>

To recruit these participants, the researchers developed a Web site and sent advertisements to gay and ex-gay organizations, as well as to a national professional association of conversion therapists. Participants were able to call a toll-free number, which was established to ensure that the interviews were anonymous. Those participants who chose to conduct the interview in person were given an informed consent form. Verbal consent was obtained during telephone interviews. When asked how they heard about the study, 33 percent of participants reported that they were recruited through advertisements in gay and lesbian newspapers, Web sites or email lists. Nine percent were recruited through advertisements in non-gay press and 8 percent heard about the study from friends. Four percent heard about the study in the media and 3 percent were recruited through a brochure (percentages do not total 100 because many participants reported that they did not remember how they heard about the study). In the course of their interviews, some participants also revealed that they were referred to the study by a conversion therapist, though the researchers did not keep track of the number.<sup>235</sup>

Shidlo and Schroeder were honest about the fact that they are both openly gay psychologists, and that this research was hosted by the National Lesbian and Gay Health Association and the National Gay and Lesbian Task Force. While some participants reported that they came into the interviews concerned about a pro-gay, ex-gay, or religious bias, after the interview they reported that their fears were unwarranted. According to one participant:

Before [the interview], I thought, well, maybe you were looking for something and not wanting to hear what I had to say. But I felt like it’s been very unbiased, and you listened. I feel you said that I [the interviewer] want to make sure you got your feelings down right. So I feel real comfortable with it.<sup>236</sup>

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234. Ibid. p. 250.

235. Ibid. p. 251.

236. Ibid.



Study participants reported receiving conversion therapy from a total of 203 licensed mental health practitioners, most of whom were psychologists, psychiatrists, social workers and master's-level therapists. Participants also received conversion therapy from 105 unlicensed counselors, the majority of whom were peer and religious counselors. Most of the clinical conversion therapy interventions were unspecified individual psychotherapy sessions, though a small number of participants reported experiencing behavior therapy/cognitive-behavior therapy, psychoanalysis and aversive conditioning. Most of the non-clinical conversion therapy interventions consisted of peer group and peer individual counseling. The average number of counseling sessions experienced by the study participants was 118 over an average of 26 months. The average time between the end of the last intervention and the date of the interview was 12 months, with the earliest treatment ending in 1951 and the most recent in 1999.

Even though their study uses data referring to interventions that took place an average of 12 years prior to the participant interviews, Shidlo and Schroeder argue that their data are still timely and relevant. First, there is little evidence that conversion therapy interventions and techniques have significantly changed over the past few decades. Second, one of the most important findings of their study is that the views and feelings of former conversion therapy clients about their experiences go through significant changes over time. For example, participants who failed to change their sexual orientation said that at the end of their treatment they still would have reported that conversion therapy worked for them anyway. It was not until a longer period of time that they came to terms with the fact that they did not change. According to Shidlo and Schroeder, "...a study that would limit itself to interviewing only clients who had recently completed conversion therapy may significantly distort the long-term effects of conversion therapies."<sup>237</sup>

Shidlo and Schroeder outlined the various reasons why their study participants decided to change their sexual orientation through conversion therapy. Some, who were already out of the closet prior to therapy, reported that they did not feel connected to the gay and lesbian community and sought conversion to find a group to which they felt they could belong. Participants who were not "out" prior to therapy were primarily motivated by guilt and fear based on their religious faith. A number of participants also were motivated by a desire to save their marriage and relationship with their children. Those participants who attended religious universities were coerced into treatment by the threat of expulsion. Strikingly, nearly 25 percent of conversion therapy interventions were initiated by the therapists whom study participants were already seeing after disclosing their sexual orientation.<sup>238</sup>

Many of the study participants reported experiencing a sense of joy or euphoria immediately after they started conversion therapy, which Shidlo and Schroeder described as the "honeymoon period." Common to what many people experience after they begin any course of psychotherapy, participants reported experiencing a sense of relief from telling their story, a sense of hope that they could change, and a sense of understanding about the negative feelings and experiences associated with their sexual orientation.<sup>239</sup> This is an important component of conversion therapy, which is based on a disease model of homosexuality that provides seemingly good reasons for the negative experiences of conversion therapy clients, including bad relationships with parents,

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237. Ibid.

238. Ibid. p. 252.

239. Ibid.



difficulty making same-sex friends, as well as behavior that falls outside of stereotypical gender norms. For many of the study participants, homosexuality was explained as both the cause *and* consequence of negative life experiences.<sup>240</sup>

Following the honeymoon period, study participants described experiences that could be split into two categories, “self-perceived failure” or “self-perceived success.” Twenty-six (13 percent) of the study participants reported believing that they successfully changed post treatment (self-perceived success), and were further divided into the following categories:

- **Successful but struggling:** The 12 participants in this category reported experiencing frequent “slips” back into same-sex sexual behavior, including anonymous same-sex encounters, the use of gay pornography and same-sex fantasies.
- **Successful and not struggling:** The six participants in this category felt that they were on the road to recovery and simply had a history of homosexual behavior. Five of the six participants in this group refused to label their sexual orientation and half were celibate. According to one participant in this group, “My opinion is that change per se is not possible. This is a physical thing and I will always have to manage it.”
- **Successful heterosexual shift:** The eight participants in this category rated themselves as three or less on the modified Kinsey scale (mostly heterosexual to completely heterosexual), labeled themselves as heterosexual, reported sexual behavior with members of the opposite sex, denied sexual behavior with members of the same sex, and were involved in a primary intimate relationship with a member of the opposite sex. If the participants in this group reported experiencing same-sex desires, they said they were fleeting and manageable by using skills they learned in conversion therapy. It was ultimately unclear to Shidlo and Schroeder why this very small group reported such different experiences compared to the other study participants. *However, it is important to note that seven of the eight participants in this group were providers of ex-gay counseling and four out of those seven actually had paid positions as ex-gay counselors.*<sup>241</sup>

For the 176 study participants (87 percent) in the self-perceived failure group, the period post the honeymoon phase was quite different. Many began to realize that, despite their best efforts to employ the techniques they learned in conversion therapy, they could not change their sexual orientation. Increased frustration, discouragement and blaming themselves for the failure of their therapy led some to become celibate, work compulsively and feel anxious and depressed. Other participants who failed exhibited even worse symptoms, as their increased guilt, depression, anxiety, and self-blame for their failure lead to social isolation and harmful behaviors, including suicidal gestures, unprotected sex with untested partners, and substance abuse. Study participants in this group reported that despite acknowledging to themselves that they had failed, they would have told others that they were successful if asked, including by their therapists. This is an important finding as it likely led to the false perception of high success rates among providers and the family and friends of conversion therapy clients.<sup>242</sup>

Of the 176 participants in the self-perceived failure group, 155 reported significant long-term harm from conversion therapy. The remaining 21 proved to be more

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240. Ibid. p. 253.

241. Ibid.

242. Ibid.



resilient. They viewed their failure as an opportunity for them to more completely embrace a gay or lesbian identity and reported few or no long-term damaging effects. However, the larger group reported feeling worse after conversion therapy than they did before. According to one participant:

I felt dirty about [my homosexual orientation]. I felt like a cancer with a boil that someone is trying to lance out. I felt and still feel like a failure.... The counseling helped for a while but after that it reinforced self-loathing and internalized homophobia.... It increased my self-loathing greatly.<sup>243</sup>

The following is a summary of the results of Shidlo and Schroeder's qualitative data on the harm experienced by the participants in their study.

## PSYCHOLOGICAL HARM

- **Depression, suicidal ideation and attempts:** As discussed previously, many participants reported feelings of depression, some to the point of wanting to and actually attempting to commit suicide. According to one of the female study participants:

I attempted suicide with pills. I just wanted to die. Part of it had to do with the feeling that I was dying already because of what the nun [conversion therapist] was doing to me. It felt like she was killing me, trying to rid me of my lesbian self.<sup>244</sup>

In order to further assess the impact of conversion therapy on suicidal ideation, Shidlo and Schroeder distinguished between study participants who had a history of suicide before conversion therapy and those who did not: 25 had attempted suicide before conversion therapy, 23 during conversion therapy and 11 afterwards. Of the 11 who reported suicide attempts after conversion therapy, only three had attempted suicide prior to conversion therapy. While more research is needed to quantify a link between conversion therapy and suicide, Shidlo and Schroeder's findings add to the existing body of evidence indicating that for some individuals, conversion therapy is harmful enough to cause significant depression and attempted suicide.<sup>245</sup>

- **Self-esteem and internalized homophobia:** Many of the study participants reported that the false and defamatory information provided by their therapist about homosexuality and gay and lesbian people significantly harmed their self-esteem. According to one participant, "I think it harmed me....it reinforced all my own negative stereotypes about homosexuality and my being a failure and an inadequate human being."<sup>246</sup>
- **Distorted perception of homosexual orientation:** Some conversion therapists and patients attributed some, if not all, of the negative experiences and life events of the patient to homosexuality. This led to the false belief that when a patient changed his/her sexual orientation, these other problems would also disappear.
- **Intrusive imagery and sexual dysfunction:** A number of participants reported experiencing intrusive and disturbing images in their minds that were formed in conversion therapy. Male participants also reported sexual impotence:

...when I was in the behavior mod program, when I was in the relationship with that

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243. Ibid. p. 254.

244. Ibid.

245. Ibid.

246. Ibid. p. 255.



guy, my therapist would have me envision [wife's name] there, versus the guy being there; I was to envision her, not him, while having sex with him. That was a mind bender.... I still have it with me sometimes. Not as bad as I used to, but I still get a flashback. ...sometimes I really have to try to push out thoughts in my mind that he planted, or I will not be able to achieve an erection or ejaculation.<sup>247</sup>

The participants who reported the most disturbing and destructive harm in this category were those were forced to endure “aversive conditioning” a form of behavioral therapy where an attractive stimulus is paired with a noxious stimulus in order to elicit a negative reaction to a particular stimulus,<sup>248</sup> which in this case was same-sex attraction. In the next section we describe the experiences of these participants in more detail.

- **Monitoring of gender-deviant mannerisms:** Some participants reported that conversion therapy made them worry about appearing “too gay” through their speech and/or mannerisms. This led to paranoia about not being able to “pass” as a heterosexual.

## SOCIAL AND INTERPERSONAL HARM

- **Family of origin:** Many participants complained that conversion therapy particularly harmed their relationship with their parents. This was due, in part, to the fact that they were told by their therapist to blame their parents for their homosexuality.
- **Alienation, loneliness, and social isolation:** Even for participants who developed ex-gay or heterosexual support networks during their conversion therapy, they still felt loneliness attributed to hiding the fact that they were still homosexual.
- **Interference with intimate relationships:** Participants reported the loss of same-sex partners and opportunities to commit to long term relationships with those partners whom they were in love with. This occurred for some because their therapists instructed them to break off those relationships.
- **Loss of social supports when entering and leaving the ex-gay community:** When they started conversion therapy, many study participants were told to end their relationships with their lesbian and gay friends. Similar loss occurred when those participants ended conversion therapy and left their ex-gay community. Many were rejected for abandoning their struggle against homosexuality.
- **Fear of being a child abuser:** A number of male participants reported that their therapists created a fear that they would become child abusers, which interfered with their relationships with children. According to one participant:

It really screwed me up, because these thoughts were put in my head that I was attracted to little boys, and I'm not. I was very angry at that.... I had very young nephews, I was afraid to be around them, afraid to play with them<sup>249</sup>

- **Delay of developmental tasks due to not coming out as gay or lesbian earlier:** The years they spent in conversion therapy, for some more than a decade, delayed a number of experiences including intimate relationships and the development of social skills. These participants reported experiencing difficulties distinguishing between intimacy, friendship, sex and love.

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247. Ibid.

248. Psychology Matters. (n.d.). Glossary. American Psychological Association. Retrieved February 18, 2006, from <http://www.psychologymatters.org/glossary.html>

249. Shidlo, A & Schroeder, M. (2002). p. 256.



It delayed my being a gay man once again. It preserved the false notion that sexual orientation could be changed and added more years to my time in the closet. I lost a lot of my life as a result of this.<sup>250</sup>

## SPIRITUAL HARM

One hundred and thirty-three (66 percent) participants considered themselves to be religious: 76 participants identified as Protestant, 19 as Catholic, 11 with the Church of Latter Day Saints (Mormon), nine as Jewish, two as pagan and two as Buddhist (percentages do not total 100 because of missing data).<sup>251</sup> Those in the perceived failure category reported a negative impact on their beliefs. These effects included a complete loss of faith, a sense of betrayal by their religious leaders, anger at the therapists who told them God was ashamed of them in the first place, and excommunication from their churches.

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## MAGGOTS, FECES AND ELECTRODES: “Aversive conditioning” techniques used in rare forms of conversion therapy

On November 18, 2001, Shidlo and Schroeder spoke at the Association for Advancement of Behavioral Therapy (AABT)<sup>252</sup> conference in Philadelphia, where he presented findings from the consumer study for the small subset of respondents (18 men) who reported undergoing a category of conversion therapy called “aversive conditioning.”<sup>253</sup> This is a form of behavioral therapy where an attractive stimulus is paired with a noxious stimulus in order to elicit a negative reaction to a particular stimulus, in this case, same-sex attraction.<sup>254</sup> According to Shidlo, the interventions experienced by these 18 study participants included electric shock therapy, the use of an inhalable or injectable emetic to induce vomiting, and the use of “covert sensitization,” which is “a form of behavior therapy in which an undesirable behavior is paired with an unpleasant image in order to eliminate that behavior.”<sup>255</sup>

Given the small size of this sample, the findings presented by Shidlo for study participants in this category are clearly not representative of all individuals receiving conversion therapy. Additionally, the last reported incident cited in the study occurred in 1992, and we could not find more recent literature to determine whether therapists offering conversion therapy are still using these techniques. However, we present a brief summary of Shidlo’s discussion on this subset of respondents because they represent a sample of individuals who have undergone what many may consider the most rare and most harmful forms of conversion therapy. It is important to note that 12 of the respondents in this subset reported experiencing this kind of conversion therapy

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250. Ibid.

251. Ibid. p. 250.

252. Now known as the Association for Behavioral and Cognitive Therapies; <http://www.aabt.org>

253. Shidlo, A. & Schroeder, M. (2001, November 18). Attempts to change homosexual orientation: Iatrogenic effects of conversion therapies. Unpublished information presented during a symposium at the 2001 Association for Advancement of Behavioral Therapy Conference in Philadelphia, PA.

254. Psychology Matters. (n.d.). Glossary. American Psychological Association. Retrieved February 18, 2006, from <http://www.psychologymatters.org/glossary.html>

255. Encyclopedia of Mental Disorders. (n.d.). Covert sensitization. Author. Retrieved February 18, 2006, from <http://www.minddisorders.com/Br-Del/Covert-sensitization.html>



treatment *after* the 1973 declassification of homosexuality as a mental illness by the American Psychiatric Association.

Shidlo reported that electric shock was administered to 15 of these respondents on their fingers, and genitalia, among other places on the body, and was sometimes paired with disturbing images, including a bowl with feces and pictures of Kaposi's Sarcoma lesions on gay men. Kaposi's Sarcoma is sometimes experienced by people living with AIDS. One respondent described his experience with the use of covert sensitization as hypnotherapy:

[The therapist would] lead me through different scenarios. Put myself in a nice beach, these men would come down, beautiful homosexual men, with Speedos. I would be attracted to them. As they opened their mouths, feces would come of their mouth, urine dripping out of their eyes and nose. The therapists would then take me to a peaceful place where Jesus would minister to me.<sup>256</sup>

All 18 respondents reported harmful emotional and physical effects from their treatment, including physical pain and skin burns from those who were administered electro-shock therapy. One respondent described the emotional and mental violence he experienced:

It was horrible. I was trying to destroy a part of myself. [It was] a form of suicide, of psychic suicide, where I was trying to kill something vital in myself, something natural, powerful, normal, and I was trying to electrocute it. Like I was frying feelings.<sup>257</sup>

The long-term impacts of conversion therapy reported by these respondents were similar to those reported by the entire population of the consumer study, including the belief that they were responsible for their own failure to become heterosexual, low self-esteem, social isolation, difficulties with intimacy, shame, damaged opposite-sex marriage, and impotence. While a few of the 18 respondents reported short-term "positive" outcomes of their aversion therapy, including some increase in opposite-sex attraction and participation in short-term opposite-sex relationships, all of them reported that these changes were fleeting and their same-sex attractions and desires returned.<sup>258</sup>

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## ETHICAL CONCERNS RAISED BY CONVERSION THERAPY

The fundamental Christian approaches to conversion treatments have been characterized by a host of problems, ranging from lack of empirical support to sexually predatory behavior of some counselors...To exacerbate the potential harm done to naïve, shame-ridden counselees, many of these programs operate under the formidable auspices of the Christian church, and outside the jurisdiction of any professional organization that might impose ethical standards of practice and accountability on them.<sup>259</sup>

Along with the physical and mental harm caused by conversion therapy programs, there are broad ethical concerns that need to be addressed. Unlike many organizations and individuals who offer counseling and mental health treatment services, the majority

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256. Shidlo, A. (2001, November 18).

257. Ibid.

258. Ibid.

259. Haldeman, D. (1991). Sexual orientation conversion therapy for gay men and lesbians: A scientific examination. p.159. In J. Gonsiorek & J. Weinrich. (eds.), *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage, pp.149-160



of ex-gay programs market themselves as religious ministries and are therefore not governed or overseen by professional associations, licensing boards, state departments of health or other bureaucracies. This is particularly troublesome for ex-gay teen programs like Refuge, which may be providing services to clients against their will, as reported by Zach Stark and DJ Butler.

In April 2005, Rep. George Miller (D-CA) introduced the End Institutionalized Abuse Against Children Act of 2005, which would require more federal oversight of any foreign-based or domestic residential treatment program for minors.<sup>260</sup> According to Rep. Miller,

There is no excuse for placing children in unlicensed programs with badly trained and abusive staff members, which could lead to mental, physical, and sexual abuse. It is truly frightening when the very people entrusted to care for and protect children are actually the ones who endanger them. Residential programs for children should be licensed and meet reasonable safety and staff training standards.<sup>261</sup>

While this legislation was introduced in response to multiple incidents of abuse and even deaths that occurred at residential “behavior modification” camps for troubled youth, the principle behind it also raises serious questions about the lack of oversight and monitoring of ex-gay treatment programs like those provided by Love In Action (LIA).

In the lawsuit filed after it was ordered by the Tennessee Department of Mental Health and Developmental Disabilities (DMHDD) to stop providing mental health services without a license, LIA, represented by the Alliance Defense Fund, claims that the state violated its Constitutional rights under the Due Process Clause and Equal Protection Clause of the 14<sup>th</sup> Amendment, as well as the Free Speech Clause and the Free Exercise Clause of the First Amendment. According to LIA, since it is a faith-based program, it not only falls outside of the jurisdiction of Tennessee law, but also is protected from regulation by the U.S. Constitution.<sup>262</sup> A more detailed discussion of LIA’s legal arguments is worthy of its own publication. Our point here is that ex-gay programs have historically benefited from positioning themselves in legally gray areas that permit them to operate free of any oversight, which has serious implications.

On the one hand, ex-gay and evangelical Christian right leaders claim that homosexuality should never have been declassified as a mental illness. As explained earlier in this report, Dobson and Nicolosi have referred to and/or written entire books that outline a pathological or disease model of homosexuality. They have even created their own terminology, like “prehomosexuality,” to make their theories sound more credible. They have also supported and publicized studies and reports claiming that certain interventions can be used to either prevent a child from becoming a homosexual, or to treat and change an individual’s sexual orientation. When challenged on the scientific validity

When challenged on the validity of their beliefs, ex-gay leaders are quick to point to their “science” to support their positions. These same leaders concurrently claim that their programs are faith-based and should be free from the same oversight and regulation mandated for organizations that provide mental health treatment.

260. Office of Congressman George Miller. (2005, April 20). Representative Miller introduces legislation to curb child abuse in residential treatment programs. Author. Retrieved February 19, 2006, from [http://www.house.gov/apps/list/press/ed31\\_democrats/rel42005.html](http://www.house.gov/apps/list/press/ed31_democrats/rel42005.html)

261. Ibid.

262. For a more details, see pp. 23-27 of LIA’s lawsuit, retrieved February 19, 2006, from <http://www.telladf.org/UserDocs/LIAvTNcomplaint.pdf>



of their beliefs about homosexuality, ex-gay and evangelical Christian leaders are quick to point to their “science” to support their positions. On the other hand, ex-gay leaders concurrently claim that their programs are faith-based and should be free from the same oversight and regulation mandated for organizations that provide mental health treatment. This strategy, which has provided cover to ex-gay programs for over 30 years, has no simple solution.

However, if individual licensed counselors or therapists offer some form of conversion therapy in their practice, they may fall under the auspices of their respective professional organizations and risk censure or even expulsion for violating any ethical standards. The following is a brief summary of the literature on how the practice of conversion therapy violates those standards.

In the *Journal of Consulting and Clinical Psychology*, Haldeman summarized ethical concerns raised by a number of therapists and researchers, concluding that psychologists fail to uphold the dignity and welfare of their patients in conversion therapy because those treatments are predicated on the devaluation of homosexual identity and behavior.<sup>263</sup> According to Haldeman, there would be no conversion therapy in the first place if not for the assumption that homosexuals are mentally ill and require treatment.<sup>264</sup> This is contrary to the positions taken by nearly every major medical and mental health association, representing 477,000 professionals.<sup>265</sup>

For example, in 2000, the American Psychiatric Association released the following statement in response to the rise in the number of therapists offering conversion therapy: “Until there is rigorous scientific research to substantiate claims of cure, ethical practitioners refrain from attempts to change individuals’ sexual orientation keeping in mind medical dictum to first, do no harm.” The National Association of Social Workers also condemned conversion therapy in 1999, declaring, “Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful.”<sup>266</sup>

According to the American Academy of Pediatrics, “[T]herapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”<sup>267</sup> Other major medical and professional associations that have passed resolutions against

Psychologists fail to uphold the dignity and welfare of their patients in conversion therapy by the very definition of these treatments, because they are predicated on the devaluation of homosexual identity and behavior.

“Until there is rigorous scientific research to substantiate claims of cure, ethical practitioners refrain from attempts to change individuals’ sexual orientation keeping in mind medical dictum to first, do no harm.”  
—American Psychiatric Association (2000)

263. Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology*, 62(2), 221-227.

264. Ibid. pp. 225-226.

265. The American Psychiatric Association, (2005, August 15).

266. Davison, G. C. (1991). Constructionism and morality in therapy for homosexuality. In J.C. Gonsiorek & J.D. Weinrich, *Homosexuality: Research implications for public policy*. Newbury Park, CA: Sage Publications

267. American Academy of Pediatrics. (1993). Policy statement: Homosexuality and adolescence. Author. Cited in American Psychological Association. (n.d.). *Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel*. Author. Retrieved February 16, 2006, from <http://www.apa.org/pi/lgbcc/publications/justthefacts.html>



conversion therapy include the American Counseling Association, the American Association of School Administrators, the American Federation of Teachers, the American Psychological Association, the National Association of School Psychologists and the National Education Association.<sup>268</sup>

Based on the experiences of 202 former conversion therapy patients collected for their consumer's report, Schroeder and Shidlo concluded that "many conversion therapists may not be practicing in a manner consistent with the APA Ethics Code (1992), similar professional codes by other mental health organizations, and guidelines on the appropriate treatment of gay and lesbian psychotherapy patients."<sup>269</sup> The following is a summary of their key findings:

- **Lack of informed consent:** Many conversion therapists provided "false and prejudicial" information disguised as science to prospective clients in order to convince them that they need treatment. For example, clients were told that homosexuality is a mental disorder or that it simply did not exist. Clients were also given fraudulent information claiming that most gay and lesbian people and same-sex relationships were unhappy and dysfunctional. Therapists also did not provide accurate information about the efficacy of conversion therapy. Alternative treatment options, including therapy to help clients accept their sexual orientation, were rarely discussed. Finally, therapists employed by religious institutions may have a professional conflict of interest if they provide conversion therapy to students who are told they need to change their sexual orientation or face academic expulsion.<sup>270</sup>
- **Use of religion in therapy:** More research is needed on when it is ethical for a therapist to use religion to justify behavioral change, including the threat of religious consequences (e.g. going to hell or living outside of God's will) for failure to change their sexual orientation.<sup>271</sup>
- **Lack of pre-termination counseling:** Many clients who failed to change their sexual orientation were not provided with proper assistance to help them after their treatment. Clients blamed themselves and/or were even blamed by their therapists for their failure to change. These clients were not referred to another therapist who could help them with this process. Clients were not provided assistance to help them deal with significant internalized homophobia that often results from the indoctrination into the belief that homosexuality is a psychological disorder.<sup>272</sup>
- **Lack of information about negative side-effects:** Many conversion therapists failed to inform their clients about the possible harmful side-effect of conversion therapy. This may be because clients are afraid to tell their therapists about harm they are experiencing because of fears of failure. It is the therapist's responsibility to fully

"[T]herapy directed specifically at changing sexual orientation is contraindicated..."  
—American Academy of Pediatrics (1993)

268. American Psychiatric Association. (n.d.). Answers to your questions about sexual orientation and homosexuality. Author. Retrieved February 16, 2006, from <http://www.apa.org/pubinfo/answers.html>

269. Schroeder, M. & Shidlo, A. (2001). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. p. 158. In A. Shidlo, M. Schroeder & J. Drescher. (eds.), *Sexual conversion therapy: Ethical, clinical and research perspectives*. New York: The Haworth Medical Press. pp. 131-166.

270. Ibid. p. 159.

271. Ibid. pp. 159-160.

272. Ibid. p. 160.



inform the client of potential side-effects, and to engage the client in follow-up discussion about those side-effects throughout the course of treatment.<sup>273</sup>

For decades, former conversion therapy clients have been sharing their stories of pain, frustration, depression, internalized hatred and other forms of life-altering harm that resulted from trying to change their sexual orientation, something that has not been considered a mental illness for over 30 years. With their consumer study, Shidlo and Schroeder have added to the preponderance of evidence against conversion therapy, and have paved the way for much needed studies that could provide additional quantitative data. As was the case with the consumer study, such research takes a lot of time and a lot of money, and ultimately relies on the willingness of former conversion therapy clients to share and even relive experiences that they most likely wish they could forget. In the interim, ex-gay leaders and their evangelical Christian right allies continue to tout the “success” of their programs and the “hundreds of thousands” of ex-gays who allegedly exist as evidence that sexual orientation is a choice. The peer-reviewed research presented by Haldeman, Shidlo and Schroeder, and other respected researchers tells a much different story.

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273. Ibid. pp. 160-162.

