Core Issues Trust
Challenging gender confusion;
upholding science and conscience

"We are not to simply bandage the wounds of victims beneath the wheels of injustice,
we are to drive a spoke into the wheel itself."
Dietrich Bonhoeffer, Letters and Papers from Prison (1943-1945)

CONVERSION THERAPY
A briefing note by Prof M King and Prof R Song (June 2017) -
Some Comments on two of the cited studies

Introduction

The above paper has been issued via Jayne Ozanne, apparently in response to discussion of her intended motion at the Church of England's General Synod on 8th July 2017. The paper is helpfully set out in thirteen numbered paragraphs, some of which will be referred to in this response, such as #1 meaning paragraph 1.

The paper concludes (#13) by saying that therapeutic measures aimed at reducing unwanted same-sex attraction are 'often ineffective and have the potential to be harmful.' Whether this amounts to justification for a ban, they say, 'requires the exercise of wider moral and prudential judgement and is not strictly a matter of scientific evidence.'

This latter observation is surely correct and, given the controversial nature and wider consequences of such a ban on the freedom of citizens to shape their sexuality as they wish, it suggests that it would be most unwise for Synod to allow itself to be rushed into a banning motion without consultation over an extended period of time.

Not least, the question of how to weigh the balance of benefit and harm needs careful consideration; also the actual weight of 'benefit' and 'harm' to be put in the respective sides of the balance before a judgement can be made.

1. The Spitzer study

The study by Robert Spitzer, entitled *Can Some Gay Men and Lesbians Change Their Sexual Orientation?* found that, yes, *some* could. This launched a firestorm and Spitzer eventually retired from the battle (he used that analogy), saying that it was possible that the participants in his study had lied. Criticisms of his sample are not valid, since it was intentionally composed of people who claimed some degree of change through therapy. He was not implying that his findings were generalisable to the wider population – hence his deliberate use of the word some in the title of the study.

More significant to us today is the way in which Professor King reported the Spitzer study to the Church of England[1]. Spitzer said that "the majority of participants gave

[1] http://www.rcpsych.ac.uk/workinpsychiatry/specialinterestgroups/gaylesbian/submissiontothecofe.aspx

reports of change". Professor King misreported this as, "change was possible for a small minority (13%) of LGB people".

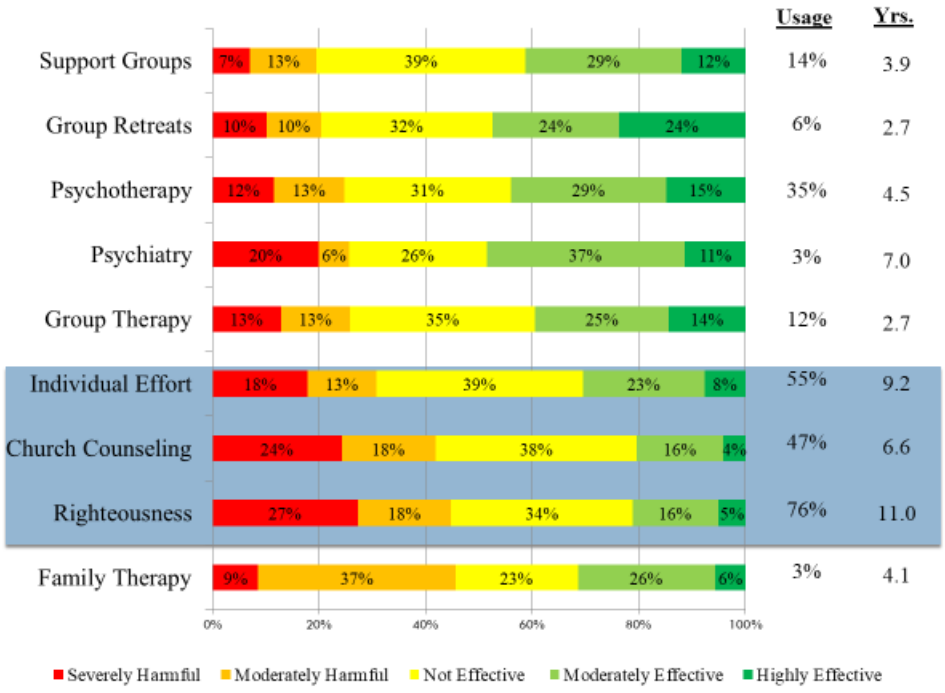
And Spitzer said that the change was, "from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation…". Professor King misreported this as that "most of [them] could be regarded as bisexual at the outset of therapy."

These reports by Professor King were made to the Church of England as part of the Listening Process, and once more to the Pilling working group. General Synod should be asking whether Professor King still stands over what he wrote, or whether he would share the judgement of most people that he misled the Church.

2 <u>The Dehlin et al study</u>

This study is offered by King and Song (#8) as 'major, recent, peer-reviewed' and 'by far the largest single survey yet conducted.' It therefore merits careful attention, particularly since they say that '0% reported elimination of same-sex attraction', while 3% reported 'some change' in sexual attraction.'

The results of the study are summarised in a table as follows:



The diagram represents nine different therapeutic approaches (one line for each). The colour coding is related to the five choices the participants had in assessing the outcome of their therapy:

- Severely harmful (red)
- Moderately harmful (amber)
- Not effective (yellow)
- Moderately effective (light green)
- Highly effective (dark green)

There are two main issues here:

- the scale, with its five evaluation options, has no option for saying 'Not harmful'
- the bars on the right (in green, moderately or highly effective) suggest much higher effectiveness figures than zero or 3% quoted above.

i) How do I register my 'No Harm' assessment of my therapy?

The first point relates to the extraordinary scoring system used to gather and present the data: *a single scale is used to measure two different things* – effectiveness at one end and harm at the other. Pending clarification, this must be unique in the history of science. When measuring two components it would be mandatory to use two separate scales. Participants would be invited to make an assessment twice – once for each component. In the present study they were asked to make only one assessment, choosing one of the above five points to express their experience of therapy.
But suppose a person felt that the therapy was 'not harmful', and wished to say so. There is no way that they could indicate that choice: the only two assessments of 'harm' that are open to them are substantial negatives – 'moderately harmful' or 'severely harmful'. In this light, **the assessments of harm indicated in this study are meaningless and invalid**.

ii) Why are the (green) effectiveness figures in the diagram so high?

What King and Song don't mention is that zero and 3% figures relate to an 'open-ended field to describe each [therapeutic] effort in their own words.' We don't know how many people filled in this field; in any case, one would not expect replies like '100% change' from such an open question. The '0%' figure without this background understanding – suggesting, as it does, failure - is most misleading.

If this is correct, the numbers are meaningless – indeed misleading. Attention needs to be given to the figures in (light and dark) green, which range from a 20% to 48% effectiveness rating - a very different story. If this were weighed in the balance against the 40% harm figure, there would appear to be plenty of scope to allow people to decide rationally, on the basis of informed consent, whether they would like to try the therapy. Such informed consent would include the fact that some of the participants indicated 'success' not to mean 'change' but rather greater comfort in a gay identity.

Conclusion

In the opinion of the present writer, Professor King owes Synod an explanation as to why he misrepresented the findings of the Spitzer study to the Church of England, and Synod should press him on this.

Also, the Mormon study should be abandoned. At the very least, Professor King needs to clarify urgently whether this writer has misunderstood the matter, and if so, what option there was for a participant to register their assessment that the therapy was 'not harmful'.

It is a great irony that 'harm' is being used as a justification for this Synod motion.

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Director, Core Issues Trust 4th July 2017