



# NARTH

NATIONAL ASSOCIATION FOR RESEARCH & THERAPY OF HOMOSEXUALITY

DATE: October 21, 2013

RE: BPA's Expulsion of Dr. Davidson

FROM: Christopher Rosik, Ph.D., NARTH President

The National Association for Research and Therapy of Homosexuality (NARTH) is greatly concerned about the recent expulsion of Dr. Micheal Davidson from the British Psychodrama Association's Training Register. The appeal decision of September, 2013, gave specific reference to the *UK Council for Psychotherapy's Ethical Principles and Codes of Professional Conduct: Guidance on the Practice of Psychological Therapies that Pathologise and/or Seek to Eliminate or Reduce Same Sex Attraction* (2013) (hereafter referred to as *Ethics Code*). This document betrays serious misrepresentations of the science upon which it purports to be based, making Dr. Davidson's expulsion a clear travesty of justice.

The *Ethics Code* guidance states that psychological care to reduce same-sex attractions has been shown to be exploitive and ineffective and that "overwhelming evidence" exists that such care is harmful to consumers. These contentions are impossible to reconcile with the American Psychological Association's (2009) *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*, the most thorough going review to date of the science related to sexual orientation change efforts (SOCE). In contrast to the UKCP's strong assertions, the APA *Report* concluded, "Thus, we cannot conclude how likely it is that harm will occur from SOCE" (APA, 2009, p. 42). Similarly the *Report* observes, "We thus conclude that there is little in the way of evidence that could clarify whether SOCE does or does not work in changing same-sex sexual attractions" (APA, p. 28). This hardly seems a scientific basis upon which to curtail a therapist's entire professional career.

The only research citation provided by the *Ethics Code* guidance in support of their claims of harm and lack of efficacy is that of Drescher, Shidlow [sic], and Schroeder from 2002. This appears to be a reference to the book form of a 2001 special issue of the *Journal of Gay & Lesbian Psychotherapy* on conversion therapy. Nearly all the chapters of this work are not research studies but rather involve clinical reviews, ethical analyses, and personal anecdotes. The only chapter that could be considered research relevant to the UKCP's *Ethics Code* is the well known study by Shidlo and Schroeder (Shidlo & Schroeder, 2001, 2002). Incredibly, this study only recruited individuals who felt they had been harmed by their SOCE and is thus based on a non-representative sample likely to be heavily biased in the direction of retrospectively reporting negative therapy experiences, some of which occurred decades ago and were conducted by non-licensed religious counselors. These methodological flaws make this research incapable of providing a scientifically definitive basis for evaluating SOCE or its practitioners.

The UKCP appears to have ignored the warnings from the very author's they cite: "*The data presented in this study do not provide information on the incidence and prevalence of failure, success, harm, help,*

or ethical violations in conversion therapy” (Shildo & Schroeder, 2002, p. 250, emphases in the original). It is difficult to understand how this research can be cited without qualification or context as demonstrating “overwhelming evidence” of harm from SOCE conducted by licensed medical and mental health professionals. It remains unclear whether the UKCP’s opinion and the BPA’s action in this regard represent scientific ignorance, a willful bias, and/or animus toward Mr. Davidson’s beliefs, but regardless of the reasons, he has needlessly suffered inexplicable damage to his professional career.

Nor does the UKCP place its concerns with SOCE in the broader context of psychotherapy outcomes in general. Extensive research has shown that 5-10% of adult clients across all forms of psychotherapy are worse after treatment and that higher deterioration rates—sometimes exceeding 20%—have been reported for children and adolescents in psychotherapy (Lambert, 2013; Lambert & Ogles, 2004; Nelson, Warren, Gleave, & Burlingame, 2013). Deterioration rates would need to be established for professionally conducted SOCE significantly beyond 10% for adults and 20% for youth in order for claims of approach-specific harms to be substantiated. NARTH assumes the UKCP and BPA know that prevalence rates of success and harm for SOCE are currently unknown, so it is difficult to avoid the conclusion that the BPA is simply targeting Dr. Davidson and his approach to psychological care on ideological and not scientific grounds.

The *Ethics Code* guidance goes on to create straw arguments by claiming SOCE practitioners view their work as attempting to “cure” homosexuality, when in fact most recognize that change usually takes place on a continuum of change, as is the case for nearly every other psychological and behavioral condition for which people seek professional care. It also accuses these therapists of prescribing one outcome for clients, ignoring the fact that most clients pursue SOCE of their own initiative and have sought out a therapist who is willing to assist them in the pursuit of their desired goals. It might just as easily be argued that the UKCP and BPA, by prohibiting the option of SOCE, has prescribed that the only option for clients with unwanted same-sex attractions and behavior is to embrace and act upon them.

Furthermore, the guidance attempts to invalidate the psychological care of unwanted same-sex attractions and behaviors on the grounds that homosexuality is no longer considered to be a psychopathology or illness. However, this reasoning betrays a profound misrepresentation of the scope of psychotherapeutic practice, as there are numerous examples of professionally sanctioned targets of treatment that are not considered to be disorders. These include relationship distress, normal grief reactions, and unplanned pregnancy. Clients often pursue psychological care for such difficulties due to deeply held religious and moral beliefs (i.e., that divorce or abortion are wrong) and may experience significant emotional distress in addressing these issues. In this context, the selective attention the BPA gives to Dr. Davidson’s practice again hints at ideology rather than science as a primary inspiration for his expulsion.

The fact is that most clients who pursue SOCE do so because of their moral and religious beliefs, not because they view same-sex attractions as a pathology or illness. This is the arena where the *Ethics Code* guidance becomes the most disturbing. Rather than insist upon informed consent to the uncertainty of outcomes with SOCE, something to which all professional SOCE clinicians would agree, the UKCP and BPA take a paternalistic and presumptuous stance by affirming that client autonomy and self-determination should be overridden when clients desire to pursue SOCE due to their moral or

religious beliefs. By arbitrating over the moral domain, the UKCP and BPA are acting outside their scope of expertise as scientific organizations and instead functioning much like religious organizations, giving their imprimatur only to therapists who adopt their implicit moral code regarding sexual behavior. It appears that the differences between Dr. Davidson and the UKCP and BPA have much more to do with clashing moral worldviews than they do with scientifically grounded argumentation.

The *Ethics Code* guidance concludes with a truly baffling admission. It recognizes that “a client’s attraction to a person or persons of the same or opposite sex may increase or decrease while they are receiving psychotherapy. In itself, this does not suggest (still less prove) unethical conduct by the psychotherapist.” NARTH is gratified that the UKCP acknowledges the reality of fluidity and change for many clients with same-sex attractions. However, it appears the UKCP is maintaining the position that psychological care resulting in accidental or unintended reductions in same-sex attractions is ethical conduct, but therapy that purposely attempts to assist clients with such reductions is unethical practice. One might legitimately ask: if the reduction of same-sex attractions occurring accidentally is permissible, why is therapy-assisted change impermissible? The logic of this position is hard to fathom, but it does make clear that what the UKCP and BPA oppose is not the changing of same-sex attractions per se, but rather any belief system of the therapist or client that considers such a therapeutic goal to be acceptable. This appears to be Dr. Davidson’s “crime.”

In light of the above and other deficiencies with the UKCP *Ethics Code* guidance, NARTH calls upon the BPA to reconsider its expulsion of Dr. Davidson. The proper course of action for a truly professional organization given the current limited scientific base of knowledge regarding SOCE should be to encourage further and ideologically diverse research, not expel members for beliefs of which the UKCP and BPA may not approve. The expulsion of Dr. Davidson is a scientifically premature, and therefore unjust, suspension of his rights and the rights of clients who freely seek his professional services. NARTH sincerely hopes the UKCP and BPA will recognize the ongoing damage this expulsion has done not only to Dr. Davidson but also to their own professional credibility among many psychotherapists and the public whom they serve.

Sincerely,

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President, NARTH

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