

The (Complete) Lack of a Scientific Basis for Banning Sexual-Orientation Change Efforts (SOCE) with Minors¹⁰

Claims by Sen. Lieu and SB 1172 of Widespread Harm to Minors from SOCE Represent Rhetoric, Not Research

August 15, 2012

Christopher H. Rosik, PhD

“The attack on parental rights is exactly the whole point of the bill because we don’t want to let parents harm their children,” he said. “For example, the government will not allow parents to let their kids smoke cigarettes. We also won’t have parents let their children consume alcohol at a bar or restaurant.”

—California State senator Ted Lieu, as quoted by the *Orange County Register*,
August 2, 2012

¹⁰ Editor’s note: This document was a response to the final version of SB 1172, which no longer included language prohibiting mental health professionals from engaging in SOCE with adults.

Introduction

Sponsored by California State senator Ted W. Lieu (D-Torrance), California Senate Bill 1172, which will prohibit mental health professionals from engaging in sexual orientation change efforts (SOCE) with minors under any conditions, appears on its way to the desk of Governor Jerry Brown and could very well become state law. The most important revision to the bill reads as follows:

865.2—Any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject a mental health provider to discipline by the licensing entity for that mental health provider.

As is plainly evident, should SB 1172 become law, licensed therapists in California who would otherwise be willing to assist minor clients in modifying their unwanted same-sex attractions and behaviors will be seriously jeopardizing their professional livelihoods. In defense of this bill's clear intent to intimidate therapists and supplant the rights of parents, Sen. Lieu has publicly compared the harm of SOCE to minors with the harm of alcohol and cigarettes. This comparison certainly sounds like a compelling analogy and clearly implies there is a conclusive body of scientific evidence behind the legislation.

But like so many claims of SB 1172 supporters, this analogy seems to have been accepted at face value without the appropriate scientific research to support it. Since Sen. Lieu's claim can be subjected to empirical verification by searching relevant databases, I decided to conduct such a search. Assuming the scientific basis for banning SOCE with minors is similar to that of banning cigarettes and alcohol, we should expect that the number of articles in the scientific literature for each of these health concerns would be roughly equivalent.

Procedure and Results

To test this hypothesis, I conducted a search of the PsycARTICLES and MEDLINE databases. PsycARTICLES is a definitive source of full-text, peer-reviewed, scholarly and scientific articles in psychology, including articles appearing in the nearly 80 journals published by the American Psychological Association. MEDLINE provides authoritative medical information on medicine, nursing, and other related fields and covers articles published in more than 1,470 journals. I searched all abstracts from these databases using combinations of key words best suited to identify studies related to the question of interest.

Below are the totals for articles on cigarettes and alcohol. Words preceding an asterisk indicate that the search included all words with that stem, so that a search for *minor** would include both *minor* and *minors*.

<u>Key Words</u>	<u>Total Articles</u>	<u>Earliest Article</u>
Children & Alcohol	4465	1917
Children & Cigarettes	883	1970
Adolescent* & Alcohol	6180	1917
Adolescent* & Cigarettes	1252	1971
Minor* & Alcohol	2670	1944
Minor* & Cigarettes	356	1973

As is clear from these totals, the literature regarding alcohol and cigarettes as related to youth is extensive, with studies numbering in the thousands. With such a sizeable database, one could reasonably expect that observations relative to the harms of cigarettes and alcohol among youth reflect reliable scientific information that has been replicated in numerous ways. These results, then, form the standard by which we can evaluate the volume of scientific literature from which any claims about SOCE and youth are based.

The (Complete) Lack of a Scientific Basis for Banning SOCE with Minors

Since *SOCE* is a relatively new term in the literature, I also conducted searches utilizing the terms *reparative therapy*, *conversion therapy*, and *sexual reorientation therapy*, terms that were in use long before *SOCE* was coined. My extensive search of the databases to identify scientific literature supportive of Sen. Lieu's comparison yielded the following findings:

<u>Key Words</u>	<u>Total Articles</u>	<u>Earliest Article</u>
<i>Children & Sexual Orientation</i>		
Change Efforts	0	—
Children & Reparative Therapy	0	—
Children & Conversion Therapy	0	—
Children & Sexual Reorientation Therapy	0	—
<i>Adolescent* & Sexual Orientation</i>		
Change Efforts	0	—
Adolescent* & Reparative Therapy	1	2010
Adolescent* & Conversion Therapy	0	—
Adolescent* & Sexual Reorientation Therapy	0	—
<i>Minor* & Sexual Orientation</i>		
Change Efforts	0	—
Minor* & Reparative Therapy	0	—
Minor* & Conversion Therapy	0	—
Minor* & Sexual Reorientation Therapy	0	—
Sexual Orientation Change Efforts & Harm	0	—
Reparative Therapy & Harm	1	2010
Conversion Therapy & Harm	1	2002
Sexual Reorientation Therapy & Harm	0	—
Homosexual* & Psychotherapy & Harm	1	1977

The (Complete) Lack of a Scientific Basis for Banning SOCE with Minors

Gay & Psychotherapy & Harm	1	1996
Lesbian & Psychotherapy & Harm	0	—
Bisexual & Psychotherapy & Harm	0	—

In stark contrast to the thousands of articles related to alcohol and cigarette usage by youth, my search of the scientific literature for references that would back up Sen. Lieu's claims yielded a total of four articles. Interestingly, three of these articles were not research-oriented. Hein and Matthews (2010) discussed the potential harms of reparative therapy for adolescents but cited no direct research on SOCE with adolescents to support their concerns. They relied instead primarily on adult anecdotal accounts and did not distinguish between the provision of SOCE by licensed clinicians and unlicensed religious practitioners.

Jones (1996) described a case of self-harm by a young gay man in response to "profound" and "thematic" relationship difficulties. The author reported that psychodynamic therapy was beneficial in helping the patient deal with relational conflict without making any mention of internalized homophobia or stigmatization.

Hochberg (1977) discussed her treatment of a suicidal adolescent male who finally disclosed his homosexual experience as termination neared. After this disclosure, Hochberg reported, "Therapy subsequently exposed long-standing inhibitions in masculine assertiveness, longing for a love object that would increase his masculinity, (and allay his homosexual anxiety) and intense fear of physical harm" (p. 428). This article, then, would in some respects appear to provide anecdotal support *for* SOCE, not surprisingly coming in an era before reports of harm gained favored status over reports of benefit within the psychological disciplines.

The only article my database search identified that could be considered quantitative research was Shidlo and Schroeder's (2002) well-known study on reported harms from SOCE. The Shidlo and Schroeder study suffered from many methodological

limitations, including recruiting specifically for participants who had felt harmed by their SOCE, obtaining recollections of harm that occurred decades prior to the study, and failing to distinguish between SOCE provided by licensed mental health professionals and unlicensed religious counselors. As the authors correctly acknowledged, the findings of this study cannot be generalized beyond their specific sample of consumers. This research can therefore tell us nothing about the prevalence of harm from SOCE provided by licensed therapists.

Discussion

In an effort to corroborate the scientific accuracy of Sen. Lieu's comparison between the harm to minors of cigarettes, alcohol, and SOCE, I conducted a search of one major medical database and one main mental health database associated with the American Psychological Association. Results from this analysis revealed that the literature related to youth and cigarettes or youth and alcohol numbered in the thousands, while studies relating directly to SOCE and minors appeared to be nonexistent. While the utilization of different sets of related key words might yield slightly different totals with additional database searches, it seems highly unlikely the results would differ substantively. Consequently, I have to conclude from this investigation that Sen. Lieu's comparison lacks scientific merit, and that SB 1172's prohibition of SOCE on the basis of harm to minors lacks a clear scientific justification.

Some additional observations from this investigation seem worth noting. First, the case against SOCE with minors is typically based on four sets of data: anecdotal accounts of harm (mostly from adults), a very few quantitative studies (compilations of anecdotal accounts from adults with severe methodological limitations), inferences from other research domains of questionable relatedness to SOCE (such as harm from family rejection of gay youth), and citations of the pronouncements on SOCE from professional mental health and medical associations. These various sources tend to cite one another

The (Complete) Lack of a Scientific Basis for Banning SOCE with Minors

in an almost symbiotic manner that provides little if any new information relevant to answering important questions about SOCE.

It seems the science pertaining to SOCE is stuck in neutral, and the professional associations and critics of SOCE do not appear interested in doing any cooperative research with proponents of SOCE that might actually move our understanding forward. With SOCE on the defensive, those in government and public university settings in a position to make large-scale scientific contributions to this literature appear content to speak out of both sides of their mouths. On the one hand, they demand rigorous empirical support for SOCE; on the other hand, they display no interest in facilitating bipartisan research that could potentially address their demands. One could make the case that this is hardly a shining moment in the history of social scientific integrity.

Additionally, the lack of a clear and direct grounding in the scientific literature for the claims of harm to youth from SOCE lend credence to the suspicion that political rather than scientific motivations are the driving force behind SB 1172. Reasonable clinicians and mental health association representatives should agree that anecdotal accounts of harm constitute no basis upon which to prohibit a form of psychological care. If this were not the case, the practice of any form of psychotherapy could place the practitioner at risk of regulatory discipline, as research indicates that 5 to 10% of all psychotherapy clients report deterioration and as many as 50% experience no reliable change during treatment (Hansen, Lambert, & Forman, 2002; Lambert & Ogles, 2004).

What may be at play among supporters of SB 1172 is a dislike for how many SOCE therapists view same-sex attractions—as a developmental adaptation. It would certainly be a new and sobering development if approaches to psychological care can now be prohibited on the basis of disputed aspects of its theory rather than on a scientifically established prevalence of harm that significantly exceeds those of other therapeutic approaches.

The (Complete) Lack of a Scientific Basis for Banning SOCE with Minors

Without a basis in the scientific literature, the claims by Sen. Lieu and SB 1172 of widespread harm to minors from SOCE represent rhetoric, not research. My database search suggests this is a superfluous piece of legislation from the perspective of harm. Any harm that might occur from the unprofessional practice of SOCE by licensed therapists can and should be handled within the existing regulatory structures on a case-by-case basis. But rather than take such a rational approach, SB 1172 supporters have politicized the issues in the form of this legislative overreach (*Los Angeles Times*, May 11, 2012), declaring SOCE with minors *ipso facto* unprofessional conduct. They have thrown their anti-SOCE wish list against the proverbial wall in order to see what politicians and mental health associations would let stick. Sadly, the blanket prohibition of SOCE with minors appears to be sticking and may become law in California. If this occurs, the present analysis indicates it will be in the absence of scientific literature and not because of it.

References

- Hansen, N. B., Lambert, M. J., & Forman, E. M. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice*, 9, 329–343. doi:10.1093/clipsy.9.3.329
- Hein, L. C., & Matthews, A. K. (2010). Reparative therapy: The adolescent, the psych nurse, and the issues. *Journal of Child and Adolescent Psychiatric Nursing*, 23(1), 29–35. doi:10.1111/j.1744-6171.2009.00214.x
- Hochberg, R. (1977). Psychotherapy of a suicidal boy: Dynamics and interventions. *Psychotherapy: Theory, Research, and Practice*, 14(4), 428–433.
- Jones, A. (1996). An equal struggle (psychodynamic assessment following repeated episodes of deliberate self-harm). *Journal of Psychiatric and Mental Health Nursing*, 3(3), 173–180.
- Lambert, M. J., & Ogles, B. M. (2004). *The efficacy and effectiveness of psychotherapy*. New York, NY: Wiley.
- Los Angeles Times* (May 11, 2012). Bill overkill in Sacramento. Retrieved from <http://articles.latimes.com/2012/may/11/opinion/la-ed-0511-therapy-20120511>
- Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumers' report. *Professional Psychology: Research and Practice*, 33(3), 249–259.