

Understanding Advocacy Science: Why the 'Conversion Therapy' 'Science Briefing'¹ Fails to Set the Record Straight and Promotes Viewpoint Discrimination

1. PREAMBLE

1. The almost global opposition within the professional mental health bodies examining the efficacy of 'Conversion Therapy' reveals little ideological diversity of socio-political viewpoint. Taking on the multiple roles of witness, jury, judge and executioner, such 'Advocacy Science' fails to provide critical viewpoint analysis and to meet the basic tenets of the scientific method. As Haidt (2012:90)² argues,

each individual reasoner is really good at one thing: finding evidence to support the position he or she already holds, usually for intuitive reasons. This is why it's so important to have intellectual and ideological diversity within any group or institution whose goal is to find truth (such as an intelligence agency or a community of scientists) or to produce good public policy (such as a legislature or advisor board).

The fact that researchers hold view-points that influence outcomes therefore needs to be acknowledged and owned. Inter- and cross view point research comparisons will yield more full analysis for policy making than when single view-point research is used.

2. Funding and publication pathways are restricted and awarded only to those who promote LGBTI normalcy. This risks 'Confirmation Bias', by which researchers value results more highly when they match their own moral and political belief systems, and disregard those which don't. The 'Science Briefing' (King, M., and Song R., 2017) presented to General Synod is an example of such 'Advocacy Science', which this paper will illustrate.
3. Correspondence In 2015 from then Minister of State for Care and Support, the Rt. Hon. Norman Lamb said³ when developing public policy for responding to "Conversion Therapy", that the lead organisation, the UK Council for Psychotherapy "has not included Core Issues Trust to date because the collaborative work – beginning with the development of a consensus statement... and the subsequent work on the Memorandum of Understanding – was between organisations that had each independently come to a position opposed to conversion therapy". This is evidence that in the UK, policy for this issue was generated by one ideological position and diversity of opinion was, and is ignored.
4. Core Issues Trust (Charity No:105095) calls for diversification of viewpoint when examining efficacy of professional psychotherapeutic and pastoral interventions, and developing public policy. This will help to avoid confirmation bias. Consideration of multiple view-points and the encouragement of inter- and cross-disciplinary discussion will help to facilitate checks and balances in reporting findings and setting public policy that avoids ideological dominance of any group.

¹ King M., and Song, R (2017) Conversion Therapy Science Briefing sent to General Synod Members.

² Haidt, J. (2012) [The Righteous Mind: Why Good People Are Divided by Politics and Religion](#)

³ Correspondence from Minister Lamb (Department of Health) to Dr Mike Davidson (Core Issues Trust), date 20 January 2015.

2. RESEARCH DATA PRESENTED IN THE 'SCIENCE BRIEFING'

1. Having conceded that no randomised controlled trials have ever been undertaken and that they are never likely to find approval by any UK university ethics committee, Professors King and Song offer a reading of scientific data that appears not fully aware of its ideological base. Thus, whilst recalling the work of Spitzer⁴, and highlighting the dangers of self-report, they accurately reflect on Spitzer's own retraction of the work, but fail to mention that the peer-reviewers of the publishing journal *actively refused* to expunge the journal entry. Reviewers clearly had no difficulty with the science underpinning the article – the researcher (Spitzer) had simply changed his perspective (after decades of pressure to do so). The danger of over-stating findings by using self-report is important to highlight, but to reject all self-report in favour of “gold standard” randomised Controlled trials (RCTs) as King and Song appear to do is to discount most research in psychology.
2. Citing Jones and Yarhouse (2011), King and Song not only bewail the lack of randomised controlled trial ‘gold standard’ methodology and are critical of the sample recruitment method since no participant was recruited before therapy began and the lack of a ‘control group’ (without explaining how this could have been done ethically). They fail to acknowledge that the study was not able to extrapolate data from religiously mediated interventions to psychotherapeutic models. They have ignored work from a different view-point by Pela and Nicolosi⁵ which despite Nicolosi's untimely death will complete its data collection and analysis goal in 2018. The researchers reported in 2016 that “Initial findings from preliminary data collected over a 12 month period indicated statistically significant reductions in distress and improvements in well-being, significant movement toward heterosexual identity, and significant increases in heterosexual thoughts and desires with accompanying significant decreases in homosexual thoughts and desires”.
3. Of greater concern is the fact the King and Song engage in what Rosik⁶ has called the “reincarnation of Shidlo and Shroeder (2002)” or an attempt to supply an empirical foundation⁷ to oppose what the APA coined “SOCE” (sexual orientation change efforts). They do this by appealing to a large data sample from work by Dehlin, Galliher, Bradshaw, Hyde, & Crowell (2014) which Rosik points out is likely (as in King and Song 2017) to be used as evidence to insist on “acceptance-based forms of therapy”. Rosik argues that “Consideration of this critical review would instead suggest that the findings of Dehlin et al.'s (2014) study cannot be definitively or legitimately generalized beyond the sample population examined. It is a sample purported to be more representative *but which in fact is overwhelmingly represented by currently LGB identified persons who are disaffected from their LDS church and who most commonly engaged in SOCE alone or with religious leaders unlikely to have formal psychological or even pastoral training.*” But O'Callaghan (2017) questions the use of

⁴ See O'Callaghan's (2017) analysis: Conversion Therapy: A Briefing Note by Prof. M. King. and Prof. R. Song (June 2017) Some comments on two of the cited studies.

⁵ “Clinical outcomes for same-sex attraction distress: Well-being and change,” ongoing to complete June 2018. The study is described as being longitudinal with a within-group repeated-measures design. Their independent variable was psychotherapy as conducted at Dr. Nicolosi's Thomas Aquinas Psychological Clinic. The dependent variables were (1) well-being as operationalized by the Outcome Questionnaire 45 (OQ-45.2), a highly respected measure of psychotherapy process and outcome, and (2) separately assessed dimensions of sexual orientation, namely, thoughts, desires, behavior, and identity. Data collected to date involved 102 male psychotherapy clients who presented with ambivalence, discomfort, or distress regarding their SSA. Eighty-one participants had been involved in the study long enough to have well-being assessed and data on change were available from 56 participants

⁶ Rosik, Christopher H., (2014) “The reincarnation of Shidlo & Shroeder (2002): New studies introduce anti-SOCE advocacy research to the next generation”. <https://www.narth.com/reincarnation-of-shidlo-->

⁷ Other studies in the same direction are Flentje, Heck, & Cochran (2013) and Bradshaw, Dehlin, Crowell, Galliher, and Bradshaw (2014)

this study and elsewhere Ould⁸ has pointed out the dangers of invoking Shidlo and Schroeder: “Members of General Synod should be cautious in passing motions based on cursory and disputed evidence that they have probably not read themselves. *The overwhelming majority of “proof” that is offered to support the idea that SOCE harm people is both anecdotal in nature and lacks any independent assessment of the alleged harm*” (Emphasis added).

4. By far the most concerning reference made by King and Song is in paragraph 12 in which they ignore the ‘postnatal’ contributors in the formation of homosexual identity and practices – (acknowledged by very large representative data samples such as that by Frisch, Morten and Hviid, Anders⁹) a factor which was the new reference point in the 2014 position statement on Sexual Orientation by the Royal College of Psychiatrists¹⁰.
5. Correctly concluding that the “strongest form of scientific evidence about effectiveness and/or harmfulness of conversion therapies is not available” King and Song say that the question of banning such therapies “is not strictly a matter of scientific evidence” and “requires the exercise of wider moral and prudential judgement”. This is true, and it raises the question: Where is this moral judgement to be found? In a parallel move, as reported in the Sunday Times (2 July 2017)¹¹ William Nye, Secretary General of the Archbishops’ Council, said in a formal note for the synod that the onus was now on conversion therapists to prove they were safe, effective and ethical. King and Snow admit that fluidity of sexual ‘orientation’ exists, but then take the position that it is yet unresponsive to proper therapy – despite the fact that the APA are clear that there is no evidence one way or the other.

CONCLUSION

1. In the UK there is already a *de-facto* ban on “Conversion Therapy” or those who support autonomous clients to question whether their sexual proclivities are immutable. Such therapists are already barred from entry to training in psychotherapeutic practices. They are denied any form of collegiality within the professional and mental health fields. They are refused professional indemnity insurance. They are refused even the right to describe and label their own practices and must respond to the pejorative terms “Conversion Therapy” and “Gay Cure”. How can Secretary General Mr William Nye expect such individuals stripped of any functioning ability to research their position or develop their practice, to take on the burden of proof to indicate that those who oppose their work are incorrect?
2. The Church of England leadership has an opportunity to revisit the ideological issues that have destroyed debate in this area. Banning what they call “Conversion Therapy” given that there is no evidence one way or the other on the efficacy of altering sexual patterning, is an act of silencing in favour of those who will tolerate only one point of view. Such viewpoint discrimination fails to admit critical analysis that identifies ideological perspective as a part of scientific method. Excluding “the enemy” from the discussion process cannot hope to achieve clarification of a complex issue, through scientific research from different perspectives. Debate is now one-sided and politically disinvested of challenge. It is this dilemma that the Church of England is called to examine.

Dr Mike Davidson, 5 July 2017

⁸ <https://www.psephizo.com/sexuality-2/do-sexual-orientation-change-efforts-cause-harm-possibly-but/>

⁹ *Childhood Family Correlates of Heterosexual and Homosexual Marriages: A National Cohort Study of Two Million Danes.*

¹⁰ https://www.rcpsych.ac.uk/pdf/PS02_2014.pdf

¹¹ Secretary General, Church of England <https://www.thetimes.co.uk/edition/news/its-not-a-disorder-church-of-england-urged-to-condemn-gay-conversion-therapy-7dpl0bd6l>