

A Response to Spitzer's (2012) Reassessment of His 2003 Study of Reparative Therapy of Homosexuality

Jerry A. Armelli · Elton L. Moose · Anne Paulk ·
James E. Phelan

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We are interested in the story of Mr. Gabriel Arana, a man who tried reparative therapy as a teenager, and how he visited Dr. Robert L. Spitzer's house to explain that the therapy did not work for him (Arana, 2012). We also draw our attention to the Letter to the Editor of the *Archives of Sexual Behavior*, where Spitzer (2012) explained that he told Mr. Arana that he revised his view of his 2003 study and wrote, among other things, "I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy." Spitzer, of course, was referring to his study of 200 participants who reported various levels of change from homosexual to heterosexual orientation that lasted at least 5 years, which was also published in *Archives of Sexual Behavior* (Spitzer, 2003).

We find it curious where Spitzer now states that "How... individuals [who undergo] reparative therapy describe changes in sexual orientation... was [not a] very interesting question" to research (Spitzer, 2012). After all, this was a research project he personally decided to pursue because of its controversy and because some people were telling him that no one really made substantial changes in their sexual orientation (Vonholdt, 2000). The questions he asked, and the findings he reported, were very interesting to the academic and professional communities; because so, several commentaries about his research were published simultaneously at the time. We also find it curious that Spitzer says that the study's alleged "fatal flaw" was that there was no way to judge the credibility of the participants. However, every other psychology study using self-report measures has the same limitation, yet their authors do not apologize for their

findings. Rather, researchers simply state this limitation as part of the data, as Spitzer clearly did. Spitzer's study was a foundational study for which future researchers could build on, including replicated studies and longitudinal follow-ups.

Jones and Yarhouse (2011) conducted replicated and longitudinal research with subjects who completed sexual orientation change efforts (SOCE). Of the 61 subjects, 23 % reported success in the form of conversion to heterosexual orientation and functioning. On average, statistically significant decreases in homosexual orientation were reported across the entire sample and the attempt to change orientation was not found to lead to increases in psychological distress on average. Karten and Wade (2010) interviewed several hundred clients who underwent SOCE and found that the clients experienced a decrease in homosexual feelings and behavior, an increase in heterosexual feelings and behavior, and a positive change in psychological functioning. These participants sought SOCE, not due to societal pressures, as so often suggested, but rather due to their own identified intrinsic values.

Spitzer was very clear about the methodological adequacy of his study and how he believed that he had found some significant changes among the participants he interviewed. Spitzer pointed out that he "...used [9 different measures] and...it was...methodologically quite superior" (Throckmorton, 2004, p. 3). Spitzer recorded changes not just in participants' behavior, but also in their feelings, fantasies, attractions, and how they performed sexually. Considering that measures used in previous studies were limited, this was considered a significant advancement in research methodology.

While Spitzer now says there was no way to determine if the participants' self-reported accounts of change were valid, in his interview with Throckmorton, he asserted that he was convinced that they were, just as he was convinced that for others' self-reports of no change (such as Mr. Arana's) were valid. Responding to the mention that self-report validity was

J. A. Armelli · E. L. Moose · A. Paulk · J. E. Phelan (✉)
Phelan Consultants, LLC, 6031 E. Main St., Suite 117, Columbus,
OH 43213, USA
e-mail: JPCconsultants@att.net

a major criticism of his study, he stated, “When I listened, I [had] a kind of a clinical feeling that these people were telling me the truth” (Vonholdt, 2000, p. 3). Spitzer commented that the great majority of research participants reported meaningful change. He was an advocate for patients’ right to self-determination in their pursuit of sexual orientation change, as well as gay rights. When asked about efforts by some gay activist groups to denounce SOCE as unethical, he responded, “I think that is absurd....speaking to these few people (whom I studied), they clearly have benefited from that therapy” (p. 5). As Spitzer himself commented in 2000, while he was in the process of conducting his study:

I think what people will say—and they are probably right—is that this will be used to pressure gays to go into therapy. It will be used by the people who are bigoted. There is this strange connection between whether you think this therapy is useful and whether you are for the civil rights of homosexuals. The gay activists believe that if they could convince everybody that they can never change, then they would be in a better position to argue for gay civil rights. I am for gay civil rights. (Vonholdt, 2000, p. 4)

Spitzer had been clear that the reports were of meaningful and authentic change for some of the participants and we would certainly concur. Once thankful to Spitzer for articulating our experience and those of others, we are now blindsided by his “reassessment,” without even conducting empirical longitudinal follow-up. We know of other past participants who also feel disappointed that they have been summarily dismissed. Many are afraid to speak up due to the current political climate and potential costs to their careers and families should they do so.

Mr. Arana, who was *not* a participant in the Spitzer study, recently explained to Spitzer that he was in reparative therapy as a teen and that he thought that such therapy had failed to help him and others. Spitzer reportedly was sympathetic and believed Arana’s self-report. We believe that Spitzer is a truly humane and empathic doctor with feelings for those in pain. We assume that he thought that, by proxy, he now was responsible for some people—who either tried SOCE and did not experience SOC, or did not want to try, but felt pressured to do so—having felt hurt by his report. However, one can apologize for the consequences of a study, but one cannot undo the evidentiary data. Well-intended sentiments cannot undo facts.

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