

# ***Critique of the Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009)***

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In 2009 the American Psychological Association (APA) published a review of literature on homosexual sexual orientation change efforts (SOCE) entitled, “Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation”, which concluded that such efforts are “unlikely to be successful.” This critique investigated the studies that were cited by APA as the basis for their conclusion and found that a good many of the studies reported encouraging results from sexual orientation change efforts (SOCE) and did not concur with the conclusion of the APA authors. Additional problems with the APA report included the almost unanimous presence of homosexual members on the Task Force (6 out of 7 members), with the 7th member consistently aligned with pro-homosexual causes, along with numerous instances of data presented that were directly contradicted by study statistics. The APA authors also arbitrarily excluded scores of books and scientific studies favorable to SOCE that were authored during the 1960 to 2006 window of investigation utilized to compile the review. Given the increasing trend for states to ban SOCE even for men who desire it, the harm engendered by the issuance of a potentially biased report by the prestigious APA cannot be overstated. Based on the evidence presented, the critique ends with a call for a research misconduct investigation into the APA Task Force report.

*Keywords:* SOCE; 2009 APA Task Force; homosexuality; sexual orientation; research misconduct

The following paper is a critique of a report published by the American Psychological Association in 2009 entitled “Report of the

American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation.” This report has

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become the cornerstone of efforts to ban sexual orientation change efforts (SOCE) first with minors and more recently with adults, which have been steadily gaining support since California became the first state to ban the practice in 2012.

On the abstract page in the beginning of the Task Force report (2009), the APA authors, of which 6 of 7 were homosexual or lesbian<sup>2</sup>, state the following:

The American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual orientation conducted a systematic review of the peer-reviewed journal literature on sexual orientation change efforts (SOCE) and concluded that efforts to change sexual orientation are unlikely to be successful and involve some risk of harm, contrary to the claims of SOCE practitioners and advocates. Even though the research and clinical literature demonstrate that same- sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity, the task force concluded that the population that undergoes SOCE tends to have strongly conservative religious views that lead them to seek to change their sexual orientation.

A synopsis of the points included in the statement are as follows:

1. The APA task force conducted a systematic review of peer-reviewed literature on SOCE.
2. Efforts to change sexual orientation are unlikely to be successful.

3. There is a risk of harm in sexual orientation change efforts.

4. Research demonstrates that homosexual attractions, feelings, and behaviors are normal.

5. The population that undergo SOCE tend to be strongly conservative, religious, people.

This report focuses on the first three statements stated in the abstract and provides evidence that they are either untrue (statement 1), or are not supported by the conclusions of the studies reviewed in the report (statements 2 and 3). Statements 4 and 5 are outside the purview of this report.

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### **Statement No. 1: The APA task force conducted a systematic review of peer-reviewed literature on SOCE**

In a review of interventions historically used to facilitate sexual orientation change efforts, (SOCE), the Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality identified 7 main types of interventions:

- Psychoanalysis
- Behavior and Cognitive Therapies
- Group Therapies
- Hypnosis
- Sex Therapies
- Pharmacological Interventions
- Religiously Mediated Re-orientation

While the authors of the APA study claim to have done a systematic review of the scientific literature on SOCE, most of the studies presented in the report deal only with behavioral therapies, such as aversion and desensitization, and were predominantly

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<sup>2</sup> <https://www.josephnicolosi.com/collection/2015/6/11/who-were-the-apa-task-force-members>

gleaned from one review of behavioral methods published by Adams and Sturgis in 1977 entitled “Status of Behavioral Reorientation Techniques in the Modification of Homosexuality: A Review.” Statistics from this review are reported multiple times in Chapter 4 (pp. 35–43) of the APA report, and most of the studies reviewed in it are then mentioned individually in the same chapter. Of the 37 studies appearing in the Adams and Sturgis review, 29 were reviewed in Chapter 4 (see Appendix C). The APA authors, however, did not concisely summarize the outcomes as Adams and Sturgis did, but selectively chose what information to pass along about each study, which in many cases did not reflect the conclusions arrived at by the authors. In addition, they limited the scope of their report in the following ways:

- By utilizing the method of systematic review of peer-reviewed studies to compile their report, they excluded all books written on the topic of SOCE during the period under consideration in their study (1960–2006). Appendix A of this report provides a short list of 22 books or chapters of books dealing with SOCE that were published during this period but were not included in the APA report.

- They excluded many other behavioral-based studies that were not covered in the Adams and Sturgis review, and virtually all non-behavioral based studies that were published during the years of 1960 through 2006. Appendix B of this report lists the names and a brief description of just a small sampling of excluded studies.

- They arbitrarily chose the inclusion period of their review to begin in 1960, thereby excluding all information and studies on the subject that had been amassed beginning in the late 19<sup>th</sup> century up to 1959.

It comes out, therefore, that the APA

- relied heavily on the results of a short 15-page systematic review of behavioral therapies to compile a diffuse 140-page report, with the first 25 pages devoted to such topics as “The Impact of Stigma on Members of Stigmatized Groups,” “Psychology, Religion, and Homosexuality,” and the “Psychology of Religion”;

- presented the report as a comprehensive review of peer-reviewed literature on SOCE, while actually reporting almost exclusively on behavioral studies;

- effectively doubled the results of the single review they relied on by reporting its statistics in the name of the study authors, then reviewing many of the studies contained in it individually in the same chapter;

- incorporated a variety of inclusion criterion which severely limited the pool of studies used to arrive at their conclusions; and

- selectively presented the results of the limited amount of studies they did review in a manner which did not accurately reflect the conclusions of the studies themselves. In some cases, false data was presented that was directly contradicted by study statistics.

In an article published online by Callan G. Stein (2014), a partner in the Health Sciences Department Practice Group of Pepper Hamilton LLP entitled, “What Is Research Misconduct and Why Should I Care?” the following statement appears regarding research misconduct:

It is a common misconception that one must make up research data or results to commit research misconduct. Such conduct (known as “fabrication”) is a common form of research misconduct but it is not the only form. One also commits research misconduct by presenting true data/results in a misleading manner. This form of misconduct (known as “falsification”) does not involve

making up data or results and is, instead, often achieved by unduly emphasizing one portion of data over another or omitting data altogether.

The author also states the following regarding minor errors that do not require a retraction:

Unlike intent, materiality is not a required element for establishing research misconduct. Therefore, whether the error is significant enough to warrant a retraction of the paper/publication is immaterial to the question of whether research misconduct occurred. . . .

Along with erring repeatedly regarding details of the studies they reviewed, the APA authors engaged in multiple acts of both fabrication and falsification throughout Chapter 4, the outcomes chapter of their review (pp. 35–43). This critique deals mostly with fabrication, i.e. erroneous data, and examines only Chapter 4, which comprises 9 out of 140 pages of the report. An expanded version is available upon request, which lists many examples of falsification as well, perpetrated by the APA authors in this chapter. Further scrutiny of the entire report, however, will be required to uncover the full extent of inaccuracies present in the APA report.

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**Statement No. 2: Efforts to change sexual orientation are unlikely to be successful**

The APA authors came to this conclusion in spite of the fact that the Adams-Sturgis review (1977), which served as the basis for their report, reported that

seventy-two percent of the subjects in the group studies have shown improvement in at least one category,

whereas 85% of the clients treated in the single-case design have demonstrated such improvement. (p. 1184)

and

Although the current status of sexual reorientation procedures as clinical techniques for modifying sexual preferences is not overwhelmingly positive, there are indications that, as the sophistication of the conceptualizations and treatment procedures increases, more significant results are achieved. (p. 1185)

and

The foundations for an effective treatment procedure have been laid; however, the building of sturdy walls is a much slower process. Nevertheless, each component added to the structure moves the clinician closer to the eventual goal of building an effective and dependable treatment procedure. (p. 1186)

In the eight places the Adams-Sturgis review was quoted in Chapter 4 of the APA report, none of the above statements were reported or summarized. These statements, along with the positive conclusions of many of the studies reviewed in the APA report, call into serious question the APA conclusion that “efforts to change sexual orientation are unlikely to be unsuccessful.”

In addition to the above statements that were not at all reported in the APA review, the following are examples of data that were reported in an incomplete or erroneous fashion from the Adams-Sturgis review. Each statement of the APA is followed by a comment critique, which identifies where the

APA authors falsified, fabricated, or erred in reporting data.

On page 37 of the APA report in the section entitled “Decreasing Same Sex Sexual Attraction—Non-Experimental,” the following comment appeared:

H. E. Adams and Sturgis (1977) reported that in the nonexperimental studies in their review, 68% of 47 participants reduced their same-sex sexual arousal compared with 34% of participants in experimental studies.

This comment is incorrect. Nowhere in the Adams-Sturgis review do the authors report that 68% of 47 participants in non-experimental (i.e. uncontrolled) studies reduced their same-sex sexual arousal. The only way to arrive at a figure of 68% of 47 participants who reduced same-sex arousal is to add together 18 of 23 participants from non-experimental, (uncontrolled) single case studies (Table 3, p. 1178) with 14 of 24 participants from experimental (controlled) single case studies (Table 4, p. 1181), which yields a figure of 32 of 47 or 68%. Thus, the figure of 68% of 47 participants who reduced their same-sex sexual arousal was compiled by adding together participants in non-experimental single case studies with those in experimental single case studies, and not from non-experimental studies alone, as reported in the APA report. The APA authors computed this percentage on their own and falsely reported it in the name of the study authors.

Furthermore, the above comment of 68% of 47 participants is preceded by the following statement:

As is typically found in intervention research, the average proportion of men who are reported to change in uncontrolled studies is roughly double the average proportion of men

who are reported to change in controlled studies. (p. 37)

A constant theme throughout the APA review is the questionable assumption that nonexperimental studies, as opposed to experimental ones, “lack sufficient rigor to access efficacy,” and are only “useful in identifying potential treatment approaches.” While there is no way to know for sure how or why the above mistake occurred, one possible explanation is that by falsely grouping the information in this fashion (68% non-experimental vs. 34% experimental), the APA authors were able to show an example where non-experimental studies produced twice as many successful statistics as experimental studies, thereby validating their theory.

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- Comment on page 38 of the APA report regarding the percentage of participants reporting decreased homosexual behavior after SOCE:

In their review, H. E. Adams and Sturgis (1977) found that across the seven controlled studies published between 1960 and 1976, 18% of 179 subjects in these studies were reported to have decreased same-sex sexual behavior. . . .

**Comment critique:** The statistic of 18% of 179 participants in 7 controlled studies is erroneous. The APA authors did not factor in results from 11 controlled single case studies reported in Table 4 on p. 1181 in the Adams-Sturgis review. This table shows that 13 of 24 patients in controlled single case studies reduced homosexual behavior after treatment. Factoring in these figures to the 18% of 179 cited by the APA authors brings the total patients who decreased homosexual

behavior in controlled studies to 46 of 203 or 23%—an increase of 5%.

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- Comment regarding the percentage of participants reporting increased heterosexual behavior after SOCE (p. 40):

According to H. E. Adams and Sturgis (1977), only 8% of participants in controlled studies are reported to have engaged in other-sex sexual behavior following SOCE.

**Comment critique:** This APA statement was gleaned from Table 2 on page 1176 of the Adams-Sturgis review. In the increased heterosexual behavior column (HeB), only 3 of 7 studies contributed statistics to comprise the total of 14 of 179 or 8% improved patients. In the other 4 studies, the study authors were unable to discern how many patients improved in this category for a variety of reasons (see Table 2 footnotes). They allude to this fact by using the greater than or equal sign in the total figure of 14, signaling that the actual figure may be higher. The APA authors failed to note that the figure of 8% was based on a greater than or equal to number of participants who increased heterosexual behavior after treatment and could be higher.

Furthermore, Table 4 on p. 1181 lists 11 controlled “single case” studies of which 11 of 24 patients, or 46%, improved in the heterosexual behavior category. The APA authors did not include data from these controlled studies in arriving at the 8% figure in the above statement. Adding 11 of 24 improved patients to the figure of 14 of 179 would yield a total of 25 of 203 or 12% improved patients in controlled studies in the heterosexual behavior category.

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- APA comment regarding previous heterosexual experience of participants in all studies (p. 40):

From the data provided by H. E. Adam and Sturgis in their 1977 review, 61%–80% of male research participants appeared to have histories of dating women, and 33%–63% had sexual intercourse with women prior to intervention.

**Comment critique:** The above percentages reported by the APA authors are false and are directly contradicted by the following statement that appeared on p. 1184 of the Adams-Sturgis review:

... It appears that a minimum of 45% had some heterosexual dating history and 30% had attempted heterosexual coitus in the past. These are minimal incidents estimates, since the incidence of these activities could not be determined in many studies. . . .

While the study authors did state minimum estimates, there is no way for the APA authors to have interpolated higher percentages from the data in the Adams-Sturgis review because the study authors themselves state that “incidence of these activities could not be determined in many studies . . .”

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The following studies, which were also reviewed in the APA report, provide further examples of misconstrued, omitted, or altered data. The abstracts presented for each study did not appear in the APA report, but were gleaned by the authors of this critique to contrast what the APA authors reported about

the study, to what the study authors actually reported.

**Study name: Classical, Avoidance, and Backward Conditioning Treatment of Homosexuality** (McConaghy & Barr, 1973)

*What the study reported*

Forty-six patients were randomly allocated to receive aversion therapy for homosexual impulses according to a classical, avoidance, or backward conditioning paradigm. . . . Three weeks after treatment, the patients showed significantly less penile volume increase to the pictures of men and less penile volume decrease to the pictures of women; but no penile volume increase to the pictures of women. . . . At one year following treatment approximately half the patients reported a decrease in homosexual feeling and half an increase in heterosexual feeling. Approximately a quarter reported an increase in heterosexual intercourse and a quarter a cessation of homosexual relations.

*What the APA reported about the study*

APA comment (p. 38) regarding decreased homosexual behavior after SOCE:

McConaghy and Barr (1973) reported that 25% of men had reduced their same-sex sexual behavior at 1 year.

**Comment critique:** In Table 2 (p. 155) the study authors report that 15% (7 out of 46) of participants reduced homosexual relations, and 26% (12 out of 46) stopped all homosexual relations at one year follow-up. The APA authors wrongly reported that 25% reduced homosexual behavior when in fact 15% reduced homosexual behavior and 26% ceased all homosexual relations (as stated in the abstract), for a total of 41% who reduced or completely stopped homosexual behavior.

APA comment regarding increased heterosexual behavior (p. 40):

Among those studies we reviewed, only 2 participants showed a significant increase in other-sex sexual activity. (McConaghy & Barr, 1973; Tanner, 1974)

**Comment critique:** This statement is false. The abstract clearly states that approximately 25% of 46 or 9 patients increased heterosexual intercourse in this study alone. Furthermore, the study authors did not discuss the extent of increase in individual patients, so the word significant is in error.

In the Tanner 1974 study, the authors did not report the number of patients in the experimental group who improved but gave the percentage of change for the group as a whole (see Table 1, p. 31). The APA authors, therefore, could not have gleaned the number of participants who improved from the information given by the study authors.

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**Study name: Avoidance Conditioning for Homosexuality** (Birk et al., 1971)

*What the study reported*

An avoidance conditioning technique for homosexual men developed by us was subjected to controlled clinical testing, with long-term (two-year) follow-up. In five of eight treated patients and in none of eight placebo-treated patients, homosexual response suppression was produced. . . . Conditioning treated patients were significantly more improved than placebo-treated patients in terms of sexual behavior change ( $P = 0.001$ ). Successfully conditioned patients reported absence or marked diminution of homosexual feelings as well as of overt homosexual behaviors. Even though booster conditioning treatments were not

used, two of eight patients achieved sustained happy heterosexual adjustments.

*What the APA reported about the study*

APA comment regarding decreased homosexual attraction in this study (p. 36):

Birk et al. (1971) found that 5 (62%) of the 8 men in the aversive treatment condition reported decreased sexual feelings following treatment; one man out of the 8 (12%) demonstrated reduced sexual arousal at long-term follow-up.

**Comment critique:** The APA comment states that patients “reported decreased sexual feelings,” which indicates both homosexual and heterosexual feelings, when the abstract clearly states that “homosexual response suppression was produced,” and not heterosexual response.

Furthermore, the APA comment that “one man out of the 8 (12%) demonstrated reduced sexual arousal at long-term follow-up” is false and is directly contradicted by the following statement which appeared on page 322:

In assessing the practical clinical value of this technique then, one cannot overlook the fact that two of eight patients treated with “real” conditioning benefited directly and substantially, a shift from a Kinsey homosexuality of six to heterosexuality beginning during the conditioning, and enduring over time (follow-up now is 3 ½ years).

The shift from a Kinsey homosexual rating of 6 to a rating of heterosexual for both of these patients included reduction in homosexual arousal for 2 out of 8 patients or 25%, and not 1 out of 8 or 12% as stated by the APA authors.

APA comments regarding 2 patients who received long-term benefits from treatment in this study and married after SOCE:

- Birk et al. (1971) found that two of 18 men (11%) had avoided same-sex behavior at 36 months (p. 38).
- Birk et al. (1971) found no difference between their treatment groups in reported sexual arousal to women. Two men (11% of 18 participants) in the study reported sustained sexual interest in women following treatment (p. 39).
- Birk et al. (1971) found that 2 of 18 respondents (11%) were married at 36 months (p. 41).

**Comment critique:** This study was divided into two groups of 8, with one group receiving treatment and the other not. The APA authors incorrectly included the placebo group and two participants who dropped out early to arrive at their figure of 18 participants when in fact only 8 participants received treatment, as clearly stated in the abstract. The placebo group should not have been included in arriving at percentages of change for participants as a result of treatment. The APA authors made this error in spite of stating the correct number of participants receiving treatment in their comment above on page 36.

Furthermore, these three comments provide a clear example of how the APA authors needlessly spread data from individual studies throughout their report instead of transmitting study results in a concise fashion. Transmitting the data in this fashion both diluted the impact of the results and made it appear that many more studies had been reviewed than actually were.

**Study name: Treatment of Homosexuality: II. Superiority of Desensitization/Arousal as Compared with Anticipatory Avoidance Conditioning: Results of a Controlled Trial (James, 1978)**

*What the study reported*

A comparative trial of two therapies for treatment-seeking homosexuals was undertaken. . . . From their history and also their scores on a sociosexual anxiety rating scale, patients were classified as heterophobic (heterosexual anxiety) or non-heterophobic. . . . Thus, there were four subgroups: (a) heterophobes receiving desensitization, (b) heterophobes receiving aversion, (c) non-heterophobes receiving desensitization, and (d) non-heterophobes receiving aversion. There were 10 patients in each subgroup. . . . A 2-year follow-up showed that both heterophobes and non-heterophobes responded better to desensitization than to aversion therapy.

*What the APA reported about the study*

APA comment in the section titled “Decreasing Same Sex Sexual Behavior,” regarding the scope of this study (p. 38):

S. James (1978) did not report on behavior.

**Comment critique:** This statement is false. The grading system in the James study covered all 4 aspects reviewed in the APA report: same-sex attraction, same-sex behavior, opposite-sex attraction, and opposite-sex behavior. Table 1 on p. 32 broke the statistics down and reported that at 2-year follow-up:

- 15% (6 out of 40) of all participants showed complete absence of homosexual fantasies, interest, and behavior; (along with) presence of heterosexual fantasies,

attractions, and behavior up to (i.e. including) successful sexual intercourse.

- 10% (10 out of 40) of all participants showed almost complete absence of homosexual drives and beginning of heterosexual behavior although not having heterosexual intercourse.

- 12.5 % (5 out of 40) of all participants showed no homosexual behavior, and occasional homosexual fantasy, or attraction; the beginning of heterosexual behavior and heterosexual attractions and fantasies predominating.

- 22.5% (9 out of 40) showed slight improvement, such as increase in heterosexual interest and some diminution in homosexual interest.

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**Study name: The Extinction of Homosexual Behavior by Covert Sensitization: A Case Study (Curtis & Presly, 1972)**

*What the study reported*

Case study: “The patient was a 31-year-old, intelligent, self-employed male with history of homosexual behavior extending over 7 years. . . . No homosexual contacts were made during the period of treatment, which lasted for two months, although the wish to do so arose occasionally. Follow up in the four-month period since treatment has confirmed the patient’s complete abstinence, both in fantasy and reality.

The main consequences of the eradication of this patient’s homosexual behavior have been an improvement in his marriage through a lowering of “tension” and a feeling of “inner calm.”

Sexual relations with his wife have improved and there has been a general heightening of interest in the opposite sex” (p. 407).

“. . . At the first interview the patient completed the Sexual Orientation Method Questionnaire. . . A score of 48 is the maximum in both instances. The patient on this occasion scored 48 for heterosexual interest, and 33.5 for homosexual interest” (p. 408).

“. . . At the end of treatment, a second orientation questionnaire was completed; scoring on this occasion was heterosexual interest: 46.5; homosexual interest: 8” (p. 409).

*What the APA reported about the study*

APA comment regarding the results of treatment in this study (p. 37):

Curtis and Presly (1972) used covert sensitization to treat a married man who experienced guilt about his attraction to and extramarital engagement with men. After intervention, he showed reduced other-sex and same-sex sexual interest, as measured by questionnaire items.

**Comment critique:** This comment is both incomplete and grossly misleading. It is incomplete because the abstract reports complete abstinence from same-sex behavior at 4-month follow-up, whereas the APA comment only reports reduced but not complete abstinence from same-sex interest had occurred.

It is grossly misleading because the abstract reports that sexual relations with the patient’s wife improved and that he showed “a general heightening of interest in the opposite sex”; whereas the APA comment reports that the patient showed “reduced other-sex interest.” They deduced this from the before and after questionnaire results but do not report that the drop was statistically insignificant (48 to 46.6). They also say nothing about the clearly stated conclusion of

the study authors that other-sex interest in the patient had increased. By refraining from mentioning the conclusion of the study authors and focusing on a statistically irrelevant fact, the APA authors were able to cover up the fact that treatment had reduced homosexual behavior and increased heterosexual functioning in the patient.

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**Study name: Overt Male Homosexuals in Combined Group and Individual Treatment** (Mintz, 1966)

Study type: Psychotherapy/combined group and individual

*What the study reported*

Of 10 homosexual men who voluntarily entered treatment and remained in combined therapy for 2 or more years, all report improved general adjustment. Three reported satisfactory heterosexual adjustment; three hope to achieve it eventually. . . .

The homosexual men on whom these observations were made over an 8-year period consisted of 10 patients who remained in treatment with the writer for at least 2 years. . . .

Five of these men have terminated treatment. Of these:

- two have accepted themselves as homosexuals
- two are enjoying heterosexuality and report freedom from conflict
- one is still in conflict and may reenter treatment.

Of the five men still in treatment:

- one has lost interest in homosexuality and enjoys satisfying heterosexual relationships

- one does not intend to change his homosexual adjustment
- three appear to be moving toward heterosexuality, but with considerable anxiety and conflict (pp. 193–194).

*What the APA reported about the study*

APA comment regarding the results of the patients in this study (p. 37):

Mintz (1966) found that 8 years after initiating group and individual therapy, 5 of his 10 research participants (50%) had dropped out of therapy. Mintz perceived that among those who remained, 20% (n = 1) were distressed, 40% (n = 2) accepted their same-sex sexual attractions, and 40% (n = 2) were free from conflict regarding same-sex sexual attractions.

**Comment critique:** The APA authors mistakenly reversed the findings in this study and quoted the results of those who terminated treatment under the heading of those who remained. They also reported that 2 of these patients were “free from conflict regarding same-sex sexual attractions” but did not report that they were “enjoying heterosexuality.”

Additionally, the description of the men who left the study as having “dropped out” is imprecise and misleading. All ten men completed a minimum of two years of therapy as stated clearly in the abstract, with 2 of the 5 who terminated treatment, “enjoying heterosexuality and freedom from conflict” as stated above. These men completed treatment successfully and then terminated it after it had achieved its goal. The term dropping out connotes leaving treatment prematurely and was not used by the study authors but was used by the APA authors.

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**Study name: Group Psychotherapy for Men Who Are Homosexual** (Birk, 1974)

Study type: Group psychotherapy

*What the study reported*

Of the 66 patients in this series, almost half made heterosexuality an explicit treatment goal and remained in group therapy for 1 ½ years or more. Of these, 85 percent experienced at least partial heterosexual shifts and 52 percent striking, nearly complete heterosexual shifts.

Figure 8 summarizes in percentages the levels of heterosexual shift for the 27 patients who remained in therapy long enough (1 ½ years or more) to achieve near-maximal therapeutic results. The bar graph on the far left indicates that 23 out of 27 (85%) showed some evidence of heterosexual shift during therapy. The next bar graph shows that 14 out of 27 (52%) evinced a marked heterosexual shift during therapy, and the next shows that 17 out of 27 (63%) began having heterosexual intercourse during therapy. The bar graph on the far right shows that 10 out of 27 (29%) are now married (p. 41).

**Addendum:** This paper was originally presented at the Cornell Symposium on the Treatment of Sexual Disorders in January 1973. In the 20 months since then, there have been a total of 9 more heterosexual shifts (6 of these from the original series of 66) and 3 more marriages, all from the original series (p. 51).

*What the APA reported about the study*

APA comment regarding the number of participants who dropped out of the study (p. 37):

Birk (1974) assessed the impact of behavioral therapy on 66 men, of

whom 60% (n = 40) had dropped out of intervention by 7 months. Among those who remained in the study, a majority shifted toward heterosexual scores on the Kinsey scale by 18 months.

**Comment critique:** Firstly, this study utilized group psychotherapy as stated in the title and not behavioral therapy as stated by the APA authors.

Secondly, the statement regarding 60% dropping out of treatment at 7 months is false and is directly contradicted beginning on page 39 where the authors discuss group therapy outcome data for the complete group of 66 patients. Of these patients, 53 were treated by male-female co-therapists, and 13 by a male therapist working alone. On page 40, the authors discuss the loss rate during the first 6 months of treatment for both groups and state:

In figure 7, the bar graphs show a time-matched loss rate for the first six months of therapy under the two different conditions. Though the N is very small for such a time-matched sample, the contrasting trends are striking: the loss rate with male-female co-therapy was only 5 percent, while with solo male therapy the loss rate was 33 percent.

Thus, we see that 33% of 13 or 4 participants treated by a single male therapist, and 5% of 53 or 3 participants treated by male-female co-therapists, dropped out of intervention at six months for a total of 7 of 66 or 11%, and not 60% at seven months as reported by the APA authors.

APA comment regarding the number of participants who married in this study (p. 41):

Two uncontrolled studies (Birk, 1974; Larson, 1970) indicated that a minority of research participants ultimately married, though it is not clear what role, if any, intervention played in this outcome.

**Comment critique:** On page 38, the study authors state the following:

. . . The three bar graphs on the left show treatment results for those patients who remained in therapy for 2 ½ years or more, while the three bar graphs on the right show the corresponding outcome figures for those who remained in treatment for at least a year, but less than 2 ½ years. Thus, of the persevering subgroup of patients, 10 out of 13 (77%) shifted to or toward heterosexuality during treatment; 8 out of 13 began having heterosexual intercourse during treatment; and *6 out of 13 are now married as a result of treatment.* (emphasis added)

The conclusion of the study authors that 6 out of 13 patients married as a result of treatment is contradicted by the APA authors who state that “it is not clear what role, if any, intervention played in this outcome.”

Secondly, as the abstract and statements from the author shows, this study reported some very impressive success percentages, yet the APA authors did not report any of them in their review.

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**Statement No. 3: There is some risk of harm in sexual orientation change efforts**

In the section entitled “Reports of Harm” of the APA report (pp. 41–42), the next 6 studies were brought as evidence for the following

conclusion the APA authors drew in the abstract:

[E]fforts to change sexual orientation are unlikely to be successful and involve some risk of harm, contrary to the claims of SOCE practitioners and advocates.

Examination of these studies will show that save for one possible exception (Quinn, Harbison, & McAllister, 1970), none of the authors attributed harm to their treatment method. The review will also show that in all 6 studies, the APA authors either misrepresent through omission or alter some aspect of the results reported in these studies.

The first 2 of the 6 studies have been discussed previously in this report, and only APA comments relating to claims of harm contained in these studies will be presented in this section.

### **1. Classical, Avoidance, and Backward Conditioning Treatment of Homosexuality (McConaghy & Barr, 1973)**

*What the APA reported about the study*

In McConaghy and Barr's (1973) experiment, 1 respondent of 46 subjects is reported to have lost all sexual feeling and to have dropped out of the treatment as a result. Two participants reported experiencing severe depression, and 4 others experienced milder depression during treatment. No other experimental studies reported on iatrogenic effects. (p. 41)

**Comment critique:** The following statements were said by the study authors regarding any negative effects of treatment in this study:

All patients received 14 sessions of treatment during the five days in hospital. . . . All patients completed the sessions of treatment in hospital. (p. 153)

. . . One patient refused any booster treatments, as he had lost all sexual feeling, both heterosexual and homosexual subsequent to the initial treatment in hospital. At one-year follow-up his sexual feelings had returned to their state before treatment. Apart from this patient's response there were no complications which could be attributed to the treatment. In the year following treatment two patients experienced fairly severe depression, and four others had episodes of milder depression. All six had had many similar episodes in the past. Their reactions could not be regarded as "symptom substitutions," as all showed minimal response to treatment. (p. 153)

In the present and the two previous studies there has been no evidence of a significant disturbance of general behavior in patients treated with aversion therapy. (p. 161)

Based on these statements, the APA authors misstated or omitted results in the following ways:

1. They stated that one patient dropped out of the treatment due to loss of sexual feelings when he actually completed treatment but just refused booster treatments. They also fail to report that his sexual feelings returned at one year follow-up.

2. They stated that 6 patients reported severe and mild depression during treatment when the second comment above states that

these incidences occurred in the year following treatment.

3. They did not report that all 6 patients who suffered depression had many similar episodes in the past.

4. They did not accurately transmit the opinion of the study authors that save for one patient, “there were no complications that could be attributed to the treatment,” and “in the present and two previous studies there has been no evidence of a significant disturbance of general behavior in patients treated with aversion therapy.”

## **2. Aversion Therapy of Homosexuality: A Pilot Study of 10 Cases (Bancroft, 1969)**

### *What the APA reported about the study*

In the study conducted by Bancroft (1969), the negative outcomes reported included treatment-related anxiety (20% of 16 participants), suicidal ideation (10% of 16 participants), depression (40% of 16 participants), impotence (10% of 16 participants), and relationship dysfunction (10% of 16 participants). Overall, Bancroft reported the intervention had harmful effects on 50% of the 16 research subjects who were exposed to it. (p. 41)

**Comment critique:** Firstly, the APA authors incorrectly place the number of study participants at 16, even though the title of the study expressly says, “A Pilot Study of 10 Cases.” Additionally, this comment is a complete misrepresentation of the stated opinion of the study’s author regarding the safety of the study. Nowhere does the author use the term harmful effects nor state any percentages of participants experiencing negative effects. Nor did the author report that the intervention “had harmful effects on

50% of the 16 research subjects who were exposed to it.” The APA authors compiled these percentages and falsely presented them as having been reported by the author. To the contrary, regarding the overall safety of the study the authors state:

Also, although unpleasant, the treatment has been tolerated well, and in no case can the patient be said to be worse off as a result of it. . . . The directly unpleasant effects of treatment have not presented much problem, although clearly care is needed whilst treating patients already depressed or suffering from generalized anxiety. The most severe depressive reactions have occurred more as reactions to the changes following treatment than to the treatment itself, and as such are probably to be expected equally with other methods. (p. 1428)

## **3. Case of Homosexuality Treated by Aversion Therapy (James, 1962)**

Study type: aversion therapy

### *What the APA reported about the study*

James (1962) reported symptoms of severe dehydration (acetonuria), which forced treatment to be suspended (p. 42).

**Comment critique:** This statement is disproved by the following description of the treatment method used in this study:

Treatment was carried out in a darkened single room, and during this time no food or drink other than the prescribed alcohol was allowed. At regular two-hourly intervals he was given an emetic dose of apomorphine by injection followed by 2 oz. (57 ml.) of brandy. . . . Thereafter a tape

was played twice over every two hours during the period of nausea. . . . After 30 hours the treatment was terminated because of acetonuria, and the patient was allowed up and about. After a period of 24 hours the treatment was restarted with another tape, which concentrated more wholly upon the effect his practices had had on him, again ending histrionically. Again the treatment was stopped because of acetonuria, this time after 32 hours. . . . On each of the third, fourth, and fifth days after the apomorphine treatment had finished a card was placed in his room, pasted on to it being carefully selected photographs of sexually attractive young women. (p. 769)

Thus, we see that treatment was not suspended because of acetonuria, but rather, extremely long sessions of fasting were continued until acetonuria occurred, then repeated after a period of 24 hours of rest. This process continued until 5 treatments had been administered. Acetonuria, therefore, was the signal point upon which to halt each treatment session and not a side effect that caused treatment to be completely suspended as implied by the statement of the APA authors.

#### **4. An Attempt to Shape Human Penile Responses** (Quinn, Harbison, & McAllister, 1970)

##### *What the study reported*

A 28-year-old patient with a long history of homosexuality (Kinsey rating 5) was found on psychometric testing to be of superior intelligence and of relatively normal personality; he therefore received 35 sessions of anticipatory avoidance conditioning. Following treatment he described a great reduction in his homosexual interest but

complained of anxiety and “black depression” when imagining or attempting heterosexual behavior. He received 10 sessions of desensitization to reduce this anxiety. Eighteen months later the patient showed increasing homosexual interest and complained that he was only free from anxiety and depression when he avoided heterosexual fantasy or behavior (p. 213).

In one session the patient became anxious and complained of his “black depression.” This was associated with attempts to imagine coital penetration. He was instructed to approach this fantasy in a hierarchical manner and then successfully completed this fantasy without complaining of anxiety (p. 214).

##### *What the APA reported about the study*

Quinn, Harbison, and McAllister (1970) and Thorpe et al. (1964) also reported cases of debilitating depression, gastric distress, nightmares, and anxiety (p. 41).

**Comment critique:** In neither this study nor the next study by Thorpe was any mention made of nightmares as stated in the APA comment.

#### **5. Aversion-Relief Therapy: A New Method for General Application** (Thorpe et al., 1964)

##### *What the study reported*

A new technique named aversion-relief therapy is described. It appears to be suitable for general application in the field of neurosis and greatly simplifies the normal requirements of the treatment situation. Cases are presented in which the technique has been applied and the therapeutic results are so far encouraging.

##### **Case 1** (p. 74)

Male homosexual aged 31. Admitted for treatment of a recurrent reactive depression.

He attributed all his present symptoms of anxiety, tension, and irritability to his sexual practices of which he was deeply ashamed. Results of psychological tests showed him to be highly anxious, his score on the MAS (Taylor, 1953) falling at the 98th percentile. . . . *In the course of treatment, the patient developed depression and various gastric ailments.* However he persisted and completed treatment because he felt it was doing him good and really changing his sexual orientation. . . . Also he was claiming great satisfaction from his heterosexual masturbation fantasies and from seeing and kissing his girlfriend. He soon felt confident enough to leave hospital. . . . On discharge psychological assessment showed a drop from the 98th to 88th percentile on the MAS. . . . His own assessment of the treatment was “I never think about homosexuals now and when I meet one, all I feel is aggression and disgust. On the other hand for the first time in my life I am considering sex with a woman as a possibility and an enjoyable one too.”

#### **Discussion:**

It would appear that this method of treatment is an extremely effective way of producing a change in behavior. . . . In regard to neuroticism or anxiety measures before treatment there is no detectable relationship between these and response to treatment. Most of our patients were extremely anxious both clinically and psychometrically, as can be seen from the case details. Not only were they able to tolerate treatment but there was no evidence of exacerbation of symptoms.

#### *What the APA reported about the study*

Quinn, Harbison, and McAllister (1970) and Thorpe et al. (1964) also reported cases of debilitating depression, gastric distress, nightmares, and anxiety (p. 41).

**Comment critique:** This patient had a history of depression, anxiety, etc. and was

originally admitted into the hospital for depression. As the case history states, the patient willingly continued treatment and ultimately benefited from it, yet this was not reported by the APA authors. No evidence of harm from the treatment was reported by the study’s authors as stated explicitly in the discussion comment above, yet the APA authors included this study as evidence of harm from SOCE.

#### **6. An Experimental Analysis of Feedback to Increase Sexual Arousal in a Case of Homo- and Heterosexual Impotence: A Preliminary Report (Herman & Prewett, 1974)**

#### *What the study reported*

The subject was a 51-year-old male who reported a homosexual history dating from age 13. Homosexual activity was greatest during his mid-twenties, but he had never been able to maintain an erection for more than a few minutes and had ejaculated during only one encounter.

#### **Discussion:**

The results of the present study indicate that informational feedback can be used to systematically modify penile responding. . . . The increase in penile responding was paralleled by the achievement of ejaculation during masturbation, changes in masturbatory fantasy, and reports of homo- and heterosexual behavior outside the laboratory. However, approximately 7 months after discharge, the subject was readmitted to the hospital for medical complications following excessive drinking. He indicated that he had been “jilted” in a homosexual affair, attempted reconciliation, failed, and began to drink excessively.

#### *What the APA reported about the study*

Herman and Prewett (1974) reported that following treatment, their research

participant began to engage in abusive use of alcohol that required his rehospitalization. It is unclear to what extent and how his treatment failure may have contributed to his abusive drinking (p. 41).

**Comment critique:** The study clearly states that the reason for his excessive drinking was due to his having been jilted in a homosexual affair, yet the APA authors state it is unclear whether treatment failure caused the problem.

### Conclusion

As stated above, this critique has examined only 9 of 140 pages (Chapter 4) of the APA report, and has focused mainly on fabrication (i.e. false data). A full research misconduct investigation is required to determine the total extent of errors, omissions, and falsifications that exist in the report.

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### Appendix A

The following is a partial list of scores of books or chapters in books, which deal with SOCE and its efficacy that were published during the period under consideration in the APA study (1960–2006) but were not included in that study.

Many of the book titles and their commentary were taken from a report entitled “What Research Shows: NARTH’s Response to the APA Claims on Homosexuality” by The Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality (Phelan, Whitehead, & Sutton, 2009).

1. Bieber, T. B. (1971). Group therapy with homosexuals. In Kaplan & Sadock (Eds.), *Comprehensive Group Psychotherapy*. Baltimore, MD: Williams and Wilkins, 518–533.

Bieber reported a success rate of more than 40 percent through the use of group therapy.

2. Cappon, D. (1965). *Toward an Understanding of Homosexuality*. Englewood Cliffs, NJ: Prentice-Hall.

Cappon reported treatment outcomes of his clinical work with 150 patients using psychoanalytic-based treatments (including individual, group, and combined therapy). He found a 50-percent cure rate for homosexual men and a 30-percent cure rate for homosexual women. For those identified at the onset of treatment as bisexual, Cappon reported a 90-percent cure rate. After an average 20-month follow-up, only 10 percent lost part of their previous level of improvement and had to be reclassified or, when possible, treated further.

3. Feldman, M. P. & MacCulloch, M. J. (1971). *Homosexual Behavior: Therapy and Assessment*. Elmsford, NY: Pergamon Press.

Feldman and MacCulloch reported follow-up results on research done with 63 homosexual men between 1963 and 1965. They found that 29 percent of the men who had no prior heterosexual experience had changed. “Change” was indicated by ceasing homosexual behavior, having only occasional homosexual fantasies or attractions, and developing strong heterosexual fantasy, behaviors, or both.

4. Freund, K. (1960). Some problems in the treatment of homosexuality. In H. J. Eysenck (Ed.), *Behavior Therapy and the Neuroses*. Oxford, England: Pergamon Press.

Freund employed chemical aversion techniques to modify homosexual preference in 67 clients. Twenty of the clients were

excluded from the final report. With a 3- to 5-year follow-up, no improvement was observed in 60% of the cases, short-term improvement (decreased homosexual arousal) in 40% of the cases, and long-term success (3–5 years) in 25% of the total cases.

5. Glover, E. (1960). *The Roots of Crime: Selected Papers in Psychoanalysis*, vol. 2. NY: International Universities Press.

Glover discussed a series in which he treated 103 adults and 10 juveniles, with the duration of treatment varying from five months to five years. In seven cases, hormone treatment was used, either with or without psychotherapy. In terms of successful outcomes, 44 percent of the exclusively homosexual patients showed no further homosexual impulses after treatment, and 51 percent of the bisexuals lost all of their homosexual impulses.

6. Hatterer, L. (1970). *Changing Homosexuality in the Male*. New York, NY: McGraw-Hill Book Co.

Hatterer evaluated 710 homosexual men as admitting psychiatrist for the Payne Whitney Psychiatric Outpatient Clinic of the New York Hospital and in private practice and treated over 200 of them over a 17-year period. Of those patients, he reports that 49 fully recovered from a homosexual orientation, 19 partially recovered, and 76 remained homosexual. Of the recovered patients, 20 married for the first time, and 10 were married and remained married.

7. Mayerson, P., & Lief, H. (1965). Psychotherapy of homosexuals: A follow-up study of 19 cases, In J. Marmor (Ed.), *Sexual Inversion: The Multiple Roots of Homosexuality*. Basic Books Inc., 302–344.

Mayerson and Lief conducted a follow-up study of 19 patients (14 men and 5 women)

who had originally presented with “homosexual problems” (p. 331). The mean duration of therapy was 1.7 years, and the mean follow-up was 4.5 years. At the time of follow up, 47 percent of patients were found to be “apparently recovered” or “much improved” and identified themselves as “exclusively heterosexual.” Twenty-two percent of them had originally identified themselves as “exclusively homosexual.”

8. Ovesey, L. (1969). *Homosexuality and Pseudo Homosexuality*. New York: Science House.

After a follow-up of five or more years, Ovesey reported the case studies of three successfully treated (homosexual) men. “Success” for men who were being treated to change from homosexuality to heterosexuality was not just “potency” with women, but satisfaction in the “total relationship,” including marriage (pp. 123–124). Treatment focused on understanding unconscious motives that had compelled the patients to flee from women and to seek contact with men.

9. Siegel, E. V. (1988). *Female Homosexuality: Choice Without Volition*. Psychoanalytic Inquiry Book Series. Hilldale, NJ: Analytic Press.

Siegel treated 12 females who considered themselves exclusively homosexual at the beginning of treatment. At the conclusion of treatment, more than half had become “fully heterosexual.”

10. Socarides, C. W. (1978). *Homosexuality: Psychoanalytic Therapy*. New York: Jason Aronson.

Socarides reported that from 1967 to 1977, 20 of 44 patients (45%) whom he treated using “full-scale psychoanalysis” developed full

“heterosexual functioning.” This included having “love feelings for their heterosexual partners” (p. 406).

11. Van den Aardweg, G. J. M. (1968). *Homosexuality and Hope: A Psychologist Talks about Treatment and Change*. Ann Arbor, MI: Servant Books.

Van den Aardweg reported treating 101 homosexuals with cognitive approaches. About 60 percent had at least a satisfactory outcome, while one-third of those changed substantially toward a heterosexual adaptation.

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The following are a list of books printed on the subject of SOCE during the APA time period, which are presented without commentary:

1. Davies, B. & Rentzel, L. (1993). *Coming Out of Homosexuality: New Freedom for Men and Women*. Downers Grove, IL: InterVarsity Press.
2. Davison, G. C. (1991). Constructionism and morality in therapy for homosexuality. In Gonsiorek & Weinrich, *Homosexuality: Research Implications for Public Policy*. Newbury Park, CA: Sage Publishing, 137–148.
3. Ellis, A. (1965). *Homosexuality: Its Causes and Cure*. New York: Lyle Stuart.
4. Feldman, M. P. & MacCulloch, M. J. (1971). *Homosexual Behavior: Therapy and Assessment*. Elmsford, New York: Pergamon Press.
5. Kronemeyer, R. (1980). *Overcoming Homosexuality*. New York: Macmillan.

6. Nicolosi, J. (1991). *Reparative Therapy of Male Homosexuality: A New Clinical Approach*. Northvale, NJ: Jason Aronson.

7. Volkan, V. D. (1992). *The Homosexualities and the Therapeutic Process*. Madison, CT: International Universities Press, 251–275.

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## Appendix B

The following is a short list of studies which deal with SOCE and its efficacy that were published during the period under consideration in the APA study (1960–2006) but were not included in that study. Many of these studies and their commentary were taken from the report entitled “What Research Shows: NARTH’s Response to the APA Claims on Homosexuality” by The Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality (Phelan, Whitehead, & Sutton, 2009).

### *Method: Psychoanalysis*

1. Berger, J. (1994). The psychotherapeutic treatment of male homosexuality. *American Journal of Psychotherapy*, 48, 251–261.

Berger described two cases of reorientation success. One “resulted in the patient marrying and fathering three children and living a heterosexually fulfilling and enjoyable life” (p. 255). The other was a “successful long-term psychodynamic psychotherapy treatment [that] helped relieve the patient of his original presenting symptoms and enabled him to become comfortably and consistently heterosexual” (p. 255).

2. Beukenkamp, C. (1960). Phantom patricide. *Archives of General Psychiatry*, 3, 282–288.

Beukenkamp treated a homosexual man with individual and group psychoanalysis. The treatment resulted in his reorientation to heterosexuality in both behavior and experiences.

3. Bieber, I., & Bieber, T. B. (1979). Male homosexuality. *Canadian Journal of Psychiatry*, 24, 409–419.

Bieber and Bieber reported that since the original study (Bieber I., “A Psychoanalytic Study of Male Homosexuals,” Basic Books, 1962), they had seen more than 1,000 homosexual men and that “the data obtained [were] in accord with the (previous) research findings, thus strengthening validity and reliability” (p. 417). The researchers reported that “we have followed patients for as long as 20 years who have remained exclusively heterosexual. Reversal rates now range from 30% to an optimistic 50%.”

4. Coates, S. (1962). Homosexuality and the Rorschach test. *British Journal of Medical Psychiatry*, 35, 177–190.

Coates examined 45 cases of homosexual patients who were treated at the Portman Clinic between the years of 1954 and 1960. He found that 7 of 45 cases (16%) were classified as “better” (p. 180), meaning that patients reported no active homosexual behaviors.

5. Jacobi, J. (1969). Case of homosexuality. *Journal of Analytical Psychology*, 14, 48–64.

Jacobi reported treating 60 patients, 10 percent of whom made a satisfying transformation to heterosexuality.

6. Kaye, H. E., Berl, S., Clare, J., Eleston, M. R., Gershwin, B. S., Gershwin, P., Kogan, L. S., Torda, C., & Wilbur, C. B. (1967). Homosexuality in women. *Archives of General Psychiatry*, 17(5), 626–634.

Kaye sent a 26-page survey to 150 psychoanalysts who saw homosexual women in their practice and received back 24 completed surveys. 8 of 15 cases that were reported to be in the “homosexual range” (Kinsey scores of 4–6) at the onset of treatment had shifted to a Kinsey score of 0 (exclusively heterosexual). Kaye concluded, “Apparently at least 50% of them can be helped by psychoanalytic treatment” (p. 633).

7. Lamberd, W. G. (1971). Viewpoints: What outcome can be expected in psychotherapy of homosexuals? *Medical Aspects of Human Sexuality*, 5(12), 90–105.

Lamberd reported three case studies, in which after a one-year follow-up, each of the patients could be considered as successfully treated.

8. MacIntosh, H. (1994). Attitudes and experiences of psychoanalysis in analyzing homosexual patients. *Journal of the American Psychoanalytic Association*, 42, 1183–1207.

A survey of 285 anonymous members of the American Psychoanalytic Association conducted by MacIntosh (1994) revealed that of 1,215 homosexual patients analyzed by those members, 23 percent changed from homosexuality to heterosexuality and 84 percent received significant therapeutic benefits.

9. Ovesey, L., Gaylin, W., & Hendin, H. (1963). Psychotherapy of male

homosexuality: Psychodynamic formulation. *Archives of General Psychiatry*, 9, 19–31.

Ovesey, Gaylin, and Hendin reported successfully treating three men who had homosexual inclinations. After being followed for as long as five years, the men reported that they were able to maintain pleasurable heterosexual behavior, which had been the goal of their therapy.

10. Ovesey, L., Gaylin, W., & Hendin, H. Psychotherapy of male homosexuality: Prognosis, selection of patients, technique. *The American Journal of Psychotherapy*, Jul. 19:3.

The authors describe details and special problems in therapeutic technique in their 1963 study, cited previously.

11. Wallace, L. (1969). Psychotherapy of a male homosexual. *Psychoanalytic Review*, 56, 346–364.

Wallace conducted analysis with a homosexual man who subsequently achieved heterosexual adjustment. After a six-year follow-up, the patient's reported successes included strengthened ego functions and deepened insight into both his fear of heterosexuality and his unconscious fantasies about homosexual encounters, as well as the initiation of satisfactory heterosexual activity.

*Method: Behavior and Cognitive*

1. Cantón-Dutari, A. (1974). Combined intervention for controlling unwanted sexual behavior. *Archives of Sexual Behavior*, 3(4), 367–371.

Cantón-Dutari, A. (1976). Combined intervention for controlling unwanted sexual

behavior: An extended follow-up. *Archives of Sexual Behavior*, 5(4), 323–325.

Cantón-Dutari, (1974, 1976) reported on 49 homosexual patients who were able to control their sexual arousal in the presence of homosexual stimuli after treatment. 31 were followed up for an average period of 4 years. 19 subjects (61%) remained exclusively heterosexual, and 9 subjects (29%) reported both heterosexual and homosexual intercourse. 3 reported no sexual behavior.

2. Davison, G. C., & Wilson, G. T. (1973). Attitudes of behavior therapists towards homosexuality. *Behavior Therapy*, 45(5), 686–696.

In response to a 35-item questionnaire sent to 149 randomly selected members of the Association for the Advancement of Behavior Therapy and to all 75 members of the British Behavior Therapy Association, 86 (or 38%) responses were received. The mean claim of percentage of success in decreasing homosexual behavior was 60%.

3. Kraft, T. (1967). A case of homosexuality treated by systematic desensitization. *American Journal of Psychotherapy*, 21(4), 815–821.

Kraft, T. (1970). Systematic desensitization in the treatment of homosexuality. *Behavior Research and Therapy*, 8, 319.

Kraft (1967,1970) treated two homosexual men with a combination of systematic desensitization and psychoanalysis and reported a return to heterosexual functioning in both men.

4. MacCulloch, M. J., & Feldman, M. P. (1967). Aversion therapy in management

of 43 homosexuals. *British Medical Journal*, 2, 594–597.

MacCulloch and Feldman used an anticipatory avoidance aversion therapy in the treatment of 45 homosexuals. Thirty-six patients completed treatment and 25 of them were declared significantly improved at 1–2-year follow-ups with the following Kinsey Scale Rating scores (0 = exclusively heterosexual and 6 = exclusively homosexual). 14 of 25 patients scored 0, 9 patients scored 1, and 2 patients scored 2.

5. Maletzky, B. M. & George, F. S. (1973). The treatment of homosexuality by assisted covert sensitization. *Journal of Behavior Research and Therapy*, 11(4), 655–657.

Maletzky and George reported on 10 homosexual men who were treated with covert sensitization behavioral therapy. A 90-percent success rate was found at the 12-month follow-up assessment.

6. Mather, N. J. (1966). The treatment of homosexuality by aversion therapy. *Medicine, Science, and the Law*, 6(4), 200–205.

Mather reported that of 36 homosexuals treated with behavioral and aversion techniques, 25 were considered much improved on the Kinsey scale.

7. Pradhan, P. V., Ayyar, K. S., & Bagadia, V. N. (1982). Homosexuality: Treatment by behavior modification. *Indian Journal of Psychiatry*, 24, 80–83.

Pradhan, Ayyar, and Bagadia demonstrated that by utilizing behavioral modification techniques, 8 of 13 homosexual men showed a shift to heterosexual adaptation that was

maintained at a six-month and one-year follow-up.

8. Shealy, A. E. (1972). Combining behavior therapy and cognitive therapy in treating homosexuality. *Psychotherapy Theory, Research and Practice*, 9, 221–222.

Shealy treated a male homosexual using a cognitive-behavioral approach. At the end of 15 1-hour sessions, the subject reported that his overt deviant behavior had stopped and homosexual imagery was much less.

9. Van den Aardweg, G. J. M. (1972). A grief theory of homosexuality. *American Journal of Psychotherapy*, 26(1), 52–68.

Van den Aardweg reported that 9 of 20 patients were completely cured through the use of exaggeration therapy. “Cure” meant that they reported no homosexual fantasies or behaviors after treatment.

#### *Method: Group Therapies*

1. Birk, L., Miller, E., & Cohler, B. (1970). Group psychotherapy for homosexual men. *Acta Psychiatrica Scandinavica*, 218, 1–33.

After two years of group therapy with male-female co-therapists, 9 of 26 (35%) overt homosexually identified men shifted completely or towards heterosexuality.

2. Hadden, S. B. (1966). Treatment of male homosexuals in groups. *International Journal of Group Psychotherapy*, 16(1), 13–22.

Hadden reported a 38-percent success rate after treating 32 homosexuals in group therapy.

3. Hadden, S. B. (1971). Group therapy for homosexuals. *Medical Aspects of Human Sexuality*, 5(1), 116–127.

Hadden confirmed a 33-percent success rate in treating homosexual patients in group therapy.

4. Miller, P. M., Bradley, J. B., Gross, R. S., & Wood, G. (1968). Review of homosexuality research (1960–1966) and some implications for treatment. *Psychotherapy Theory, Research, and Practice*, 5, 3–6.

Miller, Bradley, Gross, & Wood reported that similar to behavioral therapy, approximately one-third or more of group therapy clients reported a desired shift in sexual orientation.

5. Pittman, F. S., & DeYoung, C. D. (1971). The treatment of homosexuals in heterogeneous groups. *International Journal of Group Psychotherapy*, 21, 62–73.

Pittman and DeYoung reported that 2 of 6 homosexuals treated in group therapy received maximum benefit and achieved their goal of a satisfactory shift toward heterosexuality.

6. Truax, R., & Tourney, G. (1971). Male homosexuals in group therapy: A controlled study. *Diseases of the Nervous System*, 32(10), 707–711.

Truax and Tourney reported that group treatment of 30 patients compared to 20 untreated resulted in increased heterosexual orientation, decreased homosexual pre-occupation, reduced neurotic symptomatology, improved social relations, and increased insight into the causes and implications of their homosexuality. Changes in sexual behavior included increased heterosexual dating, decreased homosexual

experiences, and increased heterosexual intercourse. While heterosexual functioning improved with further therapy, even more improvement was seen in associated neurotic symptomatology.

#### *Method: Meta-Analyses*

1. Clippinger, J. A. (1974). Homosexuality can be cured. *Corrective & Social Psychiatry & Journal of Behavior Technology, Methods & Therapy*, 20(2), 15–28.

Clippinger's meta-analysis of the treatment of unwanted homosexuality demonstrated that of 785 homosexuals treated, 307 (40%) either significantly improved in the direction of their desired goal or had made at least some shift toward heterosexuality.

2. Goetze, R. M. (1997). *Homosexuality and the Possibility of Change: A Review of 17 Published Studies*. New Direction Ministries of Canada.

In an analysis of 17 studies, Goetze found that a total of 44 subjects who had been exclusively or predominately homosexual had experienced a shift toward heterosexual adjustment.

3. James, E. C. (1978). *Treatment of Homosexuality: A Reanalysis and Synthesis of Outcome Studies*. Unpublished doctoral dissertation. Provo, UT: Brigham Young University.

In this meta-analysis, E. C. James (1978) concluded that when the results of all research studies before 1978 were combined, approximately 35 percent of the homosexual clients had shifted to heterosexuality, 27 percent had improved, and 37 percent had neither changed nor improved. Based on her findings, the author stated, "Significant

improvement and even complete recovery [from a homosexual orientation] are entirely possible” (p. 183).

4. Jones, S. L., & Yarhouse, M. A. (2000). *Homosexuality: The Use of Scientific Research in the Church’s Moral Debate*. Downer’s Grove, IL: InterVarsity Press.

Jones and Yarhouse used meta-analysis to review 30 studies conducted between the years 1954 and 1994. Of the 327 total subjects from all the studies, 108 (33%) were reported to have made at least some heterosexual shift.

*Method: Pharmacological Interventions*

1. Buki, R. A. (1964). A treatment program for homosexuals. *Diseases of the Nervous System* 25(5), 304–307.

Buki conducted a clinical trial using Parnate (tranylcypromine) with 36 male patients between the ages of 19 and 34 who had engaged in homosexual behavior. 13 out of 36 “show[ed] an unexpected good control over homosexual activities and impulses” (p. 306).

2. Elmore, J. L. (2002). Fluoxetine-associated remission of ego-dystonic male homosexuality. *Sexuality and Disability*, 20(2), 149–151.

Elmore reported on the remission of homosexual behavior in a 53-year-old man who had been engaging in homosexual activity since his youth as a result of treatment with Fluoxetine.

3. Golwyn, D. H., & Sevlie, C. P. (1993). Adventitious change in homosexual treatment of social phobia with phenelzine.

*Journal of Clinical Psychiatry*, 54(1), 39–40.

Golwyn and Sevlie reported change in the sexual orientation of a 23-year-old homosexual man who, after taking Nardil (phenelzine) for shyness and anxiety, reported that he no longer had sexual interest in other men. The authors concluded, “Social phobia may be a hidden contributing factor in some instances of homosexual behavior” and that “. . . dopaminergic agents might facilitate male heterosexual activity” (p. 40).

4. Kraft, T. (1967). A case of homosexuality treated by systematic desensitization. *American Journal of Psychotherapy*, 21(4), 815–821.

Kraft reported on the successful reorientation of a homosexual man treated with methohexital sodium (Brevital).

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## Appendix C

### Studies Reviewed in Both Adams-Sturgis Review and Chapter 4 of APA Report

Adam-Sturgis Review	Chapter 4 of APA Report
<i>Uncontrolled group studies</i>	<i>Uncontrolled group studies</i>
Fookes (1960)	Fookes (1960)
Freund (1960)	
Feldman & MacCullough (1965)	Feldman & MacCullough (1965)
MacCullough & Feldman (1967)	MacCullough & Feldman (1967)
Bancroft (1969)	Bancroft (1969)
Freeman & Mayer (1975)	Freeman & Mayer (1975)
<i>Controlled group studies</i>	<i>Controlled group studies</i>
McConaghy (1969)	McConaghy (1969)
Bancroft (1970)	
Birk, Huddleston, Miller, & Cohler (1971)	Birk, Huddleston, Miller, & Cohler (1971)
McConaghy & Barr (1973)	McConaghy & Barr (1973)
Tanner (1974)	Tanner (1974)
McConaghy (1975)	
Tanner (1975)	Tanner (1975)
<i>Uncontrolled single case studies</i>	<i>Uncontrolled single case studies</i>
Thorpe, Schmidt, & Castell (1963)	Thorpe, Schmidt, & Castell (1963)
Levin, Hirsch, Shugar, & Kapche (1968)	Levin, Hirsch, Shugar, & Kapche (1968)
Quinn, Harbison, & McAllister (1970)	Quinn, Harbison, & McAllister (1970)
Gray (1970)	Gray (1970)
Huff (1970)	Huff (1970)
Larson (1970)	Larson (1970)
Marquis (1970)	Marquis (1970)
LoPiccolo (1971)	LoPiccolo (1971)
MacCullough, Birtles, & Feldman (1971)	
Blitch & Haynes (1972)	Blitch & Haynes (1972)
Curtis & Presly (1972)	Curtis & Presly (1972)
Hallam & Rachman (1972)	Hallam & Rachman (1972)
LoPiccolo et al. (1972)	

<i>Controlled single case studies</i>	<i>Controlled single case studies</i>
Colson (1972)	Colson (1972)
Hanson & Adesso (1972)	Hanson & Adesso (1972)
Kendrick & MacCullough (1972)	Kendrick & MacCullough (1972)
Barlow & Agras (1973)	
Callahan & Leitenberg (1973)	Callahan & Leitenberg (1973)
Herman, Barlow, & Agras (1974)	
Herman & Prewett (1974)	Herman & Prewett (1974)
Rehm & Rozensky (1974)	Rehm & Rozensky (1974)
Barlow, Agras, Abel, & Blanchard (1975)	
Sanford, Tustin, & Priest (1975)	Sanford, Tustin, & Priest (1975)
Conrad & Wincze (1976)	Conrad & Wincze (1976)
<i>Total: 37</i>	<i>Total: 29</i>

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