

How Spitzer's Study Gives a Voice to the Disenfranchised Within a Minority Group

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There is no question today that people who identify as lesbian, gay, and bisexual (LGB) are a sexual minority group, but what is less clear to some is that LGB persons are part of a larger population of those who experience same-sex attraction. In other words, some people who experience same-sex attraction report a homosexual or bisexual orientation. Among those who report a homosexual or bisexual orientation, some integrate their experiences of attraction into an LGB identity. However, there is a disenfranchised group of persons who experience same-sex attraction but *dis-identify* with a gay identity. They have no voice in the community of persons who experience same-sex attraction, in part because that community is currently represented by those who have integrated their experiences of same-sex attraction into an LGB identity. This is one of the ways in which Spitzer's study has made a contribution: it has given a voice to the disenfranchised within a minority group.

A second contribution is that Spitzer's study supports the view that some people experience a change of sexual orientation. Spitzer's study is not a unique contribution in this sense. No, there are many studies of people who either claim to have experienced a change of sexual orientation. Treatment approaches of studies published between 1950 and the mid-1980s included behavioral interventions (e.g., Freeman & Meyer, 1975; Schwartz & Masters, 1984), aversion treatments (e.g., MacCulloch & Feldman, 1967; McConaghy, 1970), and psychoanalysis (e.g., Hatterer, 1970). Group therapy has also been found to be successful (e.g., Birk, 1974; Munzer, 1965; Pittman & DeYoung, 1971; Truax & Tournay, 1971). The major methodological concerns with these studies were that the measures of "success" varied considerably from study to study (Haldeman, 1994). Some studies focused more on increasing heterosexual behavior, fantasy, or desire, while others focused on decreasing homosexual behavior, fantasy, or desire. But nearly every study ever conducted reported that some people experienced successful change of some kind. More recent surveys of people who say they experience change of orientation (e.g., Schaeffer, Hyde, Kroencke, McCormick, & Nottebaum, 2000; Schaeffer, Nottebaum, Smith, Dech, & Krawczyk, 1999) or who have worked with patients or clients who they believe changed their sexual orientation (e.g., MacIntosh, 1994) also support the view that some

people can experience a change in their sexual orientation.

Even studies that are being mistakenly cited to suggest that reorientation therapies are *intrinsically* harmful point to the possibility of successful change of orientation (e.g., Shidlo & Schroeder, 2002). Shidlo and Schroeder reported the results from their study of 202 "consumers" of reorientation therapy. Their study was originally titled "Homophobic Therapies: Documenting the Damage," and was later changed to "Changing Sexual Orientation: Does Counseling Work?" (see pp. 251, 259) because they found that some people reported benefits to reorientation therapy, including, in a few instances, change of orientation. Although the percentage of success ("self-perceived success") was small ($n = 26$ or 13%), we cannot draw conclusions from their study as to the likelihood of successful change (or unsuccessful change or harm) because the study was of a convenience sample and not representative of the population of persons who have a homosexual orientation and seek change. This is in no way meant to detract from the possibility that some people may report harm from their experience in reorientation therapy, and this is an empirical question that should be explored further, but anyone familiar with the research in this area would have to acknowledge that the limitations discussed in these two studies sound familiar. The methodological limitations in the Shidlo and Schroeder study are, in some important ways, quite similar to those limitations found in the Spitzer study. To reject one study on methodological grounds means rejecting the other. Of course, the other option is to try to learn what we can from both studies while keeping in mind the methodological limitations of each.

To continue with the methodological limitations, Spitzer's study can also be criticized for relying upon client recall. Memory recall of this sort can be unreliable. To be fair, however, much of what we know about LGB experiences, including theories for the etiology of sexual orientation and studies of sexual identity development and synthesis, is based upon retrospective studies utilizing memory recall. Anytime proponents of the biological hypothesis for the etiology of homosexuality cite the Bell et al. (1981) study they are referencing a study that utilized retrospective memory recall. The Shidlo and Schroeder (2002) study also relied upon memory recall and is subject to the same criticism.

Some will perhaps say that what is needed is a controlled experiment—that researchers should solicit volunteers who want to change their sexual orientation and randomly assign half of the group to a wait-list control group while the other half pursues a course of reorientation therapy. Of course, this would be an ideal design, but it is

impractical for many reasons. It would be hard to imagine that researchers could solicit a group of volunteers who were not participating to either prove or disprove claims of successful change. Another reason such a study is impractical is that, if Spitzer's study is any indication, it would mean having the control group wait for 3–5 years before having access to treatment. In Spitzer's study, he reports it took an average of 2 years for participants to begin to experience change, and an average of 5 years for 79% of participants to experience a change of orientation. This is far too long to ask a control group to wait for professional services.

These criticisms do point to a legitimate concern. There is a need for studies with improved methodology. This would include a prospective longitudinal design in which participants provide information on sexual behavior, attractions, fantasy, and so on, prior to or in the early stages of therapy, and then tracked over time, so that something as potentially unreliable as memory recall would not play so prominent a role in studies that touch on such a controversial topic.

How ought we, then, understand Spitzer's study? The key to understanding Spitzer's study is to understand what he intended to examine. His intention was to study whether *anyone* had ever experienced a change of sexual orientation. He was not studying how likely it is that someone will experience change of orientation. This is a crucial distinction. Spitzer's study is not a treatment efficacy study, and scientists should not criticize it for failing to provide evidence for that which it was never designed. Critics would do well to make a more accurate comparison of Spitzer's study to the famous studies by Hooker in the 1950s. When Hooker (1957) studied the topic of psychopathology among homosexuals, she asked the question of whether all homosexuals are manifestly disturbed to the extent that a panel of health professionals could distinguish them from heterosexuals. Her study did not prove that all homosexuals are healthy, just as Spitzer did not prove that all homosexuals can change their sexual orientation. But Hooker demonstrated that some homosexuals are as healthy as heterosexuals on various measures of mental health symptoms (Jones & Yarhouse, 2000). Spitzer's study accomplishes something akin to this: whether it is ever possible for a person with a homosexual orientation to report change in the direction of a heterosexual orientation. His study suggests that the answer to this question is "Yes." For those who experience same-sex attraction and do not wish to integrate their experiences of same-sex attraction into a gay identity, for those who have felt disenfranchised within a minority group, this may be a welcome finding. More research is needed to flesh out which variables are better predictors of the likelihood of change,

and it would behoove researchers interested in the scientific study of sexuality to try to answer such complicated questions.

NOTES

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