Review of Douglas C. Haldeman's (Ed.) *The Case Against Conversion "Therapy": Evidence, Ethics, and Alternatives*

Reviewed by

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Douglas C. Haldeman, Ph.D., is chair of the doctoral program in clinical psychology at John F. Kennedy University in Pleasant Hill, California, where he is also a professor of assessment. He was in full-time independent practice for 30 years in Seattle, Washington, primarily working with LGBT communities. He has also worked extensively with the American Psychological Association on policy and guideline developments and served on a number of APA committees and boards. Dr. Haldeman has published numerous articles and books critiquing "conversion therapy" and has advocated in state legislatures for laws to prohibit these practices.

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The Case Against Conversion "Therapy" (Haldeman, 2022) is as advertised. This compilation of authors on several topics related to sexual orientation change efforts (SOCE) and gender identity change efforts (GICE) presents what the book's publisher, the American Psychological Association (APA), believes is the best case to support the eradication of all change exploring therapies. There is no pretense to supplying readers with any counterarguments or any sense of the complexities surrounding "conversion therapy." In this review, I will briefly outline the contents of Haldeman's work and then delve into some more specific topical issues that may be of particular interest to Alliance supporters.

Following an introduction by the editor, the first section of the book provides two chapters summarizing the evidence base first regarding SOCE (by Judith Glassgold) and next as pertains to GICE (by David Rivera & Seth Pardo). Glassgold's chapter overviews the APA's 2009 Task Force Report and then provides an updated literature review though 2020. The second section of the book is entitled "Minority Stress and Collateral Impact," with chapters outlining the role of minority stress in change efforts, the role of families in change as well as affirmation efforts, and the role of religion in SOCE and GICE (the latter chapter authored by Thomas Plate). A fourth section, "Affirmative Approaches: Guidelines and Ethics," include three chapters, two of which describe the APA's practice standards for SOCE and GICE, followed by a third chapter on applying ethical principles, standards, and practices to SOCE and GICE. A fourth and final section addresses "Affirmative Approaches: Advocacy and International Issues," and presents two chapters, first on U.S. public policy, legislation, and judicial work on conversion efforts, with a final chapter examining SOCE and GICE from an international context. Of interest to Alliance partners is the authorship of the first chapter in this section, which includes Sam Brinton (I will address this later). Finally, Haldeman concludes the work with an epilogue that in places borders on diatribe.

Although the book is valuable as a current read on the APA's thinking about change exploring therapies (no doubt including sexual attraction fluidity exploration in therapy—SAFE-T), the unfortunate reality is that this text was already outdated before it was even published. Recent emerging research is challenging the narrative that all forms of change exploration are harmful and never beneficial to those who freely choose to pursue them (Rosik et al., 2021, 2022; Sullins, 2022, in press; Sullins et al., 2021). Since the book's literature reviews only include studies up through 2020, the aforementioned studies were not included, though it is probably questionable to assume they would have been discussed in the book even if they had been published earlier. I will address one particular reason this is unfortunate in the first of six topical assessments of the book.

The extensive citation of Blosnich et al. (2020). This population-based study using survey data collected through the LGBT-allied Williams Institute was cited by Glassgold to ". . . support concerns voiced by participants in all recent studies and suggest that SOCE has a significant association with suicide risk" (p. 34). Table 6.1 in the chapter examining APA practice guidelines includes milestone events in the history of APA guideline development and includes (p. 129) a 2020 listing for the Blosnich et al. study,

describing it as the "First population-based study showing significant harm from CT" [conversion therapy]. In his epilogue, Haldeman also cites Blosnich et al. and notes this study indicates ". . . that SOCE are indeed as harmful as we have thought, given the adverse mental health effects reported by SOCE participants" (p. 249). Given that the APA, as represented in this book, places so much emphasis on this study, it is truly amazing just how flawed Blosnich et al. really is, as seen in Sullins's (in press) reanalysis of the study. Unlike Blosnich et al., Sullins controlled for pre-SOCE levels of suicidality and, using the same analytic procedures as Blosnich, discovered that this eliminated a positive association between SOCE and suicidality. Instead, participation in SOCE was mostly associated with less suicidality, and sometimes greatly so. It appears the truth of the matter is likely to be the complete inverse of the APA's perspective as gleaned from this book (see also Schumm et al., this issue, for more on this).

Only minority stress can be considered. One reason Blosnich et al. appear to have ignored pre-SOCE suicidality may be due to an exclusive focus among researchers in this literature on the preferred narrative of minority stress theory. This myopia is evidenced in multiple contexts within this book. For example, Glassgold asserts "Client participation in SOCE is a response to social stigma directed at LGBT individuals that results in social rejection and legal discrimination" (p. 43). Although client motives for SOCE or GICE participation should always be explored to ensure self-determination, Glassgold's view completely negates any involvement of genuine human agency in a decision to explore change. Similarly, Rivera and Pardo conclude ". . . the data suggest that the root causes of patients' distress are in fact the social stigma, stress, violence, and discrimination with which they must cope, and not trans identity or gender nonbinary behavior" (p. 57). Yes, this can be *one* factor, but such a blanket explanation leads to research that overlooks critical alternative explanations leading to potential false conclusions (a la Blosnich et al. in light of Sullins). In light of the Blosnich et al. reanalysis, it is ironic to say the least when Rivera and Pardo lament the use of poorly modeled studies: "Furthermore, relying on comparison and simple statistical models to understand disparities experienced by transgender and nonbinary people can lead to the propagation of inappropriate and harmful interventions, such as GICE" (p. 60). It may well be the case this problem is more germane to research purporting universal harms from SOCE and GICE.

Finally, the author of the chapter on applying APA standards blithely contends that therapists must ensure clients understand only minority stress is responsible for their distress: "Clients often do not realize that external oppression, bias, and discrimination are the *root cause* of internal distress, depression, anxiety, and other reactions to harmful minority treatment" (p. 178, my emphases). It appears from the APA's perspective that it is not acceptable to validate a client's sense that, for example, childhood trauma may be a factor in the origin of their stress. Rather, the therapist's task appears in some fashion to be to talk clients out of such a belief and move them to a perspective that only perceives external stressors as relevant to their difficulties. It is hard to imagine a more dis-powering variety of intervention.

Frequently slanderous and outdated depictions of change efforts. First to give credit where it is due, Glassgold concedes that, "In the United States, SOCE is usually provided in verbal form" (p. 20). She further consigns degrading forms of physical and verbal abusive practices to non-western clandestine or government sanctioned

international contexts. She then outlines foundational elements of SOCE, the last two of which are ". . . (d) encouragement of traditional sexual and gender roles and expressions in children, adolescents, and adults; and (e) prohibition of certain sexual behaviors and gender nonconforming expression and identity" (pp. 20–21). From this depiction, free from any contextual nuance, it would seem that advocation of traditional Judeo-Christian sexual values that seek to restrain any sexual or gender expression the APA favors would be considered a form of SOCE or GICE. More on this shortly.

Other authors abandon any acknowledgement of nuance in their depictions of change. Rivera and Pardo report "Examples of GICE include the use of aversive operant conditioning techniques (e.g., paring a homoerotic image with an electric shock), cognitive restructuring, and psychoanalytic processing of formative experiences" (p. 52). Of course, aversive behavioral techniques have not been used in the West for decades and one wonders why "working through trauma" was not preferred over "psychoanalytic processing of formative experiences" (perhaps the former sounded too reasonable). It is also important to note that Sam Briton shares his personal account of SOCE, including the following: "The therapist ordered me bound to a table to have ice, heat, and electricity applied to my body. I was forced to watch clips on a television of gay men holding hands, hugging and having sex. I was supposed to associate those images with the pain I was feeling to once and for all turn into a straight boy" (p. 196). As I understand it, the veracity of Brinton's account is highly questionable, and he has never been able to recall the identity of the therapist who perpetrated such atrocities on him. I worry that this may represent how little vetting the APA does when anecdotes suit their purposes.

Similarly, the discussion of international contexts for SOCE and GICE highlight electroconvulsive therapies, electric shocking of hands or genitals, nausea-inducing drugs paired with homoerotic stimuli, hormone injections, antipsychotics and hospitalization. Although I can think of no Alliance supporter who would not condemn such practices, it is concerning that the authors make no effort to distinguish such SOCE and GICE practices from change exploring therapies in western and democratic contexts. In fact, they assert without geographic reference that, "When SOCE/GICE are practiced by mental health professionals, these efforts typically take one of the following forms: . . ." (pp. 221–222) and go on to include in their list the above-mentioned practices. Religious practitioners fare no better, being universally associated in the authors' minds with practices that "often involve exorcism or ritual cleanings via beatings or burnings during prayers, forced feeding, or food deprivation" (p. 221).

Research mandates and exclusions. The book includes some general research aims with this field of study that are refreshingly honest yet discouraging for the integrity of the scientific endeavor. A main goal, as should be clear to any student of this literature, is to shift the focus for distress from internal processes to external factors, consistent with the aforementioned minority stress theory. As Rivera and Pardo put it regarding how to do research with transgender persons,

> First, there is movement to conceptualize the distress and dysphoria symptoms experienced by transgender and gender nonbinary people as emerging from extrinsic factors, such as societal and interpersonal stigma and discrimination, as opposed to intrinsic factors. This shift is essential in that it

> shifts the focus to the social climate in which gender norms support gender binaries and cisgender identities and expressions. Conceptualizing symptomatology emerging from social pressure and discord, as opposed to inherent, intrinsic factors, also helps to tamp down the religious and moral premises that focus on the individual rather than on how the individual is reacting to society. (p. 62)

According to the authors, this kind of research will open up possibilities for "developing a gender-expansive paradigm for understanding gender identity and expression" and lead to the development of "empirically validated gender-affirming and culturally relevant practices" (p. 62). In my view, this strategy creates a research environment wherein favored conclusions are seeking policy-relevant data. This risks creating a body of literature that is used to establish public policy and professional guidance despite being incomplete or even inaccurate.

The established ideological monoculture within academic institutions and professional associations also creates the likely application of confirmation bias in a pursuit such as Haldeman's book. Consider how Glassgold dismisses the Jone & Yarhouse (2011) study, referring to it as "A longitudinal study of members of a religiously based organization that aimed to examine change efforts had one third of participants drop out, imperfect statistical design, and subjective measures of change" (p. 33). Of course, attrition is a limitation of all longitudinal research, and many if not most studies of SOCE and GICE have employed subjective measures of change (and harm for that matter). Of special note is Glassgold's apparent standard of SOCE and GICE research needing to utilize "perfect" statistical designs, as if there really were some designs impervious to critique. Such assessments are consistent with the effects of confirmation bias wherein critique is much more stringent for research findings with which one disagrees and much more lenient for findings consistent with one's preexisting values and beliefs.

A stronger condemnation against SOCE and GICE in policy. Gone are the "good old days" of the 2009 APA Task Force Report (APA, 2009) that acknowledged limitations in the literature and called for further research. The book observes that the 2009 Report ". . . proved pivotal in advocating for legislative initiatives to oppose SOCE" (p. 135), and the intervening years have brought about movement both within the culture and the APA toward a much harsher denouncement of all change efforts and calls for legal prohibitions, no doubt inclusive not just of fringe abusive practices but also of SAFE-T. For instance, Glassgold encourages "Bans on SOCE for children, youth, and adults as well as legal action against SOCE practitioners under consumer protection acts may provide some protection for clients and reduce stigma directed at LGBT individuals" (p. 43).

Brinton and coauthors encourage "recognizing the movement to end conversion as an LGBTQ liberation or equality issue . . ." (p. 196). They also acknowledge that the immutability of SOGD, while helpful in attaining LGBTQ civil rights, is no long necessary. However, they also go out of their way to underscore their belief that sexual and gender fluidity does not justify SOCE or GICE: "Sexual fluidity does not equate to claims that external forces—packaged as therapeutic or otherwise—can manufacture such change. Similar claims about 'persistence' rates among transgender and gender nonconforming youth can mistake fluidity for claims that intervention can alter the trajectory of gender identity" (p.

211). SAFE-T oriented clinicians will cringe at the language of therapy "manufacturing" change, as if the dynamic interaction of culture, biology, and agency in human sexuality can be reduced to a therapeutic assembly line into which change exploring therapists plug their clients.

Once again, one can read the influence of a monocausal application of minority stress theory in the background where human sexual agency under therapeutic assistance is eviscerated as having any relevance to considerations of fluidity and change in sexual attractions and behaviors as well as gender identities (see also Williams et al., this issue). Humans in this view only appear to be acted upon by their feelings relative to their non-heterosexual sexual experiences and non-binary gender expressions. They appear incapable of exerting any self-directed or therapy-assisted influence upon their sexuality and gender identity that could arise, for example, from their values and beliefs.

Interestingly, nowhere in this book is there a mention of the 11th Circuit Court of Appeals decision that struck down SOCE and GICE bans in this jurisdiction, despite this having occurred prior to 2020. It is impossible to imagine Haldeman or any of the chapter authors would have been unaware of this ruling, which again highlights the aim of the book is not to provide any glimpse of a counter argument to their narrative on SOCE and GICE, but only to support a blanket ban of all change exploring assistance, even those that are solely speech-based, when they run afoul of the APA worldview.

Beyond eliminating SOCE and GICE, the policies endorsed in the book are intended to normalize and expand the influence of left-of-center sexual and gender values. The current conflict pitting parents of young children against teachers and school administrators pushing gender ideology can be understood in light of statements like these from Glassgold and coauthor Caitlin Ryan:

> A more comprehensive plan—and one that aims to prevent stigma and promote well-being—is to integrate normalizing approaches to support a child's SOGIE into mainstream public health and wellness programs that are offered to all children and families from birth through adulthood. Doing so essentially means integrating these issues into mainstream well-baby, well-child and adolescent, and well-young-adult curricula offered to parents and others by health care professionals. Likewise, support for positive development of sexual orientation and gender diversity must be integrated into every educational, health, and social policy venue. Such integration would generate a revolution in pediatric care, child development, social services, and educational policy. This inclusion reinforces the inherent normalcy of the full range of diverse sexual orientations, gender identities, and expressions. (pp. 99–100)

Although there is no need to attribute malice in the authors' intentions, the current intensification of mental health distress among youth and particularly LGBT youth certainly raises important questions about the accuracy of their approach and predictions. The growing concern with iatrogenic harm in the medical transitioning of adolescent girls would be one development the authors' social vision may have trouble defending as the promotion of youth wellness.

Understand traditional religious beliefs on same-sex sexuality and binary gender-identity in order to change them. The book does address the traditional religious beliefs of many who pursue SOCE or GICE, but the perspectives offered are usually less than

flattering and suggest a bias against traditional religious viewpoints on sexuality. The authors (including Haldeman) of the chapter on applying APA guidelines dismiss religious values that find same-sex behavior immoral, asserting this perspective finds ". . . same-sex attraction and behavior are immoral because they contravene a particular, *idiosyncratic* interpretation of scripture" (p. 138, emphasis added). It is unclear how a hermeneutic shared by hundreds of millions of people can be classified as "idiosyncratic" in the conventional understanding of the term.

Later, Haldeman asserts without citation that "SOCE camps have proliferated over the course of the past decade, and evidence suggests that the aversive methods of old have not disappeared but have simply gone underground" (pp. 247–248). More specifics are needed to evaluate this claim, but none are offered. Later he also gives away the APA's bias when it comes to conflicts between traditional religious values and same-sex sexuality or gender identity: "Invariably, those factors (e.g., choice of religious identification) are far easier to change than is sexual orientation" (p. 249). In my albeit limited exposure to APA workshops on this religion-sexuality conflict, I have not seen any case presented where clients maintained their traditional religious values.

Hence, it is not surprising that elsewhere in the book clinicians are advised to be knowledgeable about religious diversity as a means to assisting clients' transition away from traditional religious beliefs the APA no doubt considers problematic: "A sound knowledge base of the psychology of religion and respect for religion as a diversity variable can foster client trust that the MHP [mental health professional] is not trying to deprive the client of religious beliefs but rather broadening the spectrum for a healthy role of religion in the client's life" (p. 176). Here "broadening the spectrum" and "healthy religion" I read as code for being educated out of traditional religious beliefs and into a more progressive and "enlightened" religious or spiritual viewpoint concerning same-sex sexuality.

In his chapter on the role of religion in SOCE and GICE, Plante did try to strike a more conciliatory tone and encouraged respect for diverse expressions of religious belief, but ultimately he does not escape the limitations of the APA worldview. For example, he draws parallels between the historical support for slavery by some religious adherents to the current support by conservatively religious people for SOCE and GICE. He describes as "intolerant Christians" those who ". . . fail to recognize that Jesus never directly mentioned, commented on, or gave any instructions about homosexuality or any LGBTQ+ behaviors" (p. 114), apparently ignoring the likelihood that moral disapproval of same-sex behavior was so widespread in first century Jewish culture that Jesus would have no reason to mention something so broadly assumed. Plante concludes his chapter by advising that clinicians ". . . need to respect and avoid discrimination against LGBTQ+ clients, but they must also respect and avoid discrimination against people from religious traditions and groups that they may not agree with, relate to, or like" (p. 121). This is sound advice of which proponents of SAFE-T would no doubt approve. However, Plate seems not to recognize the irony of his appeal, which is immediately followed by an appendix of "helpful resources" that fails to include any organizations or resources that would support an individual in exploring change or be identified with a traditional religious moral outlook on same-sex sexuality.

Finally, Haldeman closes the book with soaring rhetoric no doubt meant to inspire culture warriors from within and beyond the

APA: "With the rise of theocratic ideology that enshrines bigotry so long as it is justified, in scriptural terms, and an increasingly conservative judiciary, it is our duty to remember that the best weapons we have in this fight are what we know best: evidence, effects, and alternatives" (p. 251). I found myself grieving these words from a psychologist who two decades ago affirmed that therapies should not be banned, and clients should not be denied the right to explore change (Haldeman, 2002).

> Psychology's role is to inform the profession and the public, not to legislate against individuals' rights to self-determination. . . .We must respect the choices of all who seek to live life in accordance with their own identities; and if there are those who seek to resolve the conflict between sexual orientation and spirituality with conversion therapy, they must not be discouraged. (p. 263)

Despite Haldeman's evolution to a highly polarized position on the matter, I still believe there is some significant common ground proponents and opponents of SOCE and GICE could find that would benefit all sexual minorities were the APA less interested in activism and more interested in conversations across the ideological fence. Unfortunately for this pursuit, *The Case Against "Conversion Therapy"* is a contribution clearly located in the former category. Readers interested in a firsthand compendium of the APA's current scholarly and policy activism will find this book invaluable, but those wishing for a more balanced and up-to-date presentation that considers multiple perspectives on the science and policy related to SOCE and GICE will have to look elsewhere (e.g., the discussion sections of Sullins et al., 2021, and Rosik et al., 2022).

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