Evidence of Opinion: A Critical Analysis of the Use of Empirical Literature in Controversial Topics

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Evidence of Opinion: A Critical Analysis of the Use of Empirical Literature in Controversial Topics

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Abstract
The American Psychological Association (APA) and the National Association for Research and Therapy of Homosexuality (NARTH) use the same empirical sources as supporting evidence for differing views on the psychological treatment of sexual minorities. Given this discrepancy, we undertook a critical analysis of all sources commonly cited by APA and NARTH. We conclude that the sources have not been used consistently, and that this may be a product of differing beliefs surrounding a controversial issue.

Introduction & Background
- Empirical studies play a significant role in the science of psychology. This research may be used as supporting evidence for controversial topics, which may result in conflicting interpretations of the literature. This is the case in research surrounding sexual minority issues.
- Recent publications by the APA and NARTH concerning sexual orientation change efforts (SOCE) illustrate this phenomenon.
- The APA and NARTH cited the same sources to support different conclusions. In light of this, our group reviewed this common literature in order to directly compare these conclusions and provide an impartial review of the research cited. Our analysis was focused on three topics: (1) Existence of evidence that sexual orientation can be changed through reorientation therapy, (2) harmfulness of SOCE, and (3) pathology of sexual minorities compared to the general population.

Topic 1: Fluidity of Sexual Orientation
- APA Claim: Studies supporting reparative therapy (i.e., therapy focusing on a change in sexual orientation) lack scientific rigor, and since effectiveness can not be proven the method should not be practiced.
- NARTH Claim: Studies support reparative therapy, and though some are unscientific, many are legitimate.

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<th>Article/Reference</th>
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<th>Assessed by APA</th>
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<td>Spitzer, R. L. (2005)</td>
<td>Shift from &quot;very high homosexual range&quot; to &quot;very high heterosexual range&quot; - shows all changed orientation, not just behavior.</td>
<td>Religious identity changes perceptual change. Many that said they had altered their sexual orientation still had same sexual behaviors.</td>
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The articles themselves are often less extreme, acknowledging the need for further research, the author’s own initial skepticism, and the acknowledgment of different definitions of success, as well as the reality that even when reparative therapy seems to work it only affects about 1/3 of clients.

Topic 2: Effects of SOCE
- APA Claim: SOCE are harmful to the patients that experience them.
- Assert that there is a lack of sufficient evidence that SOCE is not harmful
- SOCE may harm patients by treating same sex attraction as a disorder
- NARTH Claim: SOCE is not always harmful and can be helpful as well.
- Assert that patients have a right to receive treatment if they ask for it
- Argue that all therapies have the potential to harm

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<td>Lassert &amp; Gottlieb (2004)</td>
<td>Advantages cited for conversion therapy... it might be effective 2) if not effective, might be beneficial in 5 ways: a) help patient accept sexual orientation by allowing him to see other avenues as available; c) patient-therapist relationship is maintained.</td>
<td>Consists about the issues, and disapproves of the helpfulness of conversion therapy. We contend that same-sex desire is neither pathological nor immoral and that efforts to change sexual orientation are generally unwarranted and may even be harmful.</td>
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<td>Style &amp; Schreider (2005)</td>
<td>Reports of self-perceived success and self-perceived failures from conversion therapy.</td>
<td>Several people who had received conversion therapy claimed that they were plagiarized by various psychological and interpersonal problems during the therapy, and after its conclusion.</td>
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<td>Nicholson, R. M., B. W. (2000)</td>
<td>In their survey of 822 clients, only 1.7% reported that they were worse on three of the four items, which suggested minor negative effects for those who engaged in therapy.</td>
<td>Some individuals realized their sexual orientation, identity, behavior, and values. They did not in a variety of ways, and with varied and understandable outcomes, for some of which were temporary. Based on the available data, additional claims about the meaning of these outcomes are scientifically unsupported.</td>
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Reading each article and understanding the context of the statements cited reveals the true intent of each statement. For example, Lassert & Gottlieb (2004) are cited for listing possible advantages of reparative therapy. However, this is merely a short paragraph within an article by authors who discourage the use of reparative therapy overall and worry about the harmfulness of such therapies.

Topic 3: Rates of Pathology in Sexual Minorities
- APA Claim: There are no consistent differences in rates of pathology in the “LGB” population.
- Focuses on how confounding variables, such as stress levels, social isolation and social discrimination influence higher rates of pathology.
- Argues that effects of social discrimination directly influence increased rates of pathology.
- NARTH Claim: There are greater rates of pathology in the “homosexual” population.
- Focuses on statistical results only, rather than confounding variables.
- Asserts that social discrimination could influence pathology, but it is not a definite causal factor.

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<td>Harrell, R., Goldberg, J., Yee, W., Raines, M., Davis, E., &amp; et al. (1999)</td>
<td>“Same-gender sexual orientation” is significantly associated with higher rates of suicidality.</td>
<td>The underlying causes of the suicidal behavior/status remain unclear. Results should be interpreted with caution, given the inconsistent definitions of suicidality.</td>
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<td>King, M., Stensland, J. T., Kellogg, B., Osborn, D., Pinsky, D., et al. (2006)</td>
<td>LGBT persons are at higher risk of suicidal behavior, and substance misuse and dependence than heterosexual people. Similarly, depression and anxiety are more common in LGBT people.</td>
<td>There is no evidence to suggest that homosexuality is itself a disorder. It is likely that the social hostility, stigma and discrimination that most “LGBT” people experience is at least part of the reason for the higher rates of psychological morbidity observed.</td>
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<td>Van Kammen, N., Hoppner, H., van Empelen, P., van Brakel, G., &amp; Kirk, G. (2007)</td>
<td>The practice of unsupported and sex among homosexual males is increasing. This shows a level of risk taking in lifestyles that is dangerous and harmful.</td>
<td>The association of HIV/AIDS with “gay and bisexual men” is an inaccurate belief that fosters stigmatization, gender, and bisexual persons. Levels of unprotected sex are similar in both the heterosexual and homosexual populations.</td>
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<td>Brandt, P., &amp; Kinloch, A. (1998)</td>
<td>“Homosexual minority populations are more likely to commit criminal acts of violence and “homosexual relationships” are more likely to be volatile and unstable.</td>
<td>“Same-sex and heterosexual couples” have similar scores on relationship satisfaction and commitment. They share similar needs for intimacy and domestic life.</td>
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Within Article Bias: Interpretation and Methodology
- Narrow groups studied, such as highly religious individuals or those mandated to participate by court order
- Reliance on convenience samples often made up of those already seeking reorientation
- Several studies associated with religious publications and organizations such as the Journal of Psychology and Christianity and Exodus International
- Some studies conducted or hosted by members of the Association of Gay and Lesbian Psychiatrists, the National Gay and Lesbian Health Association, and the National Gay and Lesbian Task Force
- In one study, the researcher was a participant
- 6 of the more recent articles cited as supporting reparative therapy are authored by former NARTH president Joseph Nicolosi

Conclusion
Through careful analysis of the articles cited by both APA and NARTH, we have found that the same articles have been used as support for opposing viewpoints. We therefore conclude that when research regarding controversial issues is either conducted or cited, it is important to consider possible societal and personal biases.