Recently Published Research Counters Claims of Widespread Harm and Ineffectiveness of Sexual Attraction Fluidity Exploration in Therapy (SAFE-T)

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An online survey of 125 men in the USA who had been or still were engaged in sexual fluidity exploration in therapy (SAFE-T) with licensed mental health professionals has recently been published in the peer- reviewed journal *Linacre Quarterly*. The study by Santero, Whitehead, and Ballesteros (2018) had participants rate their experiences of change, harm, benefit, and type of intervention at three intervals: before, during, and (where applicable) after their therapy experience.

Participants were asked to report on their experience of sexual attraction and their sexual identity, as well as Kinsey scale ratings (from exclusively homosexual to exclusively heterosexual). Also assessed was the duration, effectiveness, and harmfulness of 17 specific therapeutic techniques, the type of provider, and the number of sessions/hours/meetings participants attended. Change was measured in terms of the frequency of homosexual and heterosexual fantasy, desire for intimacy, and kissing and sex. Change in the degree of self-reported sexual attraction and Kinsey scale scores were also evaluated. Separate measures of helpfulness and harmfulness for each of the 17 specific therapeutic techniques was assessed. Variables measuring mental health changes, positive and negative, were assessed for self-esteem, depression, social functioning, suicidality, self-harm, and substance abuse.

Santero et al.'s sample of men had a mean age of 40, median income of $63,000, and 89% reported some variety of Christian identification. Fifty-four percent of the participants were single, 46% married, and 42% had children. Fifty-eight percent had completed therapy, while 42% were still in therapy at the time of assessment. In terms of motivations for pursuing SAFE-T, 64% reportedly entered therapy for faith-based reasons, 12% desired to strengthen their marriage, and 10% aspired to heterosexual marriage. Countering the narrative that SAFE-T clients are routinely coerced into therapy, 4% of the sample cited extreme

dislike of the gay culture they experienced, and 3.2% cited family pressures.

Results

Utilizing chi-square and sign test statistics, the authors checked the reliability of their effect sizes and confidence intervals through Monte Carlo methods. In terms of SAFE-T effectiveness, Santero and colleagues found that 68% of the men reported reductions in their same-sex attractions and behavior as well as an increase in their opposite-sex attractions and behavior. Among the men who had finished their therapy, these changes endured for a median of three years after therapy was completed and loss of therapy gains were generally not observed. Regarding the occurrence of categorical change, 14% of the sample reported change from exclusive homosexuality to exclusive heterosexuality. Two-thirds of participants had more heterosexual attraction and less homosexual attraction after receiving SAFE-T. Specific professional therapy modalities were only recalled by 20% of participants, and the only modality recalled by more than one participant was cognitive/behavioral therapy, of which 16 participants found helpful and two found harmful.

SAFE-T participants reported the most helpful therapy interventions were:

- Developing non-erotic relationships with same-sex peers (87% reported this as helpful)
- Understanding better the causes of your homosexuality and your emotional needs and issues (83%)
- Meditation and spiritual work (83%)
- Exploring linkages between your childhood and family experiences and your SSA (76%)
- Learning to maintain appropriate boundaries (76%)

Participants reported that the most harmful interventions involved:

- Going to the gym (16%)
- Imagining getting AIDS (covert aversion—13.6%)
- Stopping homosexual thoughts (12.8%)
- Abstaining from masturbation (10.4%)

Based on their rating system, Santero et al. indicate that the grouped negative impact of SAFE-T on mental health issues was slight. Meanwhile, the median results for the positive impact of SAFE-T were:

- Self-esteem: Markedly helpful
- Social functioning: Markedly helpful
- Depression: Moderately helpful
- Self-harm: Markedly helpful
- Suicidality: Markedly helpful
- Substance abuse: Extremely helpful

Significant increases in self-esteem and social functioning as well as decreases in depression, self-harm, suicidality, and substance abuse were reported among participants who had completed therapy.

Only one participant reported extreme negative effects (i.e., for suicidality and self-harm). Most participants reported net degrees of harm that were "none to slight." About 75% reported net harm in only one (varying) category out of the six. Most percentages of participants reporting harm were below 10%. Ninety-eight percent of the sample reported active faith, suggesting that SAFE-T resulted in very little loss of religious faith.

Conclusions

Santero et al. conclude that change in same-sex attractions and behaviors from SAFE-T is likely to some extent. They observe that

"If 'unlikely to be successful' (American Psychological Association, 2009a) means only a 14% success rate for very profound change, many lay religious individuals will still feel this worth trying" (p. 12). They also concur with a growing scientific consensus that "The concept of the immutability of sexual attraction must be rejected" (p. 12). The authors also conclude that change in comorbid traits (self-esteem, depression, suicidality) through SAFE-T is likely to a large extent. Based on their findings related to a number of SAFE-T interventions, they suggest that evidenced-based advice to clients is that many types of SAFE-T may be helpful, so they recommend that consumers try a large range of interventions.

Concerning harm, Santero et al. observe that the rates of effectiveness and deterioration or harmfulness for SAFE-T appear to be similar to what is reported in psychotherapy for other conditions. They add that "The degree of change of the comorbid problems was sufficiently high that for them a fair summary would be 'likely to change to a large extent during SOCE [SAFE-T]" (p. 12). Based on their findings, Santero et al. offer a not-so-gentle rebuke to the American Psychological Association:

> Given the results of this survey, the current recommendation by the American Psychological Association (2008) that "ethical practitioners refrain from attempts to change individuals' sexual orientation" is itself unethical, at least for lay religious men. A re-evaluation would at minimum spark motivation to conduct studies with best possible research methodology, so that SOCE [SAFE-T] can be better evaluated and improved further. The bottom line is that individuals with unwanted same-sex attraction have the fundamental right to seek strengthening of opposite-sex attraction, and this should be fully respected. Through their change efforts, they are likely to see at least some change and help with unrelated mental issues, and they have a right to know this. (p.14)

Study Strengths and Limitations

As is the case for any research, Santero et al.'s study has limitations that should be mentioned. Similar to all prior SAFE-T research, this study relies on retrospective self-reports of change and harm and, despite recruiting for participants from therapy contexts, is not definitively able to disentangle professional from non-professional care providers. Moreover, the sample is admittedly unrepresentative in that (1) Joseph Nicolosi, Ph.D., was the main contact for all the therapists who advertized the research project to clients; (2) the authors did not obtain dropout rates during therapy; and (3) participants were highly religious, well-educated, higher SES, Caucasian, Protestant, and American. Thus, the findings from this study, while suggestive, cannot be generalized to all non- heterosexual clients. The authors also astutely observe that the changes in SSA reported by participants may not be acceptable to church authorities, especially for participants who might seek a leadership role in their church or synagogue.

The authors also noted several strengths of their research. The sample size was sufficient to obtain stable statistical results. Santero et al. assessed for both those who benefited from SAFE-T and those who did not. In addition, half of the sample was post-therapy, allowing for a three-year median follow-up. Finally, the inclusion of Roman Catholics, Jews, and LDS men suggest

results are applicable to the broader faith community.

Final Comment

Proponents of clients' rights to pursue SAFE-T owe a significant debt to Santero, et al. for the courage and perseverance it must have taken to finally have their research published. Their study suggests that sample recruitment is especially critical in this research domain and that pessimism toward SAFE-T within organized psychology may be the result of a largely uniform reliance on LGB-identified or LGB-allied researchers, venues, and consumers. This lack of diversity within the field of study should lead to a healthy skepticism concerning the definitiveness of prior claims about SAFE- T's ineffectiveness or risk of serious harms. As Chamber, Schlenker, and Collisson (2012) caution, "To the extent that social scientists operate under one set of assumptions and values, and fail to recognize important alternatives, their scientific conclusions and social-policy recommendations are likely to be tainted" (p. 148). With the advent of Santero et al.'s research, SAFE-T proponents have a valuable tool for differentiating between SAFE-T opponents who are ideologically closed partisans and those who are curious social scientists open to what may be learned from exceptional findings.

References

American Psychological Association (2008). Retrieved from http://www.apa.org/topics/lgbt/orientation.pdf

American Psychological Association (2009). *Insufficient evidence that sexual orientation change efforts work, says APA*. Retrieved from http://www.apa.org/news/press/releases/2009/08/therapeutic.aspx

Chambers, J. R., Schlenker, B. R., & Collisson, B. (2012). Ideology and prejudice: The role of value conflicts. *Psychological Science, 24*, 140–149. http://dx.doi.org/10.1177/0956797612447820

Santero, P. L., Whitehead, N. E., & Ballesteros, D. (2018). Effects of therapy on religious men who have unwanted same-sex attraction. *Linacre Quarterly*. Advance online publication. http://dx.doi.org/10.1177/0024363918788559

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