

Historic APA Symposium on Religiously Mediated Change in Homosexuality

By Philip M. Sutton, Ph.D.

August 9, 2009 saw an historic symposium on religiously-mediated change in homosexuality at the American Psychological Association's (APA) annual convention in Toronto, Canada. The symposium was entitled *Sexual Orientation and Faith Tradition: A Test of the Leona Tyler Principle* and was sponsored by APA Divisions 1 (The Society for General Psychology) and 36 (Psychology of Religion). Never before had research documenting scientific evidence of intentional change in sexual orientation through religious-mediated activities been presented at an APA convention.

Symposium presenters included Chair, A. Dean Byrd, Ph.D., MBA, MPH, University of Utah School of Medicine; Presenters Stanton L. Jones, Ph.D., Wheaton College; Mark A. Yarhouse, Psy.D., Regent University; and Nicholas A. Cummings, Ph.D., Sc.D., Cummings Foundation for Behavioral Health, Inc.; and Discussant: Frank H. Farley, Ph.D., Temple University. Drs. Jones and Yarhouse presented their paper: *Ex Gays? An Extended Longitudinal Study of Attempted Religiously Mediated Change in Sexual Orientation*. Dr. Cummings's paper: *Sexual Orientation, Faith Tradition, and the Disappearance of the Leona Tyler Principle*, was read by Dr. David B. Baker, Ph.D., University of Akron, Director, Archives of the History of American Psychology. Drs. Cummings and Farley are past APA Presidents. (Copies of the 2009 APA symposium's papers may be seen at <http://www.narth.com/docs/Symposium.pdf>.)

Dr. Byrd's Introduction

Dr. Byrd, Symposium organizer and Chair, began the Symposium by reminding the audience of the nature and importance of the Leona Tyler Principle. Formally accepted by APA governance in 1968 and never rescinded, the principle states that in speaking as psychologists, whether as an organization or as individuals, "advocacy should be based on scientific data and demonstrable professional experience." Without such empirical support, psychologists are free to speak as "concerned citizens," whether individually or collectively.

Byrd further asserted that while "it is no longer questionable whether or not ideology influences science..., it is clear that science only progresses by asking interesting questions, not by avoiding those questions whose answers might not fit a particular agenda." Authentic progress requires determining both "what science can and cannot say" about a given topic in a climate of genuine "ethicality and diversity." After acknowledging the recent APA's Task Force Report's encouraging call to respect clients' right to self-determination, Byrd quoted University of Akron psychologist M. Benoit (2005): "Respect for religious diversity demands that psychologists give as much weight to belief as to sexual identity."

Finally, Byrd highlighted a significant focus of the Symposium as considering "whether or not APA's advocacy on behalf of issues relating to sexual orientation and to religious

stances toward sexuality have to date” been faithful to the Leona Tyler Principle (i.e., “properly based on scientific data and demonstrable professional experience.”)

Drs. Jones and Yarhouse Paper

Drs. Jones and Yarhouse’s reported the results of a continuation of their study which was previously published as *Ex-gays? A longitudinal study of religiously mediated change in sexual orientation*. (<http://www.narth.com/docs/rekersrev.html>) and presented by Dr. Jones at the 2007 NARTH Convention (<http://www.narth.com/docs/annual07.html>). Their 2007 publication reported the results of a prospective, longitudinal study of 72 men and 26 women who were seeking sexual orientation change through participating in one of 16 Exodus affiliated ministries across the U.S. Of the original sample of 98 subjects, 73 (75%) participated in all three evaluations spaced an average of a year apart. The analyses of these evaluations were reported in *Ex-gays?*

At the APA Convention, Jones and Yarhouse reported the results of an additional three years of approximately annual evaluations of 68 (64%) of the original group of subjects—an excellent retention rate for longitudinal studies lasting six to seven years. Their study investigated claims by the American Psychological and Psychiatric Associations asserting that “sexual orientation is not changeable” and that “the attempt to change is likely harmful” to those who try. As the researchers declared: “The tools of scientific study are ideally suited to investigate empirically such strong, even absolute claims.” After completing their seven year study, Jones and Yarhouse found no evidence to support these claims, asserting: “The logic of scientific inquiry drives us...to conclude that sexual orientation may be changeable for some, and that the attempt to change sexual orientation is not harmful on average.”

The researchers described the diverse methods used by Exodus - affiliated ministry groups to help participants to achieve “freedom from homosexuality through the power of Jesus Christ” (Exodus, 2007). Small groups are the primary intervention setting, and “typical methods of intervention are worship, prayer, education and discussion.” Some Exodus groups have more structured curricula, others less. Ministries may also include some of a variety of other services such as: “residential programs; seminars; individual, couple and family therapy; support groups for family members; and written materials.” Groups may define “success” differently. Some focus primarily on the quality of one’s relationships with God and others; others behaviorally, in terms of what it means to achieve “celibacy and chastity”; while others are more concerned with “change of thoughts, fantasies and feelings.”

Jones and Yarhouse disclosed that “funding for this study was provided by two grants from Exodus” and that they “share roughly the same basic set of religious commitments as articulated by Exodus.” And they explained that they “do not regard that as constituting bias” sufficient to invalidate their results. Jones and Yarhouse explained that they “accepted this funding pledging that we would report publicly the results of our outcome study regardless of how encouraging or embarrassing Exodus might find those results.” Also, having positions on value issues relevant to the research

one conducts does not intrinsically bias the research, as long as the methodology is executed competently and the results reported honestly.

Jones and Yarhouse described their research methodology as:

...a prospective, longitudinal study of individuals seeking sexual orientation change using respected self - report measures of sexual orientation and of psychological distress. This is the most rigorous longitudinal methodology ever applied to this question of sexual orientation change and possible resulting harm. This is a naturalistic, quasi - experimental study following subjects pursuing change via methods available in their community, and hence we had no capacity to standardize or otherwise control intervention methods, and our ability to establish rigorous standards for timing of assessments was limited.

They explained that while previous studies of sexual orientation change often have been criticized for using “unvalidated and/or idiosyncratic measures of sexual orientation... this criticism also presumes two things that are highly problematic”: that there is a consensus, single definition of sexual orientation and a consensus about reliable and valid ways to assess it, but neither consensus exists.

Jones and Yarhouse chose to measure sexual orientation with “the original version [of the seven point self - report Kinsey scale (1948)] which asks “subjects to describe the population of individuals with which one had had sexual relations (i.e., behavior); “a Kinsey Expanded scale that is the average of four Kinsey ratings of behavior, sexual attraction, emotional/romantic attraction, and fantasy;” and the Shively and DeCecco (1977) scale, which considers and rates a person’s homosexual and heterosexual orientations separately by asking subjects to make ratings of and based on “physical sexual attraction to men and separately to women, and of emotional attraction to men and separately to women.”

The number of symptoms and intensity of psychological distress which were experienced by subjects at each of the six assessments were measured by the Derogatis (1994) Symptom Check List - 90 - Revised (SCL - 90 - R).

Participants’ scores were analyzed for the overall group, and also for two subpopulations. To be as prospective as possible, a “Phase 1” subpopulation was identified which included only the 57 subjects (out of the beginning total of 98) who had participated in the ministry for less than one year before the time of the first assessment. To address the frequent criticism that anyone who reported having reoriented must have been bisexual and not “truly gay” to begin with, a second, a “Truly Gay,” subpopulation was distilled from the original sample. These subjects scored above the scale midpoint at first assessment for measures of homosexual attraction and past homosexual behavior and reported having previously embraced a full homosexual or gay identity.

Overall, analyses of the separate Kinsey scale scores revealed average movement away from homosexual orientation for both the entire subject population and the Truly Gay

subpopulation. The changes were “respectably large” when compared to studies of drug effects or the results of psychotherapies, and “considerably more significan[t]” because sexual orientation is “a dimension of human functioning that is supposed to be immutable.” Analyses of the Shively and DeCecco scores found that when comparing the first with the last (6th) assessment, the whole population showed significant change away from homosexual attraction while the Truly Gay subpopulation showed significant change both *away from* (i.e., less) homosexual attraction and *toward* (i.e., more) heterosexual attraction. Finally, analyses of psychological distress scores on the SCL - 90 - R not only did not show any indication on average of increasing psychological distress for any of the groups, but also showed significantly improved psychological status for both the whole and Truly Gay subpopulations.

The researchers also reported the results of a qualitative characterization of participant outcomes based- at Time 3 or the end of the *Ex-Gays?* analyses- on the transcripts of open-ended questions asked of each participant about their sexual attractions, experiences and identity, and participants’ own judgments about how successful their efforts to change had been. After their third assessment, roughly 2-3 years after being first assessed, 69 participants were categorized as follows:

11 (15%) as “*Success: Conversion*”- substantial reductions in homosexual attraction and substantial increase in heterosexual attraction and functioning. 17 (23%) as “*Success: Chastity*”- having reported homosexual attraction as present only incidentally or as not distressing, allowing a contented life without overt same-sex sexual activity. 21 (29%) as “*Continuing*” – not satisfied with modest decreases in homosexual attraction and committed to the change process. 11 (15%) as “*Non - Response*” – having reported no significant sexual orientation change and without having given up on the change process, but possibly confused or conflicted about the next step. 3 (4%) as “*Failure: Confused*” – reported having experienced no significant sexual orientation change, and had given up on the change process, but without (re-)embracing a gay identity. And 6 (8%) as “*Failure: Gay Identity*”- reported as having given up on the change process and having (re-) embraced a gay identity.

At the sixth (last) assessment, 61 participants made self-categorizations based on a written description of the six outcome categories as follows: 14 (23%) as *Success: Conversion*; 18 (30%) as *Success: Chastity*”; 10 (16%) as *Continuing*; 4 (7%) as *Non - Response*; 3 (5%) as *Failure: Confused*; and 12 (20%) as “*Failure: Gay Identity*”.

Jones and Yarhouse discussed their findings that a “Truly Gay” status (i.e., more definitive homosexual attraction, extensive homosexual behavior experience, and embrace of gay identity) did not mean that change was not possible. Also, they discussed alternative explanations behind the trend that Phase 1 subjects (i.e., those assessed earlier in their involvement in Exodus) while showing positive change outcomes, nonetheless were disproportionately represented among the more negative change outcomes. The suggestion that this might mean that “the change process is difficult and requires extraordinary persistence to attain success” sounded both sobering and realistic.

Overall, as Jones and Yarhouse described what they did, how, and why, and what they found out, I was struck by the intellectual and professional humility behind their efforts. While they tried to remedy the major weaknesses of past sexual reorientation outcome research, it was neither possible nor desirable to conduct their study as a true experiment (the “gold standard” of research). They clarified that the methods used were adequate for addressing the basic issues of immutability and general harmfulness, but not for assessing what particular features of the religious-mediated ministries were more- or less helpful. They found that some people had changed- but not all- and that for some, successful change meant both a significant decrease in homosexual attractions and behaviors (SSA), while for other persons in the study, successful change meant experiencing only a significant decrease in SSA, which led them to live a satisfactory “chaste celibate” life. Other subjects reported no significant change while continuing to try, and still others no change and a satisfactory (re-) adoption of a “gay” identity and lifestyle.

Contrary to prior criticisms of sexual orientation change efforts- and the recent APA Task Force Report- Jones and Yarhouse found that some subjects showed changes not only in sexual orientation “identity” (i.e., self-labeling) but also in sexual orientation (i.e., patterns of actual arousal to same and object sex persons). Also, the researchers found that as a group, the average participant reported improved- not worsened- social and emotional functioning.

Jones and Yarhouse also were clear about what they did *not* find. For example, the study did not show that “anyone can change,” that “conversion (i.e., change in orientation) is uncomplicated and unequivocal,” or that “reorientation” or “conversion” psychotherapies facilitate change. While the sample’s nature and size were adequate to rebut the claim that change is impossible, the sample was not adequate to make precise predictions of likelihood of change nor to yield information on possible change mechanisms or processes. Also, while as a group, participants- regardless of reorientation outcome- reported actually improving, this does not mean that a given participant did not feel harmed while attempting to change.

Dr. Cumming’s Paper

After Jones and Yarhouse’s presentation, Dr. Baker read Dr. Cummings’ paper, which was filled with his wit, candor and concerns about the modern state of scientific and professional psychology. Cummings opened by lamenting that “a stranglehold on APA governance by an oligarchy of about 200” has resulted “in a precipitous decline in both division and APA membership”. He suggested that Ron Fox, former APA President (2003), whose quote about the need for psychology to get “over its fascination with disciplinary navel lint” introduced the paper, might also have asked “how a discipline that refuses to put its own house in order [could] solve the monumental problems of society.” Cummings likened this failure to Alfred E. Newman of *Mad Magazine* fame’s often quoted line: “What, me worry?”

In addition to citing a number of financial reasons why APA *should* worry, including the declining national health-care budget for mental health and substance abuse treatment and that in the last three years, psychologists had become “the lowest paid doctoral profession in healthcare,” Cummings lamented that “The APA became the first and only national professional society to be censured by the U.S. house of Representatives... (because) the APA’s over-concern with political correctness and academic made it look as if it condoned pedophilia” in one of its journals.

After offering this perspective, Cummings focused on the first of the Symposium’s main topics. He questioned what led the APA leadership “to take the extreme, indefensible position that change in sexual identity (or orientation) is not possible, and to seek to brand interventions designed to do so as unethical? The old saying, ‘never say never, underscores ’ the folly, as it takes only one exception to disprove the ‘never.’ “ Cummings outlined “three simple, but tragic steps in this process of scientific distortion:

First, *ideology infects and perverts science*. ...It first begins with the best of intentions ...With good intentions the APA took up the plight of gays and lesbians, all very well, until the next step took over. Second, *political correctness is mobilized by proponents* in the absence of definitive research findings. Political correctness is substituted for proof, and those disagreeing with the premise are branded as stupid, racist, lacking in compassion, homophobic, or just a right-wing nut. ...Finally, *political correctness becomes an effective enforcer*, masking the absence of scientific evidence, and intimidating opposition into silence. ...[T]hose seen as politically correct risk denial of admission as students, and colleagues...risk not being hired or of losing a job, tenure, promotion, funding or just being shunned. ...The tragedy of political correctness is that intimidation frightens away research that might shed light on the social problems of today. (Emphases in original)

Then, after summarizing the Jones and Yarhouse findings (“that (a) change in sexual orientation is attainable in a modest number of cases, and (b) harm from the interventions is rare if it exists at all”), Cummings reviewed his 25 years (1955-1980) of clinical experience serving homosexual patients as chief psychologist of the Kaiser Permanente healthcare system in San Francisco. He explained that while some of these patients desired changed in sexual orientation, most came for help “because they were not as happy with the San Francisco lifestyle as they thought they would be before moving there.” Overall, Cummings reported the following general outcomes:

The majority of patients who came to us expressing distress with their homosexual behavior were able to achieve well-adjusted lifestyles, often resulting in long-term, successful same-sex relationships. A minority of the number who expressed a desire for change (in sexual orientation) achieved it. A third group whose unhappiness and reckless promiscuity was complicated by drug and anonymous sex addictions required long-term interventions, and they frequently contacted HIV-AIDS before their therapy positively impacted. None of the patients who expressed a desire for change, whether successfully achieved or not,

were harmed by the therapy. To be sure, there was often tension and turbulence, but this was part of the therapeutic process and it did not differ from the course of treatment found with intensive interventions (for) all kinds of psychological issues.

(Dr. Cummings previously had disclosed that of roughly 18,000 total homosexual clients which he and his staff treated, approximately 67 % had “satisfactory outcomes”- 54 % with homosexual adjustment and 13 % with reorientation- while about 33 % appeared to have “unsuccessful outcomes (continued promiscuity, unhappiness, perpetually chasing after anonymous sex, drug addiction, etc., cf.

<http://www.narth.com/docs/cummings.html>).

In addition, Cummings reported that he and his staff observed that “same-sex attraction and behavior are not unitary phenomena,” as gay men and lesbians both span the masculine/feminine continuum; that causation for homosexuality among their patients “did not seem to be unitary”, i.e., some appeared to show opposite sex traits behaviors from infancy, “some had been seduced into homosexual behavior early, sometimes even before puberty,” others (gay men) showed evidence of “heterosexual panic... intense fear of the opposite sex”; and that “men’s homosexual behavior was more fixed than that of women” whose behavior was “quite malleable,” i.e., showing more “fluidity...depending on the circumstances.” Summarizing his own and his colleagues’ clinical experience, Cummings reported: “Our conclusions were obvious: Change is possible for a minority of those who seek it and the interventions are not harmful,” which Jones and Yarhouse also had concluded based on their methodically more rigorous study.

Cummings noted further: “We also operated under the premise that it is a primary facet of psychotherapy that the patient determines his/her goals in treatment.” This led to his comments on the question of whether psychology ought to ban the role of religion in the lives of those with ego-dystonic homosexual behavior. In response Cummings asserted that some patients come for help to change because their homosexual behavior is:

...in such conflict with their morality or religious morality or religious upbringing that it is a source of severe distress. To inform such patients, in accordance with political correctness, that change is not possible and they must accept same-sex orientation, is both an untruth and an indefensible violation of patient-determination.

Cummings declared that “faith is a powerful motivating force in the lives of many, but ...has been understudied and unappreciated by most of psychology. “ He quoted self-identified atheist Albert Ellis’ (1980) assertion: “Reading the New Testament has changed the course of more lives than all the psychotherapists in the world put together.” He pointed out the successful and enduring help of participation in Alcoholics Anonymous and other groups for overcoming various addictions through “the surrender to a Higher Power,” and the apparent relative superiority of “religious conversion” (vs. psychotherapy) for helping persons in prison overcome sociopathic and borderline personality disorders. (Cummings recommended that the audience read *Psychology’s*

War on Religion (2009) which he-co-authored and gave complimentary copies of this book to all who attended the symposium.)

Finally, returning to his opening topic, Cummings ‘eulogized the passing of the “Leona Tyler Principle” (Tyler, 1969), “a firewall protecting the veracity of our science and integrity of our practice” of psychology. Enacted by the APA Council and Board or Directors, adherence to the Leona Tyler Principle once guided APA to circumvent the efforts of some of its members to “disenfranchise faith-based doctoral programs in clinical and counseling psychology.” These efforts failed because disenfranchise proponents were challenged to show that such “programs were substandard in education and training” and were unable to do so.

Unfortunately, this Principle, although “never repealed, was increasingly ignored and allowed to fade in everyone’s memory.” Reflecting on having lived through the abominable “Hollywood witch hunts” of the McCarthy era of the 1950’s, Cummings contrasts that experience with “the insidious sense of intellectual intimidation that currently exists under political correctness.” He lamented:

Our younger psychologists, many of whom have been seduced by political correctness, have never heard of the Leona Tyler Principle. As a result, we no longer speak as a science and profession. ...Now misguided political correctness tethers our intellects, corrupts our science, and cripples our practices.

Dr. Farley’s Discussion

Next, Discussant Dr. Frank Farley commented on several themes. After asserting his benevolence toward the GLBT community (as did Dr. Baker before reading Dr. Cumming’s paper), Dr. Farley echoed Cumming’s concerns about a lack of new blood among the APA leadership. Dr. Farley remarked that after serving as APA president, he left national APA governance. After a decade away, he returned to national governance only to be surprised that the “same faces” were still there. Dr. Farley lamented the stifling effect on APA’s growth as a profession of having the same few hundred- out of 100,000 members- remain in charge of national governance.

Dr. Farley noted that in all fairness, the Jones and Yarhouse study was both “interesting and flawed” methodologically. He also acknowledged that these “flaws” were common to most outcome research studies with which Jones and Yarhouse’s work compared favorably. Dr. Farley also voiced support for APA having a continued openness to and study of “religious practice” and ideas. After acknowledging that he too was non-religious, Dr. Farley echoed Cumming’s quote of Albert Ellis about more people benefiting from reading the New Testament than from psychotherapy.

Q & A and Further Discussion

During the question and answer session, a question was asked from the audience about the criticisms of Jones and Yarhouse’s (2007) study which appeared in the APA Task

Report which officially had been released only five days before. Dr. Jones addressed the following criticisms:

“The [Jones & Yarhouse] study is a convenience sample of self-referred populations from religious self-help groups. . . . [Notable] methodological problems [include] the absence of a control or comparison group and the threats to internal, external, construct, and statistical validity. Best practice analytical techniques were not performed in the study, and there are significant deficiencies in the analysis of longitudinal measures, and choice of assessment measures. The authors’ claim of finding change in sexual orientation is unpersuasive due to their study’s methodological problems” (APA, 2009, p. 90, fn 65).

Jones reviewed the Task Force Report’s Positive Recommendations for all future research on sexual orientation change efforts:

- a) Use methods that are prospective and longitudinal;
- b) Employ sampling methods that allow proper generalization;
- c) Use appropriate, objective, and high-quality measures of sexual orientation and sexual orientation identity;
- d) Address pre-existing and co-occurring conditions, mental health problems, other interventions, and life histories to test competing explanations for any changes; and
- e) Include measures capable of assessing harm. (p. 6)

Then he showed that their study had clearly met criteria a), c), and e). Regarding criteria b), Jones explained why criterion b) was not met and that for a number of reasons, it should not have been met. Jones argued that rigorous sample construction is necessary if they were trying to establish rigorous predictions of success in change, but that instead they were addressing simpler hypotheses, that change was impossible and that to attempt change was harmful. He further argued that criterion d) was irrelevant for the same reason. In effect, Jones stated that the APA Task Force, in evaluating the 2007 Jones and Yarhouse study, had failed to acknowledge how well this study had met their research standards and had improperly imposed a criterion that was imprudent, and practically impossible, to achieve. (Readers are encouraged to see Chapter 4: “METHODOLOGY FOR THE STUDY” of *Ex-Gays?* for an in depth discussion of the reasons behind the methodological decisions made in this longer study. This chapter would make an excellent case example for any research methods course.)

Clinton Anderson, director of APA’s Lesbian, Gay, Bisexual and Transgender Concerns Office, offered several comments. Dr. Anderson first said that Jones and Yarhouse had misrepresented APA’s position by claiming APA had ever meant to say that sexual orientation was not changeable. (Presumably he was implying that according to current empirical standards, APA was claimed merely that to date, there was no *acceptable* evidence that sexual orientation *was* changeable- or *had been shown* to change- through psychotherapy.)

Second, Anderson repeated the Task Force's criticism of the quality of the Jones/Yarhouse study reported in 2007, claiming that the researchers had failed to prove that the Exodus interventions were the causal agents for change because there was no placebo control group and because participants were not assessed before receiving any Exodus group intervention. Finally, Anderson maintained that APA is more concerned about what its professionals *do* - rather than what consumers (i.e., clients) *think*- about the services which consumer/clients are provided. (This seemed to imply that- absent acceptable research- APA discounted the relevance of reports that some clients were satisfied consumers of sexual orientation change efforts. Ironically, APA did not discount the reports of reportedly dissatisfied (or "harmed") consumers of such efforts, even though the methods used to gather these reports were significantly inferior to those used by Jones and Yarhouse.)

Attendee Dr. Richard Williams questioned the appropriateness of the APA using such strict criteria to invalidate the findings of research like Jones and Yarhouse' which had been conducted with such high methodological quality. Williams conjectured that if the same standards were applied to every study of the benefits of most of the commonly accepted psychotherapeutic approaches, none of them could be called good enough. Overall, Dr. Williams called the Symposium a "class act."

Dr. Harold Takooshian, Ph.D., Chair of Division 1, offered perhaps the best accolade possible for the quality of the papers, their presentation, and the followup discussion and Q & A. Dr. Byrd was invited to propose and prepare another symposium of similar quality for the 2010 APA Convention in San Diego.

This Symposium also was historic- as well as timely and ironic- in a different sense. It was presented at the end of a week which began with APA releasing the Report of its Task Force on Appropriate Therapeutic Responses to Sexual Orientation and its governing Council of Representatives approving the Report's "Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts". An August 5, 2009 APA Press Release had summarized the Task Force's Report and its Resolution with the headlines: "*INSUFFICIENT EVIDENCE THAT SEXUAL ORIENTATION CHANGE EFFORTS WORK, SAYS APA: Practitioners Should Avoid Telling Clients They Can Change from Gay to Straight*". This press release led to a national AP headline reading: "APA rejects gay-to-straight therapy." Ironically, four days later, this APA-sponsored Symposium documented that sexual orientation change efforts *did* work for some and that even for those who did not succeed, making the attempt was *not* generally harmful.