

APA Task Force on Sexual Orientation: Science, Diversity and Ethicality

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Abstract

APA Task Force on Sexual Orientation: Science, Diversity and Ethicality

The American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation issued their report in August, 2009. The Task Force offered recommendations when providing psychological care to diverse populations considering both sexual orientation and religion.

The symposium participants will review the science which led the Task Force to conclude that there is “insufficient evidence to support sexual orientation change efforts.”

The implications of this Task Force report for both religious and sexual orientation diversity will be discussed. Specifically, what are the implications of

the Task Force report for religious diversity? What are the implications of the Task Force report for sexual orientation diversity? Finally, there will be a focus on ethicality by reviewing practice guidelines within the context of providing psychological care, emphasizing the importance of both client self-determination and therapist transparency.

In the light of the Task Force report, the symposium presenters will highlight the importance of providing psychological care based on evidenced-based interventions and demonstrable clinical experience with demonstrated respect for both religious orientation and sexual orientation of those who seek psychological care.

Introductory Comments from Dr. A. Dean Byrd, Symposium Chair

Few would disagree with the importance of providing psychological care that is anchored to evidenced-based interventions with a demonstrated respect for diversity in the context of the highest ethical standards. The recent American Psychological Association’s Task (APA) Task Force Report, titled *Appropriate Therapeutic Responses to Sexual Orientation*ⁱ, was ostensibly designed to address what science can and cannot say about sexual orientation change efforts as well as the ethicality of providing psychological care to a diverse clinical population some of whom may present with distress over unwanted sexual attractions.

Those who seek psychological care bring with them differing worldviews, worldviews that often encompass strongly held value systems. Such value systems, whether or not they are influenced by religious beliefs, provide context and personal direction to individual lives.

Recognizing the importance of patient autonomy, patient self-determination and patient diversity, the APA has recently issued a call to respect patient choice: “Mental health organizations call on their members to respect a person’s [patient] right to self-determination.”ⁱⁱ This right must include the recognition and role of faith tradition in the lives of those who seek psychological care. After all diversity

means very little if it does not include different worldviews, even religious worldviews.

How well does the Task Force Report address the issues of science, diversity and ethicality? Is there an even-handedness in addressing what the research can and cannot say about sexual orientation change efforts? Where there is insufficient evidence, do the authors of the report limit the scope of their recommendations as is required by science and ethicality? Do the authors of the report acknowledge the dangers of concluding absence of evidence is evidence of absence?ⁱⁱⁱ What conclusions can be scientifically and ethically offered when there is insufficient evidence?

The symposium participants will review the science which led the Task Force to conclude that there is “insufficient evidence to support sexual orientation change efforts” as well as the ethical standards essential for scientific and professional judgments and professional competence.

ⁱAmerican Psychological Association (2009). Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington, D. C.

ⁱⁱAmerican Psychological Association (2008). “Answers to your questions for a better understanding of sexual orientation and homosexuality.” Washington, D. C.

ⁱⁱⁱAltman, D. & Bland, J.M. (1995). “Absence of evidence is not evidence of absence.” *British Medical Journal*, 311, 485.

A Scientific Critique of the 2009 Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation

Stanton L. Jones, Ph.D.
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There is much to praise in the *Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation*^{iv} (2009). At a conceptual level, the Report is to be praised for its encouragement of a stance of mutual respect between psychological science and the various religious and theological systems, particularly as they converse at their interface on the topic of sexual orientation, as when the Report urges that “Psychology, as a science, and various faith traditions, as theological systems, can acknowledge and respect their profoundly different methodological and philosophical viewpoints” (p. 119). Further, the Report acknowledges that conflict and tension may exist between certain psychological and religious perspectives, as when the Report states that “Some religions give priority to *telic congruence*... [while in contrast] Affirmative and multicultural models of LGB psychology give priority to *organismic congruence*” (p. 18). Thus, the Report acknowledges that points of contact exist between psychological and religious thought, and that tensions can be substantive.

At an empirical level, the Report merits praise for at least a limited recognition of the possibility of clinically meaningful change when it states “that although sexual orientation is unlikely to change, some individuals modified their sexual orientation identity (i.e., individual or group membership and affiliation, self-labeling) and other aspects of sexuality (i.e., values and behavior)” (p. 84). Finally, at a scientific level, the report is to be praised for its clear articulation of the methodological standards for the review it presents (pp. 26-34), and for its positive articulation of certain best-practice standards for future research in this important field (p. 6).

My overarching scientific concern with the Report is its uneven implementation of standards of scientific rigor in utilization and evaluation of published findings depending upon the topic being addressed. In short, the Report applies exceptionally rigorous methodological standards in evaluating studies of the outcomes obtained for Sexual Orientation Change Efforts (SOCE), but evidences considerable unevenness and considerably less rigorous standards in surveying findings on other issues on which it draws significant conclusions or makes recommendations. We would argue that the Report is problematic both in its overly scrupulous application of methodological rigor to the SOCE question and its failure to apply enough rigor to a number of other issues on which it touches.

One example of an overly scrupulous application of methodological rigor is the Report’s inclusion only of peer-reviewed scientific journal articles and the resulting exclusion of what the Report terms “grey literature” (p. 26, fn. 25). No developed rationale for this choice is offered. Clearly, such a standard gives a definitive and pragmatic rule for the inclusion or exclusion of studies. Some important SOCE literature, however, has been published in book form (e.g., Bieber, et al., 1962) or in other nontraditional venues, as SOCE practitioners and researchers have been pushed more to the periphery of the professional establishment. While such research is certainly assailable on other legitimate methodological standards, its presumptive exclusion from the review is problematic. This point seems underscored by the frequent inclusion of findings from such grey literature when the Report addresses other points. As a positive example, the widely respected Laumann, Gagnon, Michael, & Michaels (1994) book is cited rightly on certain points pertaining to demographics relating to sexual orientation. In contrast, certain questionable studies that are “grey literature” are cited authoritatively on other points, as when, in addressing the issue of psychological and familial factors in the development of sexual orientation, the authors cite the Bell, Weinberg, and Hammersmith (1981) book whose sample is of questionable representativeness.

The Report’s insistence on the utilization of rigorously experimental methods, specifically the utilization of control groups, is a crucial second example of overly scrupulous rigor. The authors attribute this insistence on rigorously experimental methods to the desire to make definitive “cause-and-effect attributions” (p. 37) and explain their rationale in some detail (p. 27, fn. 30). The effect of this standard is dramatic, as the Report explicitly notes: “Indeed, only six studies, all conducted in the early period of research, used rigorous experimental procedures” (p. 27). Control groups are indeed vital when testing the efficacy of interventions addressing phenomena that are highly variable and likely to change spontaneously over time. But sexual orientation is commonly viewed as unlikely to change at a minimum, and often as entirely unchanging (“[H]omosexuality... is not changeable;” American Psychological Association, 2005). Documentation of change in a variable that should not change is a phenomenon worthy of examination and one for which control groups are not logically necessary, and so for studies to be excluded for their

failure to implement a rigorously experimental design that includes a control group seems questionable.

In contrast, the failure to implement sufficiently rigorous methodological standards at times in the Report is equally troublesome. First, let us note that the Report vacillates in stating its conclusions from its review of SOCE research. At times the stance is one of agnosticism. “We thus concluded that there is little in the way of credible evidence that could clarify whether SOCE does or does not work in changing same-sex sexual attractions” (p. 28); “There are no studies of adequate scientific rigor to conclude whether or not recent SOCE do or do not work to change a person’s sexual orientation” (p. 120). This would seem to fairly represent the proper stance of scientific agnosticism when one has no satisfactory data. But this is not the most common way in which the Report states its conclusion. Instead, in the Executive Summary and then throughout the Report, it is claimed that the review has established that “These studies show that enduring change to an individual’s sexual orientation is uncommon” (p. 2) and “Thus, the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE” (p.3). These are not modest claims of scientific agnosticism that “We do not know,” but rather confident and positive claims that we *know that change is uncommon or unlikely*. These claims, congruent as they might be with the most common understanding today of sexual orientation, are a questionable general conclusion to draw from the evidentiary base of six studies conducted between 1969 and 1978.

Complicating this matter further is the clear articulation within the Report that these six studies are highly unrepresentative on two counts. First, the subject samples of these studies would hardly be representative of individuals seeking SOCE today. The Report itself says “Comparisons of the early and recent research indicate changes in the demographics of those who seek SOCE. The individuals who participated in early research on SOCE were also predominantly White males, but those studies included men who were court-referred to treatment, men who were referred to treatment for a range of psychiatric and sexual concerns, and men who were fearful of criminal or legal sanctions, in addition to men who were distressed by their sexual attractions” (p. 84). In contrast, as the Report goes on to note, the predominant motivation for those seeking SOCE today is religious conviction. Second, the interventions that were the focus of each of those six studies are no longer promoted for use for SOCE: “These studies were all conducted in the period from 1969 to 1978 and used aversive or other behavioral methods” (p. 82).

If the six studies deemed of sufficient scientific quality to merit the focus of the Report a) targeted samples that would bear little resemblance to those seeking SOCE today, and b) used methods no longer in currency among those offering SOCE today, then

on what basis does the Report move beyond scientific agnosticism to argue affirmatively that sexual orientation change is uncommon or unlikely? The Report seems to want to affirm together two assertions that are incompatible: a) we do not have credible evidence on which to judge the likelihood of sexual orientation change, and b) we know with scientific confidence that sexual orientation change is unlikely.

There are a number of other places where the Report uses questionable scientific methodology; I will elaborate on three such instances.

First, the report presents over and over as established “scientific fact” that “no empirical studies or peer-reviewed research supports theories attributing same-sex sexual orientation to family dysfunction or trauma” (p. 86; see also pp. 23, 54, 63, and 73). This is a dramatic and false claim. Recent, high quality, and large-scale studies providing empirical evidence of familial contributions such as Bearman and Brückner (2002), Francis (2008), and Frisch and Hviid (2006) surely merited careful review by the Report’s authors, and these follow in a long tradition of other credible studies that have explored the impact of such experiential variables.

Second, the Report quite notably uses the absence of evidence to argue that SOCE is unlikely to produce change and thus to strongly argue against the validity of SOCE, but shows no parallel reticence in its treatment of affirmative therapy. For instance, affirmative therapy is positively recommended in application to children, adolescents and families in the explicit absence of convincing and methodologically rigorous evidence of its effectiveness. Indeed, in a telling footnote (fn. 61, p. 76), the Report explicitly pronounces the research on affirmative therapy approaches in application to children, adolescents and families to be “limited” and justifies its recommendations on “general research.” Such variation from the core data-driven mindset of the overall Report is confusing.

Third, and perhaps most dramatic, the Report seemingly adopts very different evidentiary standards for making pronouncements about harm caused by SOCE than it does for the efficacy of SOCE. The standard with regards to efficacy is to rule out substandard studies as irrelevant. No such standards appear to be used with regard to studies of harm. There is at least one late acknowledgement of the lack of firm data in this area (“it is still unclear which techniques or methods may or may not be harmful;” p. 91), but the more common approach in the Report is to assert that the research documents the likelihood of harm. “We found that there was some evidence to indicate that individuals experienced harm from SOCE” (p. 3) and “Although sound data on the safety of SOCE are extremely limited, some individuals reported being harmed by SOCE” (p. 120) are representative statements.

The report does not articulate how it is that studies judged inadequate with regard to establishing the efficacy of SOCE are simultaneously adequate to

establish harm. The Report, as discussed earlier, goes to some lengths to argue that only the most rigorous methodological designs can clearly establish a causal relationship between SOCE methods and resulting change, yet the Report makes such causal attributions consistently regarding harm while repudiating any such claims for efficacy. In one place in the Report a similar caution about making a causal connection between SOCE and harm is voiced (p. 42), but that caution seems lost in the rest of the Report, and no other such cautions are voiced with regard to a putative causal connection between SOCE methods and harm.

We concur with the report that the possibility of serious harm must indeed be a concern. Exacerbation of existing psychological difficulties or the creation of new distress, either resulting in deterioration of mental health, must be of key concern. But the Report also introduces in one place as a category of “indirect harms of SOCE” (p. 91) the time and energy wasted in an unsuccessful attempt at SOCE (what is termed lost “opportunity costs,” p. 91). This is a broad conceptualization of harm, especially when a) in other places the same concern is introduced in more intensive form, such as in suggesting that “Belief in the hope of sexual orientation change followed by the failure of the treatment was identified as a significant cause of distress and negative self-image” (p. 120), and b) when such an expression of concern has the potential to be intertwined closely with ethical, moral, and theological disagreements with the religious motivations of many persons seeking SOCE. Individuals with strong and well-reasoned moral and religious motivations for seeking SOCE will be much less likely to express concerns about lost opportunity costs than those who have no such moral or religious motivation or who find such moral concerns repugnant.

Finally, I offer brief comments about three of the five positive standards for future research on SOCE offered in the Report, namely “Any future research should conform to best-practice standards for the design of efficacy research. Research on SOCE would (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 preexisting 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).

The second standard of allowing for proper generalization will be problematic indeed. As noted in the report, individuals seeking SOCE are largely made up of individuals motivated by traditional religious faith. The whole question of sample adequacy itself is problematic given, as is commonly noted, that we have little idea what a truly representative sample of sexual minority persons—much less a representative sample of religiously-motivated individuals seeking change—would look like given the many cultural forces swirling around this complex issue. Further, construction of truly experimental research designs with control groups will be essentially impossible with this highly motivated group given the lack of credible placebo conditions or parallel intervention methods. We again question the necessity of control groups until a researcher is testing equally plausible and demonstrably effective competing methods. Rigorous quasi-experimental designs are much more likely to serve to effectively study such populations.

The third standard is a continuing challenge given the lack of clear consensus on how to measure sexual orientation. Indeed, the Report was notable for its inconclusive stance regarding best assessment practices. If this comprehensive review provided few concrete directions to guide assessment, then where are undisputed best practices to be found?

The fourth standard is the least compelling of the five on the list, as until there is established evidence of the possibility of change *per se*, there seems little need to press for research to document other concurrent variables that co-vary with outcome.

Conclusion: The Task Force Report presents many positive features. The problems enumerated here, however, compromise the scientific merit and utility of the Task Force Report, despite its positive features.

^{iv} In the following, the Task Force Report is referred to as the “Report” and all otherwise unattributed page numbers after quotes refer to that Report.

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Ethical Considerations in Light of the APA Task Force on Sexual Orientation Change Efforts (SOCE): Why World Views Matter

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The American Psychological Association's 2009 Task Force report, entitled *Appropriate Therapeutic Responses to Sexual Orientation*, contained a chapter on ethical concerns and decision making in psychotherapy. As was the case with the report as a whole, there is much worthy and important material presented that clinicians need to consider in conducting ethical practice with clients seeking to change same-sex attractions and behaviors. However, several aspects of the Task Force's discussion can be scrutinized from a perspective more sympathetic to sexual orientation change efforts (SOCE), and the contrasts can be instructive. The Task Force identified three ethical principles and two standards of the APA's ethics code as especially applicable to SOCE. In what follows, I will briefly address some of the issues raised in each area of the Task Force's analysis. I then will attempt to demonstrate that conflicts arising in ethical discussions about SOCE are at least partially expressions of conflict in implicit moral reasoning. Finally, I will conclude my paper with a suggestion for collaborative research on SOCE.

Basis for Scientific and Professional Judgments and Competence

The Task Force first addressed SOCE in light of the ethical standards related to the basis for scientific and professional judgments and professional competence. I completely agree with the ethical imperative for clinicians to not create an expectation in clients that change in same-sex attractions and behaviors is guaranteed. Adequate informed consent that does not make unrealistic promises of change, I suspect, would significantly reduce reports of harm among SOCE consumers. Where I diverge somewhat from the Task Force is in their treatment of religious values and the prioritizing of treatment goals. The report concludes that, "...respecting religious values does not require using techniques that are unlikely to have an effect" (p. 67). This is one of several examples of where the Task Force appears to want to have it both ways. Earlier in their discussion of the methodological limitations of the SOCE research, they conclude, "Due to the limitations, the recent empirical literature provides little basis for concluding whether SOCE has any effect on sexual orientation" (p. 34). Either the research is sound and the findings robust that SOCE has no significant effect, or the literature is so flawed as to make any final conclusions about efficacy sheer speculation. I am inclined to think that a less partisan recommendation would be that of respecting

a client's conservative religious values as they pertain to clinical intervention pending more rigorous research on SOCE techniques.

The Task Force also lauds an approach that shuns "preconceived outcomes" and "does not prioritize one identity over another." But what this seems to imply is a unidirectional movement whereby conservative religious values are modified in the service of developing a gay, lesbian, or bisexual identity. I will be more inclined to believe that the Task Force's approach does not prioritize outcomes when I find case material being published in this literature that describes and affirms instances of client movement away from a sexual orientation centered identity to that of a traditional religiously oriented identity.

Beneficence and Nonmaleficence

Responsible clinicians on all sides of the SOCE debate take seriously their ethical mandate to do no harm to clients. I think the Task Force presents this concern fairly when they conclude that, "Research on harm from SOCE is limited, and some of the research that exists suffers from methodological limitations that make broad and definitive conclusions difficult" (p. 67). When it comes to experiencing benefit from SOCE, the Task Force concludes that, "The positive experiences clients report in SOCE are not unique" (p. 68) and add that these benefits "...may be achieved through treatment approaches that do not attempt to change sexual orientation" (p. 68). Unfortunately, they cite no research that directly supports this conclusion. I am not so certain that conservative religious clients with unwanted same-sex attractions, if randomly assigned to a homogeneous group specific to that issue versus a group focused on managing stress or affirming a variety of sexual orientation identities, would report experiencing similar levels of felt support and empathy. I might be wrong, but this certainly does not seem as intuitively clear to me as it apparently did to the Task Force. Having shared goals plausibly does impact the degree of benefit SOCE clients in group settings experience.

Justice and Respect for Rights and Dignity

When discussing the ethical standards pertaining to justice and respecting clients' rights and dignity, I affirm the Task Force's emphasis on informed consent as central to client self-determination, although the determination of what information is necessary for informed consent in SOCE may vary somewhat in emphasis and interpretation among clinicians. I would, however, contend with two

aspects of the Task Force's discussion of these standards. First, there seems to be the insinuation that clients who pursue SOCE must be acting upon social stigma and prejudice. While this certainly can be the case, the Task Force appears unprepared to grant moral legitimacy to motivations many of these clients perceive as being grounded in their religious identity rather than an expression of religiously-based "homophobia." I will return to this subject shortly in the context of the mismatch of world views in the report.

The second point I need to mention concerns the mischaracterization by the Task Force of SOCE proponents as elevating some aspects of ethical reasoning, such as client autonomy or self-determination, above all other aspects, including considerations of harm, benefit, and efficacy. Two observations are pertinent to understanding this appearance of ethical prioritizing. One, I am not aware of responsible SOCE therapists who disregard these latter ethical concerns. There may be some, but I do not believe they exist in large numbers. Two, one has to keep in mind the context of these ethical arguments. Specifically, the focus on client autonomy and self-determination comes precisely because it is the scope of these considerations that is most directly curtailed by the threat to ban SOCE. No one is contesting the importance of attending to issues of harm, benefit, and efficacy of SOCE, about which I again note the Task Force admits the literature has nothing ultimately conclusive to say.

Implicit Moral Reasoning and the SOCE Debate

The Task Force observed that clinicians "...may have their own internalized assumptions about sexual orientation, sexual orientation identity, sexuality, religion..." (p. 70), etc. I confess I find this statement somewhat naïve. Internalized assumptions are not just a possibility, but a fact of life for us all. They are not optional. A more philosophically satisfying approach to these concerns would be to encourage psychologists of all sociopolitical stripes to be cognizant of their assumptions and biases and manage these professionally in the interests of client welfare. Each one of us has developed a particular world view, which can be defined as a set of culturally structured assumptions, values, and commitments that shape our understanding of reality (Kearney, 1984). Among its functions, a world view provides categories for human experience, stipulates causal connections, and identifies sources of moral influence. As one illuminating example of the latter function of world view, I would point to the Moral Foundations Theory of Jonathan Haidt at the University of Virginia and highlight its relevance to the ethical discussions surrounding SOCE.

Haidt and his colleagues have examined moral concerns in an evolutionary and cross cultural context and observed that people in all cultures seem born with the capacity to find virtue and regulate behavior through five foundations of morality. They identified these foundations as (1) concerns for the suffering of others (harm & care), (2) concerns about unfair

treatment, inequality, and justice (fairness & reciprocity), (3) concerns related to obligations of group membership (e.g., religious identification) (ingroup loyalty), (4) concerns related to social cohesion and respect for tradition and authority (authority & respect), and (5) concerns related to physical and spiritual purity and the sacred (purity & sanctity) (Graham, Haidt, & Nosek, 2009; Haidt & Graham, 2007, 2009; McAdams, Albaugh, Fauber, Daniels, Logan, & Olson, 2008).

The first two moral foundations (referred to as *individualizing* foundations) focus on the individual as the center of moral value, with an aim of protecting the individual directly and teaching respect for individual rights. The other three foundations (referred to as *binding* foundations) emphasize the value of groups and institutions, attempting to bind individuals into roles and duties for the good of society. Haidt and colleagues reported that cultures historically have relied on all of these foundations and even today many cultures and peoples continue this approach to virtue and behavioral regulation. However, they further note that as a society becomes more modern, secular, and individualistic, the first two foundations grow increasingly dominant. In addition, the psychological disciplines, having been both a cause of and response to these trends in the West, have generally limited their moral domain to the first two foundations.

Haidt and his colleagues have found consistent empirical support for the tendency of individuals who self-identify as liberal to place a strong emphasis on the harm and fairness individualizing foundations. Liberals therefore tend to justify moral rules in terms of their consequences for individuals. They tend to support the use of government programs or changing social institutions to extend individual rights as widely and equally as possible. The language of rights, equality, and social justice tends to be the dominant parlance of moral argumentation among those on the left. Authority and tradition are considered primarily as sources of harm and injustice.

Conservative persons, on the other hand, extend their moral domain beyond harm and fairness to give relatively equal weight to the binding moral foundations of ingroup loyalty, respect for authority and tradition, and purity and sanctity. Haidt and colleagues have found that conservatives build their moral sentiment equally on all five foundations, having less focus on the first two foundations than liberals but more emphasis on the other three. Thus conservatives have to balance their concern for harm and fairness with social cohesion, institutional integrity, and divinity concerns. They tend not to be highly concerned with equality of outcomes, which is central to social justice movements. They generally believe the institutions, norms, and traditions that have helped build civilizations contain the accumulated wisdom of human experience and should not be tinkered with apart from immense reflection and caution.

The unfortunate consequence of these differences in moral foundations is the difficulty people have in being able to see outside their own moral thinking. This may particularly be the case for individuals who are more liberal in their perspective, since their conservative counterparts will express moral concerns that they may not recognize as such. This is most noticeable when arguments deriving from conservative attention to group loyalty, respect for traditional authority, and sacredness come into conflict with liberal concerns over harm and fairness. When morality is defined a priori in terms of harm or justice, then the binding foundations are by definition causes of immorality. There is a serious risk that liberals may see aspects of the practice of SOCE that are motivated by the binding foundations as immoral and deserving of ethical and legal sanction, since consumers and practitioners of SOCE may have a somewhat different standard for what constitutes harm or fairness. As Haidt and his colleagues (2008) noted, “Psychologists, being among the most politically liberal of academic fields, are at special risk for producing studies of conservatives that are ‘deaf to the distinct tonalities of their existence’” (p. 12).

Moral foundations and the Task Force Report

These considerations may have had a bearing on the degree to which the Task Force was able to comprehend the motivations and consequent ethical judgments of SOCE consumers and practitioners. Let us first turn our attention to clients who pursue change in their unwanted same-sex attractions and behavior. When viewed only through the lens of the individualizing moral foundations of harm/care and fairness/reciprocity, it is not difficult to comprehend how the choice to pursue SOCE could be characterized as resulting solely from factors such as social oppression, internalized homophobia, and a self-repressive masochism. Consider the Task Force’s admonition that, “...social stigma and prejudice are fundamental reasons for sexual minorities’ desire to change their sexual orientation” (p. 68). While these concerns surely need to be taken into account, they will fail to capture the essence of typical SOCE clients when employed as the only salient moral framework for understanding their motivations. The Task Force appears to envision the individual as the center of moral and ethical concern, while SOCE clients will often not be able to separate these individual moral concerns from their equally valued moral considerations emanating from the binding foundations. Conservative religious consumers generally take very seriously the binding moral foundations, desiring to be loyal to the historic teachings of their faith tradition, respecting the authority of their religion, and wanting to abide by the boundaries for sexual purity set forth by this religious authority. They can be encouraged to consider a faith perspective that is gay-affirming, but for many if not most of them, this will feel morally alien and signal unfaithfulness or disloyalty, a disregard for authority, and a loss of connection with

the sacred. It is akin to the moral misattunement most religious gay clients might feel if instructed by their therapist to quit worrying about social justice matters and focus more on learning to live a pure and celibate sexual life.

Thus, when weighing the ethical consideration to do no harm, I believe that the Task Force likely defined this term in a manner somewhat different than the average SOCE client. I suspect that the Task Force (and the APA in general) gives much more legitimacy to the individualizing moral concerns in defining the nature of harm, while SOCE clients often legitimize additional sources of potential harm that derive from perceived divergence from the binding moral foundations. I do think there is some basic agreement regarding what constitutes many aspects of potential harm in SOCE, but at some point the divergence in moral visions between the Task Force members and consumers of SOCE will inevitably result in some differences in understanding the nature and degree of harm in this pursuit. Practices perceived to constrain or reorient an individual’s sexual expression may be regarded by liberal psychologists as immoral, unjust and discriminatory but may simultaneously appear to conservatively religious clients as quite moral due to their presumed effect in supporting the institutional religious structures that have historically helped sustained social cohesiveness and provided order, value, and meaning to their lives.

A helpful partial analogy might be found in the arena of marital therapy. A conservatively religious couple might in deference to deeply held, binding moral convictions chose to continue to work on a distressful marriage long after a couple without such convictions might choose to divorce. Similarly, a religiously conservative therapist might have a higher threshold than a liberal therapist for what constitutes a level of harm in a marriage sufficient to initiate the recommendation of divorce as an option. Such differences do not have to be viewed as an inherent indication of poor practice on one side or the other, but rather can be viewed as a reflection of legitimate worldview differences among clients that are best addressed through a diversity of practitioner and treatment options.

Now let’s turn to an area where the Task Force admonished practitioners of SOCE in a manner that highlights the apparent moral divide between these two groups. The Task Force commented that, “The ethical principles of justice and respect for people’s rights and dignity encourage LMHP to be aware of discrimination and prejudice so as to avoid condoning or colluding with the prejudices of others, including societal prejudices” (p. 70). It is not difficult to hear in this statement the exclusive language of the individualizing moral foundations. The Task Force shortly thereafter counsels for therapist self-reflection concerning these valid concerns, but what seems less valid to me is for this self-reflection to be limited only to moral concerns broadly in the domain of harm/care and

fairness/reciprocity. This has the undeniable implication of characterizing SOCE practitioners as inherently condoning or colluding with societal prejudices. I suspect that these clinicians typically do place greater salience on the binding foundations than did the Task Force members in their report. This means it was probably quite difficult for the Task Force to see SOCE practitioners as these practitioners see themselves; namely, not as inherently colluding with societal prejudice, but instead seeking to assist clients to live in harmony with the religious beliefs and institutions that are foundational to their sense of identity.

When acting compassionately and professionally, clinicians engaged in SOCE can be validly seen as practicing in a manner that respects the ethical concerns regarding rights and dignity among clients who place equal value on the individualizing and binding moral foundations. These clients typically emphasize conservative religion as the primary dimension of diversity and experience their rights and dignity as being respected by the freedom to pursue or not pursue SOCE. There is, of course, a much greater risk of harmful collusion with social prejudices when SOCE is imposed upon clients whose moral domains are dominated by the individualizing foundations. This is why accurately apprehending and understanding our client's world view and providing informed consent accordingly is so crucial for determining appropriate therapeutic approaches to unwanted same-sex attractions.

Since the Task Force and proponents of SOCE appear to be operating under different or at least differently weighted moral domains, assessments as to the ethicality of SOCE are destined to have points of significant divergence. While ethical considerations are not completely relative, I do believe that very ethical liberal and conservative clinicians will view what constitutes ethical practice in SOCE from different moral landscapes. This will lead to different determinations as to the ethical status and salience of certain practices, such as the ethical propriety of therapists assisting clients with unwanted same-sex attractions who wish live in conformity to teachings of religious institutions that place prohibitions on same-sex behavior. For this reason, the best response to this diversity in the current sociopolitical climate of psychology may be for professionals within these different moral communities to develop their own guidelines for ethical practice, an objective for which I have felt a personal investment.

Another implication from this analysis I want to make clear is that psychologists must affirm the existence of many good people on both sides of the discussion regarding SOCE. Both sides are operating from valid, though not always recognized, moral concerns. Psychologists may not always agree on the application of ethical decision-making that flows from their differently weighted moral foundations, but they can understand that these divergent beliefs about SOCE are reasonable within

their own moral contexts. This is crucial in promoting civil discourse that can forward the science surrounding this issue.

A Proposal for Moving Forward

I can foresee at least one dissenting response to this analysis of moral reasoning as an influence in the development and application of ethical conduct in SOCE. Science, it might be countered, not one's moral sentiments, should primarily determine the ethicality of psychological practice in this arena. While no one should dispute the great value of scientific findings in ethically appraising the practice SOCE, two considerations must temper the use of science as a trump card in this discussion.

First, as the Task Force pointed out in their analyses of both SOCE methodology and ethicality, the literature related to SOCE is insufficient to draw peremptory conclusions regarding areas most relevant to ethical decision making, such as harm or efficacy. This means that the moral domains psychologists bring to the subject are likely to carry much greater weight in ethical evaluations than they would if the science were clearly definitive. Of course, this did not appear to stop the Task Force from making some conclusions which seemed akin to arguments from silence—that is, in the absence of definitive data as pertains to such concerns as harm or efficacy, the clinician should not simply proceed with caution, but should instead not engage in SOCE at all. This could be an example of where differences in moral foundations helped the Task Force members gravitate toward conclusions in the absence of unambiguous data that SOCE clients and practitioners would not similarly infer.

The second consideration has to do with the tendency among psychologist to treat science and moral and religious values as being much more orthogonal than I believe these domains actually are. I would contend that scientific and ethical judgments are all ultimately based on values of right and wrong that derive from a deeper web of moral reasoning. Appealing to scientific research does not obtain for us as much objectivity as we might like to think. As the good philosopher of science knows and O'Donahue (1989) and Jones (1994) so eloquently observed nearly 20 years ago in their *American Psychologist* articles on the psychologist as metaphysician, *a priori* beliefs both shape and direct the practice of research. They influence such aspects of research as the choice of subject matter, what primary and alternative hypotheses will be considered, how constructs are defined and assessed (Rosik, 2007a, 2007b), and the relative salience of findings discovered. Moreover, the empirical methods of psychology contain their own "innate" values and are also influenced by the value assumptions of researchers (Slife, 2006, 2008; Slife & Reber, 2009). These methods are not morally or philosophically neutral nor do they enable research to proceed without the application of interpretive biases of some sort, particularly when investigating value-laden subjects such as SOCE.

From my vantage point, therefore, the proper response to the Task Force's analysis is not to ethically proscribe SOCE or call for research that is only to be conducted from within a singular moral worldview, but rather to call for research that approaches the topic from a diversity of sociopolitical and value orientations. Such inclusiveness represents the true spirit of our discipline and may well be the best means to ensure that scientific knowledge is furthered rather than stifled as it pertains to SOCE. It can also assist in honing our ethical reasoning as we therapeutically approach the needs of clients who wish to pursue change in their unwanted same-sex attractions and behaviors.

If you can excuse me for dreaming a little, I want to close by outlining a research program that is on my "bucket list." It is dependent upon the good will of an individual or institution with access to a large, population based, representative sample that is willing to courageously donate access to the sample for the sake of SOCE science. In my dream, both opponents and proponents of SOCE are invited to

provide, let's say, 50 questions that broadly relate to SOCE practice. These questions are then compiled into a 100-item survey that would be distributed to the sample. If possible, repeated administrations providing longitudinal data would be an added bonus. Upon collection of the data, each group would write up the results taken from all the questions, no doubt in a manner that reflects their diverse perspectives. Once completed, each group then would have an opportunity to critique the other's assessment. Finally, each group would be given the opportunity to provide a rejoinder to the critique of their initial paper. These articles could then be published as a special section in any number of journals. My strong suspicion is that such a research program would significantly further not only our understanding of SOCE, but also our understanding of the myriad ways different moral and sociopolitical orientations impact how psychologists approach the science and ethics of this controversial subject.

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Evaluating APA's Task Force Report on Appropriate Therapeutic Responses to Sexual Orientation: What Happens When Science, Ethics, Philosophy, Ontology, Epistemology, Religion, Social Agendas, Sexuality, and Clinical Practice Meet?

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I appreciate the opportunity of commenting on the excellent papers by Professors Jones and Rosik in light of the Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (APA, 2009). I should first say that I find Jones's and Rosik's analyses to be careful, insightful, and very well done. They were thorough, thoughtful, and at every turn, fair and even charitable in their reading of the report. I must say that I find their conclusions about the assumptions underlying the report, its ideological tenor and "lean," and its recommendations to be persuasive.

I should point out at the outset that I am not a therapist. My training and scholarly work have been in philosophical and theoretical issues, including the philosophical and conceptual grounding of psychology as a social science. I have also concentrated on research methods and statistical analyses. In connecting my own professional work to clinical practice, I would suggest that if we get the fundamental questions and answers right regarding human nature, human action, and our understanding of these things (e.g., Williams, 2002), we have the best chance of developing effective methods (both scientific and clinical) which are also ethical, and faithful to who (and what) we are as human beings. Get these fundamental things wrong, and we are very unlikely to get much of anything right, and those vulnerable human beings served by psychology will pay the price. The discipline itself may be able to remain oblivious to all of this difficulty and failure, continuing to publish and conference, appreciating and lamenting what a difficult task it has set for itself in such a complex world, filled, it seems, with overpowering amounts of "error variance." Preferred models (even those without solid conceptual foundations) have a remarkable ability to survive and inspire loyalty, even when they do not survive empirical test, or jive with common sense, or human experience.

Scientific Facts

As I began to read the Task Force Report, it wasn't until page 2 that I encountered a serious conceptual problem, a statement that seemed to betray an underlying intellectual commitment that simply has neither face validity nor philosophical support. One that, if taken at face value, suggests that the Task Force had some other prior commitments that were non-negotiable. The

statement also raises questions about the scientific sophistication of the report and reflects an ontological commitment to a view of human nature that potentially makes the report largely a gloss on its pre-existing conclusion. The report begins by stating the "scientific facts" (APA 2009) that ground the approach that – predictably – produce the major elements of the Task Force report. According to the Task Force, it is a "scientific fact" that:

Same-sex sexual *attractions*, behavior, and orientations *per se* are *normal and positive variants* of human *sexuality* – in other words, they do not indicate either mental or developmental disorders. (APA 2009, p. 2, italics added)

I'll leave aside the obvious fact that much more is conveyed by the words "normal" and "positive" than merely that they indicate an absence pathology. That the task force uses this wording seems to indicate either substantial naiveté about the plain sense of its own phrasing, or a substantial commitment to a particular evaluative (or ethical) understanding of same-sex attraction, behavior and orientation. From my reading of the rest of the report, this latter conclusion seems clear.

Of greater importance for my purposes is that the authors of the report, being scientists themselves, would suggest that "normality" and "positiveness" could be established by science as scientific "fact." I was taught early on in my training as a psychologist that it is not the business of science to establish what is normal or what is positive (or negative), but just what is the case – at least what can be established by empirical observation. Sometimes social scientists attempt to marshal empirical data to buttress an evaluative conclusion they wish to make. But this is absolutely not the same thing as establishing a "scientific fact." As I pondered how "science" (qua science) could possibly establish that anything was normal and positive since the criteria for establishing and recognizing "normal" and "positive" must be given to science for its application, and not derived from science, I was lead to formulate a similar conclusion from another (perhaps harder) science – perhaps a physical science such as chemistry:

Uranium 235 is a *normal* and *positive* variant of Uranium – in other words its occurrence *per se* is

not to be interpreted as a disorder (pathology?) of nature.

What do “normal” and “positive” mean here. It seems they make no contribution to the scientific status of the claim. U 235 is neither “normal” nor “positive.” It just is, and I can’t think of why a scientist would be motivated at all to include those words in his or her statement of a scientific fact. And finally, I cannot think of any way in which the content of this sentence states a “scientific” fact. It is simply the case that U 235 is an occurring variant of Uranium. It is not, strictly, a “scientific” fact, just a plain ordinary one – available to simple observation – although we may need a scientist and his or her machine to help us recognize the U 235 as different from the more common U 238. This, however, doesn’t seem to be the case with sexuality. In the end the Task Force’s starting Scientific Fact just isn’t a scientific fact at all (and the Task Force does not define what might constitute a scientific, as opposed to any other kind of fact).

I must conclude from all this that the authors of the Task Force are invoking science to justify certain evaluative claims that they carry with them into their consideration of the issues they were assigned to investigate – SOCE – and into their report and its conclusions. A misappropriation and misuse of science going into the Task Force’s study, might well lead us to expect similar misuse and misappropriation throughout the report. Drs. Jones and Rosik are right in their recognition and analysis of this consistent problem in the report. And I must admit that I too found this type of unreflective scientific naiveté in the report

Abstractions as Explanations

There is another philosophical commitment found early in the Task Force report – but not acknowledged. The Task Force seems not to recognize the potential of this commitment to profoundly influence its focus and conclusions. In the same list of “scientific facts” introduced above (APA, 2009, p. 2), the Task Force legitimates a set of constructs: “sexual attractions,” “orientations,” “sexuality,” and “identities.” Because this language is common in psychology, it may seem odd to draw attention to it. However, it is a significant matter when these constructs are talked about as “scientific facts,” or when “scientific facts” are expressed in terms of constructs such as these. And, in my professional judgment, it is also deeply problematic.

As early as the Fourteenth Century, philosophers, such as William of Ockham (c.1288 - c.1448), warned about the conceptual dangers of taking abstractions to be real. Even more problematic is invoking such abstractions, which seem to exist chiefly as rhetorical convenience, as causal explanations for things, like behaviors, which do seem to be real but in a very different sense – since, at least, behaviors can be fairly directly experienced. This argument, against the dangers of reifying abstractions, was one of the primary intellectual foundations for the development of

empirical science. Science, the argument goes, should (or must) confine itself to the particulars available to experience. Philosophers and theologians (and this was Ockham’s criticism of much of the theology of his day) can speak in terms of abstractions, but such is certainly not a scientific enterprise. Through history thoughtful scientists were aware of this problem. Newton, for example (see Williams, 1995), understood quite well that “gravity” as an abstraction – as a supposed “thing” – was intellectually problematic. He was even aware that referring to it as a “force” did not solve the problem. Finally, he admitted that he didn’t know what “gravity” *is*, but he could express with mathematical certainty what it *does*. We should note here that the concept of “gravity,” although – as Newton recognized – it is as abstraction was allowed as a scientific term because there was an observable effect describable in mathematically precise terms. My study of the history of ideas and of science teaches me that our scientific insight has not always been as sharp nor our scientific standards as high as Newton’s. We have allowed ourselves to be content with “scientific” explanations that invoke empty abstractions, living on what Daniel Dennett (1981) refers to as “intelligence loans,” (constructs endowed by fiat with just the exact explanatory and causal power to solve a conceptual problem and explain in non-human terms an otherwise difficult behavior that seems initially to be an intentional act of a real intelligent human being) that must some day be paid back in the form of real scientific verification. In the meantime, we simply invoke abstractions as explanations, making them in a sense, more real than the human phenomena they are supposed to explain. Time will not permit the tracing of the intellectual history through various iterations of positivism and empiricism to show how we have become so intellectually loose in our conception of science as to allow empty abstractions to play such a large role in our current approaches to “scientific” psychology.

Constructs like sexual orientation, attraction, and identity are not defined and described with precision. Nor are they certifiable as causes of behaviors in any but a hypothetical way. They are thus not scientific in any sophisticated sense. For the Task Force to include such things among their grounding “scientific facts” evinces a superficial and problematic understanding of science, and a popular but unsophisticated approach to using a culturally constructed, but caricatured model of science to define and explain real human phenomena. Alas, what is lost in this process are the human phenomena themselves, and we end up caring more about “orientations” than we do about behaviors and lived experiences – lived in persons own languages.

I have taken this brief philosophical detour, not to draw attention away from Jones’s and Rosik’s cogent and trenchant responses to the Task Force report, but to illustrate why a symposium like this one is necessary in the first place. The Task Force, and presumably, the organization that convened it,

has, for any number of unarticulated reasons elected to deal with the phenomena of human sexuality in terms of a fairly dated and unexamined view of science, and an equally unexamined ontological position on what it means to be a human being. The science is a pretty loose form of logical positivism (now influential in no other scientific venue), and the ontology is of a human being understood to be almost entirely (except for error variance) the product of physical structures and empty abstractions. This move necessitates taking a highly meaningful and obviously ethically relevant set of agentic acts related to sexual expression, and passing them through a filter that attenuates their moral character, makes them *results* instead of *agentic expressions*, and seeks to control the conversation by insisting on the use of an archaic language of logical positivism-inspired “science.” And I haven’t, in this analysis, even factored into the evaluation of the report the effects of political agendas that are surely at work. This is the intellectual environment the Task Force has created for dealing with clients with same-sex behavioral issues. It is altogether appropriate that thoughtful professionals such as Jones and Rosik should respond. In an intellectual climate where human beings were regarded as moral agents, where moral dimensions were seen to be as important and essential to human beings as any other dimension of their activity, where behaviors were taken to be agentic acts in which people actively participate for reasons, and where science is applied only where it applies and in mores sophisticated versions, the present discussion would not be taking place.

Professor Jones’s Critique

Professor Jones’s critique of the Task Force Report is sophisticated, insightful, and charitable. I hope that the connection of what I have said here to his critique is apparent. Professor Jones did note the Task Force’s recognition that there may be tension between certain psychological and certain religious perspectives. In this light, on page 18 of the Report (APA, 2009, p. 18), the Task Force distinguishes between “telic congruence” – “living consistently within one’s valuative goals” – which are seen to be often salient in religious people, and “organismic congruence” – “living with a sense of wholeness in one’s experiential self.” While Professor Jones did not comment further on this distinction, I do believe it worth noting that, particularly when the experiential self is taken to have its origins in biological and genetic givenness, as most psychologically orthodox approaches to sexual behavior do, it is very difficult to distinguish “organismic congruence” from acceptance of the fact that biology is destiny. In most behavioral and emotional matters, it seems that the thrust of therapeutic approaches has been to help people realize that their behaviors were something they do, not something they *are*. In the area of sexuality, perhaps uniquely, the thrust that seems to be recommended – at least implicitly – by the Task Force is that therapists should help people understand that their

behaviors and feelings really are what they as persons are. I fear that clients will be instantly bright enough to understand that under this conceptual regime, biology really is destiny.

Professor Jones does an excellent job documenting and analyzing the Task Force’s inconsistent (or double) standards of rigor in evaluating research on same-sex issues and SOCE. He did not (so I will) add that minority points of view will, almost by definition, have difficulty establishing themselves in “peer-reviewed” journals – since most peers will not be expected to be particularly sympathetic to the unorthodox. So making peer-review publication part of the standard for establishing legitimacy is particularly unfair. There are other legitimate and applicable standards for assessing rigor and quality of research.

One other aspect of Professor Jones’s treatment of the inconsistent use of research findings and research standards on the part of the Task Force deserves special mention. It has to do with the selective use of research findings that are, by the Task Force’s own admission, limited or lacking, or of inferior quality. He summarizes the point thus:

The report seems to want to affirm together two assertions that are incompatible: a) we do not have credible evidence on which to judge the likelihood of sexual orientation change, and b) we do know with scientific confidence that sexual orientation change is unlikely.

Professor Jones rightly points out the inconsistency in arguing against the validity of SOCE based on lack of evidence, while not arguing against affirmative therapies in the face of a similar lack of evidence. It should be noted briefly that by any standard of scientific rigor, the lack of evidence – non significant results do not support any argument at all, nor do they accrue over time.

At the end of the Task Force Report, and Professor Jones’s treatment of it, an outsider like me is tempted to ask whether concerns for standards of rigor, validation of efficacy, and assessment of harm such as the Task Force calls for have been applied to any (or every) other area of therapeutic endeavor.

Professor Rosik’s Critique

Professor Rosik’s critique of the Task Force Report concentrates more on the ethical and religious issues in play in determining the effectiveness and legitimacy of SOCE. He emphasizes an important point from the report wherein the committee apparently wants to insist that an effective therapeutic approach must demonstrate unique effects – that is effects that cannot be achieved by other approaches and means. I suspect that this is a very high standard indeed, and that it is not routinely applied to other therapeutic approaches aimed at other problems. The fact that any therapeutic effect can be achieved by other means does not demonstrate that the approach in question is ineffective, that it does not have other benefits, or that it ought not to be used. The more

serious problem with this aspect of the Task Force Report is that to suggest that, for any given client, his or her understanding of his or her problem, and his or her desired result ought to be reunderstood, is that it fails to take seriously the client's own level of distress and their own understanding of themselves, their understanding of the source of the distress, and their desires for their lives. To suggest that a client's problem can be adequately addressed by a therapeutic approach that does not deal with the problem as the client understands it is tantamount to suggesting that what the client needs is really a placebo – that the placebo will, in principle be as effective as a treatment aimed at the client's problem as understood by the client. This seems to be not only slightly irrational, and patronizing, but to an untrained ear such as mine, are smacks of hubris as well. All therapy would be easier if there were effective placebos.

Professor Rosik offers a persuasive analysis of the differences in moral perspectives and assumptions that are the core issues in considering SOCE. He also effectively relates these differences to differences in the political sphere – though I am not as convinced that the political issues involved divide neatly along the same lines as the moral ones. As he points out:

Since the Task Force and proponents of SOCE appear to be operating under different or at least differently weighted moral domains, assessments of the ethicality of SOCE are destined to have points of significant divergence.

I would add to this observation only that the Task Force, based on its grounding in “scientific facts” (APA 2009, p. 2) begins its work with assertion that science has, or can, settle an ethical issue – a position that flies in the face of nearly all historical understandings of both science and ethics.

I conclude with a key observation from Professor Rosik's critique. He points out that a key issues in deciding whether SOCE is legitimate has to do with just what we take to be the fundamental nature of the human being that is the client seeking this kind of therapy. Here we face the absolute necessity of dealing with the question of human agency and self-determination. The justification for SOCE is often cast in terms of clients' own desires to change their sexual behaviors and attitudes. Out of respect for the clients' autonomy such therapies should be available. This must be weighed against various types of risk factors – but I suggest our concern should be real risks with real consequences, not theoretical or political ones. This is an important issue for the reasons that Professor Rosik expresses:

... the focus on client autonomy and self-determination comes precisely because it is the scope of these considerations that is most directly curtailed by the threat to ban SOCE. No one is contesting the importance of attending to

issues of harm, benefit, and efficacy of SOCE, about which I again note the Task Force admits the literature has nothing ultimately conclusive to say.

Conclusion

Professors Jones and Rosik have provided thoughtful, sophisticated responses to the Task Force Report. And, further, it is my professional judgment that they have got the issues right. The Task Force Report is unpersuasive and inconsistent. I hope I have contributed positively to the discussion. If I can add one thing it would be this bit of an outsider's perspective – being a bit of an outsider to clinical practice, and to the mainstream of our discipline.

I am reminded of a story that, I was told, originated in Gulliver's Travels – although I have not been able to find it myself. It seems that in one of the places Gulliver visited, a rather impoverished place, the entire economy was such that there was only one industry. Every person barely eked out a living by taking in each others' laundry. I fear we have an analogous situation in our conceptual economy. There is only one intellectual industry – the one that informs the Task Force report – and it is producing an impoverished intellectual economy. The issues discussed by the Task Force and the stance they take arise from a set of grounding assumptions. Given those assumptions, they can not conclude anything other than what they did. These assumptions are that people are not moral agents that human behaviors are caused by biological givenness, that abstractions like orientation, attraction, and sexuality have an existence apart from human actions, and that they exert causal influence in human affairs. This world view, and personal, political, and moral agendas that are over laid on it, define a set of issues surrounding SOCE, and predispose certain conclusions, captured in the Task Force report. Within this world view the issues cannot be otherwise. However I assert that the world is not like this. I assert that human beings are indeed moral agents, that human behaviors have meaning and moral purpose that are fundamental to human life, that human behaviors arise out of the acts of agents making sense of the constraints of context within a world or moral purpose and intention, that orientations, attractions, and sexuality are things we do, not things we are, that abstractions are merely descriptions for the actions we perform. This alternative world view can also be over laid by personal, political, and moral agendas, and this will have a profound effect on how issues are defined. I believe that a real solution to the issues raised by the controversy surrounding SOCE will come only from a careful and through analysis of the starting point of our understanding of ourselves. Meanwhile, the Task Force, as reported in this symposium is intellectually unpersuasive.

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