

COMMENTARY

Moving Back to Science and Self-reflection in the Debate over Sexual Orientation Change Efforts

Christopher H. Rosik and A. Dean Byrd

The April 2011 issue of *Social Work* featured a commentary by Adrienne Dessel regarding sexual reorientation therapies. At first we wondered why Dr. Dessel had chosen to comment on an article that appeared in a different journal from a different discipline (that is, marriage and family therapy; Serovich et al., 2008). However, it seems the most important feature of the article was that it could be used as a springboard for Dr. Dessel to question the very existence of such psychological care before an audience of social workers.

In the interest of trying to provide a balanced perspective on the subject, we would like to briefly highlight some more recent contributions to the literature that can assist social workers in basing their advocacy claims in science and a self-reflective humility. In 2009 the American Psychological Association (APA) released the 130-page report of their task force on appropriate therapeutic responses to sexual orientation (APA, 2009). This report surveyed the literature on what the task force referred to as sexual orientation change efforts (SOCE) in far greater breadth and depth than did the Serovich et al. (2008) analysis. The report was widely lauded for its attempt to take the religious faith of clients seriously as a diversity dimension in addressing SOCE. Although the task force clearly discouraged the practice of SOCE in favor of an affirmative therapeutic model, the evidence (or lack thereof) did not support the banning of SOCE.

The report “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 attractions” [emphasis added] (APA, 2009, p. 28). The report has been questioned on the

grounds that it had to set unrealistically high standards for methodological purity to summarily disregard this literature (Jones, Rosik, Williams, & Byrd, 2010), but the trade-off in doing so is having to acknowledge that the scientific jury is still very much out as pertains to SOCE. Here it is worth remembering that the absence of conclusive evidence of effectiveness is not logically equivalent to positive evidence of ineffectiveness. Moreover, banning SOCE on the basis of these methodological standards would likely bring into question the validity of other contemporary therapy approaches. Any failure to similarly ban them would give the impression of double standards and partisan rather than scientific motives. To its credit, the task force acknowledged that the affirmative therapeutic approach “has not been evaluated for safety and efficacy” (APA, 2009, p. 91) and that research meeting its methodological standards is still needed to establish this.

We admire the compassion and concern for the betterment of gay, lesbian, and bisexual (GLB) clients that Dr. Dessel exudes in her commentary. We do, however, wish that her arguments could have shown a greater familiarity with and respect for the traditionally religious worldview that motivates many SOCE consumers. This omission may reflect a certain limitation in worldview brought about by what moral psychologist Jonathan Haidt refers to as the “tribal-moral community” of many mental health professionals who are united by “sacred values” that can hinder research and blind them to the unwelcoming climate that they may create for non-liberals (Tierney, 2011). In this regard, social workers and other mental health professionals from across the sociopolitical spectrum will benefit immensely from a knowledge

of Haidt's moral foundations theory (MFT) (see <http://www.MoralFoundations.org>).

MFT integrates anthropological and evolutionary accounts of morality to identify and explain the standards by which liberals and conservatives formulate their moral frameworks (Graham, Haidt, & Nosek, 2009; Haidt, 2012); to discover your own moral foundations profile visit <http://www.YourMorals.org>. Through the lens of MFT, these authors conclude that although conservative and liberal individuals share some similar moral concerns (relative to the rights and welfare of individuals), conservatives also are motivated by moral concerns that liberals may not recognize and that emphasize the virtues and institutions that bind people into roles, duties, and mutual obligations. Although the language of rights, equality, and justice tends to be the dominant parlance of moral argumentation among those on the left, conservatives balance their concerns for harm and fairness with some mix of social cohesion, institutional integrity, and divinity concerns. 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. Clients who pursue SOCE typically are animated by this broader range of moral intuitions and are at considerable risk of having their motivations and aspirations misinterpreted by mental health professionals who fail to recognize the full dimensionality of their moral world (Jones et al., 2010; Rosik, 2003; Yarhouse & Burkett, 2002). We believe that the degree to which client and therapist perspectives are aligned on these moral foundations is an important factor in the benefit or harm perceived by consumers of SOCE.

It is not surprising that clinicians who provide such psychological care are often animated by a moral outlook that resonates with clients who pursue SOCE. However, these practitioners are not a monolithic entity and have diverse views about the etiology and psychological care of same-sex behavior and attractions. Although according to APA there is no conclusive factor or set of factors that determine the origins of sexual orientation (Just the Facts Coalition, 2008), empirical data exist that are consistent with a variety of theories pertaining to same-sex attractions (for example, Francis, 2008; James, 2006; Langstrom, Rahman, Carlstrom & Lichtenstein, 2010; Tomeo,

Templer, Anderson, & Kotler, 2001). Practitioners willing to provide SOCE may tend to view same-sex attractions and behavior as a developmental adaptation to certain biological, psychosocial, or both environments that are differently weighted for different individuals (Nicolosi, Byrd, & Potts, 2000). Although they do not view sexual orientation as a conscious choice, these therapists do tend to believe that sexual orientation is not inherently immutable in all cases and that some individuals can and do experience varying degrees of sustained and meaningful change in same-sex attractions (Jones & Yarhouse, 2011; Kinnish, Strassberg, & Turner, 2005; Yarhouse & Burkett, 2002). Yet most do not believe that all SOCE clients will experience such change and provide informed consent to this effect. They believe in human agency and the right of clients to pursue their desired clinical approach. This includes gay affirmative therapy as well as other approaches that assist clients with unwanted same-sex attractions and behavior to live in harmony with the conservative religious values and institutions that are often foundational to their sense of identity (Nicolosi et al., 2000). Such approaches include SOCE, though some clients may be better suited for sexual identity management or chastity goals (Yarhouse & Burkett, 2002).

In summary, though Dessel is an advocate for the GLB clients with whom she works, it is important to understand that science only progresses by asking questions, not by avoiding those questions whose answers might not favor a particular group. Neither science nor the needs of SOCE consumers justify precluding further research and professional dialogue on this subject. We would be well advised to recall the counsel of Zucker (2003), which remains highly relevant to the contemporary debate over SOCE:

From a scientific standpoint, however, the empirical database remains rather primitive and any decisive claim about benefits or harms really must be taken with a ... grain of salt and without such data it is difficult to understand how professional societies can issue any clear statement that is not contaminated by rhetorical fervor. Sexual science should encourage the establishment of a methodologically sound database from which more reasoned and nuanced conclusions might be drawn. (p. 400)

So rather than move beyond the science pertaining to SOCE in their advocacy, we would encourage social workers instead to move more deeply (and critically) into the scientific literature and examine potential worldview limitations to be clear regarding what can and cannot be concluded about SOCE. We believe this task can be very efficiently accomplished by reviewing three of the sources referenced in this commentary (that is, APA, 2009; Graham et al., 2009; Jones et al., 2010). Only in this manner can we more fully appreciate those with whom we may disagree and work with civility and respect toward a “virtuous response” in this controversial area of practice (Benoit, 2005). **SW**

REFERENCES

- American Psychological Association. (2009). *Report of the APA task force on appropriate therapeutic responses to sexual orientation*. Retrieved from <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>
- Benoit, M. (2005). Conflict between religious commitment and same-sex attraction: Possibilities for a virtuous response. *Ethics & Behavior, 15*, 309–325.
- Dessel, A. (2011). Moving beyond a systematic review of sexual reorientation therapy [Commentary]. *Social Work, 56*, 178–180.
- Francis, A. M. (2008). Family and sexual orientation: The family-demographic correlates of homosexuality in men and women. *Journal of Sex Research, 45*, 371–377.
- Graham, J., Haidt, J., & Nosek, B. A. (2009). Liberals and conservatives rely on different sets of moral foundations. *Journal of Personality and Social Psychology, 96*, 1029–1046.
- Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*. New York: Pantheon Books.
- James, W. H. (2006). Two hypotheses on the causes of male homosexuality and paedophilia. *Journal of Biosocial Science, 38*, 745–761.
- Jones, S. L., Rosik, C. H., Williams, R. N., & Byrd, A. D. (2010). A scientific, conceptual, and ethical critique of the report of the APA Task Force on Sexual Orientation. *General Psychologist, 45*(2), 7–18. Retrieved from <http://www.apa.org/divisions/div1/news/fall2010/Fall%202010%20TGP.pdf>
- Jones, S. L., & Yarhouse, M. A. (2011). A longitudinal study of attempted religiously mediated sexual orientation change. *Journal of Sex & Marital Therapy, 37*, 404–427.
- Just the Facts Coalition. (2008). *Just the facts about sexual orientation and youth*. Washington, DC: American Psychological Association.
- Kinnish, K. K., Strassberg, D. S., & Turner, C. W. (2005). Sex differences in the flexibility of sexual orientation: A multidimensional retrospective assessment. *Archives of Sexual Behavior, 34*, 173–183.
- Langstrom, N., Rahman, Q., Carlstrom, E., & Lichtenstein, P. (2010). Genetic and environmental effects on same-sex sexual behavior: A population study of twins in Sweden. *Archives of Sexual Behavior, 39*, 75–80.
- Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Beliefs and practices of therapists who practice sexual reorientation psychotherapy. *Psychological Reports, 86*, 689–702.
- Rosik, C. H. (2003). Motivational, ethical, and epistemological foundations in the treatment of unwanted homoerotic attraction. *Journal of Marital & Family Therapy, 29*, 13–28.
- Serovich, J., Craft, S., Toviessi, P., Gangamma, R., McDowell, T., & Grafsky, E. (2008). A systematic review of the research base on sexual reorientation therapies. *Journal of Marital & Family Therapy, 34*, 227–238.
- Tierney, J. (2011, February 11). Social scientist sees bias within. *New York Times*. Retrieved from http://www.nytimes.com/2011/02/08/science/08tier.html?_r=3
- Tomeo, M. E., Templar, D. I., Anderson, S., & Kotler, D. (2001). Comparative data of childhood and adolescence molestation in heterosexual and homosexual persons. *Archives of Sexual Behavior, 30*, 535–541.
- Yarhouse, M. A., & Burkett, L. A. (2002). An inclusive response to LGB and conservative religious persons: The case of same-sex attraction and behavior. *Professional Psychology: Research and Practice, 33*, 235–241.
- Zucker, K. J. (2003). The politics and science of “reparative therapy.” *Archives of Sexual Behavior, 32*, 399–401.

Christopher H. Rosik, PhD, is a psychologist, Link Care Center, and clinical faculty member, Fresno Pacific University, Fresno, CA. **A. Dean Byrd, PhD**, is clinical professor, School of Medicine, University of Utah, Highland. Address correspondence to Christopher H. Rosik, Link Care Center, 1734 W. Shaw Avenue, Fresno, CA 93711; e-mail: christopherrosik@linkcare.org.

Original manuscript received July 29, 2011
 Final revision received August 26, 2011
 Accepted September 16, 2011