APA Failure to correct public misinformation

(1) Concerning the American Psychological Association’s (APA) failure to correct misinformation about its public position on the harmfulness of SOCE reported in the text of SB 1172 and in court testimony:

• The text of SB 1172 reads as follows (http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_1151-1200/sb_1172_bill_20120430_amended_sen_v95.html):

SECTION 1. The Legislature finds and declares all of the following:

(b) The American Psychological Association convened a Task Force on Appropriate Therapeutic Responses to Sexual Orientation. The task force conducted a systematic review of peer-reviewed journal literature on sexual orientation change efforts, and issued a report in 2009. The task force concluded that sexual orientation change efforts can pose critical health risks to lesbian, gay, and bisexual people, including confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, disappointment, self-blame, decreased self-esteem and authenticity to others, increased self-hatred, hostility and blame toward parents, feelings of anger and betrayal, loss of friends and potential romantic partners, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, a feeling of being dehumanized and untrue to self, a loss of faith, and a sense of having wasted time and resources.

• In its 2009 Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf), the APA declares, for example, in the Executive Summary:

➢ “The research literature indicates that the benefits of SOCE mutual support groups are not unique and can be provided within an affirmative and multiculturally competent framework, which can mitigate the harmful aspects of SOCE” (p. 2).

➢ “We found that there was some evidence to indicate that individuals experienced harm from SOCE. … Recent research reports on religious and nonaversive efforts indicate that there are individuals who perceive they have been harmed. Across studies, it is unclear what specific individual characteristics and diagnostic criteria would prospectively distinguish those individuals who will later perceive that they been harmed by SOCE” (p. 3).

➢ “Although some accounts suggest that providing SOCE increases self-determination, we were not persuaded by this argument, as it encourages LMHP to provide treatment that has not provided evidence of efficacy, has the potential to be harmful,” (p. 6).
Yet this Report goes on to say: “[T]here are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom” (p. 83; cf. p. 67, 120).

Essentially, the APA accepts “reports” of harm but not of benefits. (See section (3) below).

Also, Licensed Mental Health Providers (LMHP) “should strive to maximize autonomous decision making and self-determination and avoid coercive and involuntary treatments” (p. 76). “We also believe that LMHP are more likely to maximize their clients’ self determination by providing effective psychotherapy that increases a client’s abilities to cope, understand, acknowledge, explore, and integrate sexual orientation concerns into a self-chosen life in which the client determines the ultimate manner in which he or she does or does not express sexual orientation” (p. 69), and that “clients perceive a benefit when offered interventions that emphasize acceptance, support, and recognition of important values and concerns” (p. 63), (cf. 5-6).

Religious beliefs in regards to homosexuality must be respected (cf. p. 5, 19-20, 51, 53, 56, 59, 64, 69, 70, 77-78, 82, 120), as well as the convictions of those who decide (apart from religious reasons) that their sexuality does not reflect their true self (cf. p. 18, 56, 68-69).

In its 2011 Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients http://www.apa.org/pi/lgbt/resources/guidelines.aspx, APA states:

The potential for SOCE to cause harm to many clients also has been demonstrated, (p. 3).

The potential for SOCE to cause harm to many clients has been noted (APA, 2009a; Shidlo & Schroeder, 2002; Haldeman, 2001, 2004), (p. 3).

The APA had nothing more in its 2011 Guidelines on which to base its claims about “The potential for SOCE to cause harm to many clients” than APA had in its 2009 Task Force Report which stated: “[T]here are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom” (p. 83; cf. p. 67, 120).

The American Psychological Association is in violation of its own Ethical Practices and Code of Conduct (http://www.apa.org/ethics/code/principles.pdf) which state:
Psychologists ... are concerned about the ethical compliance of their colleagues’ scientific and professional conduct (Principle B: Fidelity and Responsibility).

To promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology... psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. (Principle C: Integrity)

Fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. (Principle D: Justice)

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. … Psychologists are aware of and respect cultural, individual, and role differences, including those based on … religion…and consider these factors when working with members of such groups. (Principle E: Respect for People’s Rights and Dignity)

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation. (Code of Conduct # 1.01 Misuse of Psychologists’ Work)

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights. (Code of Conduct # 1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority)

Clearly, in light of the allegations made in SB 1172 of the APA’s position on the harmfulness of SOCE, the APA has failed to correct the popular press, let alone the legislators and their advisers about what the APA actually has said. In addition, the APA has failed to support the rights of minors and their parents to “autonomous decision making and self-determination” in their choice of assistance from LMHP to resolve unwanted SSA and to have their religious beliefs and/or convictions about homosexuality respected.

Another area of concern, relates to the APA Task Report (2009) and Practice Guidelines (2011) claims that SOCE is ineffective. That claim is based upon unfair and biased methodological criteria and is one of the foundations for SB1172. In addition, in the same documents, ignoring its biased methodological criteria, APA purports that “gay-affirmative therapeutic” approaches have been shown to be effective and are recommended for use.

Both the 2009 Report and 2011 Guidelines ignore over fifty years of scientific and clinical evidence that psychological care for unwanted homosexuality was accepted, effective treatment which never has been shown to be ineffective.
Until the 1973 political decision by the American Psychiatric Association that homosexuality no longer was a diagnosable disorder, psychotherapists commonly provided such care for clients seeking help for unwanted homosexual attractions. A variety of approaches, including: psychoanalysis, other psychodynamic approaches, hypnosis, behavior therapies, cognitive therapies, sex therapies, group therapies, religiously-mediated interventions, pharmacology, and others, have been used to help persons successfully resolve unwanted homosexual attractions. Older reports, including case studies, of successful change were "state of the art." They met the acceptable professional and scientific standards of the time.

- **E.G.**, Moreover, according to the APA policy on *Appropriate Affirmative Responses to Sexual Orientation Distress and Changes Efforts* (APA, 2009a), “…the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation” (p. 121).

- The Leona Tyler Principle, adopted by APA in 1973, directs that when psychologists are speaking as members of their profession, any advocacy in which they engage should be based on scientific data and demonstrable professional experience. APA consistently has failed to abide by this self-governing principle, advocating for many issues – including but not limited to SSA activism – in the absence of adequate scientific data and demonstrable professional experience.

Volumes 1 and 4 of the Journal of Human Sexuality and other selected documents, many available on the NARTH web-site relevant to the topics in this section will be provided at your request.

Specifically, these documents offer support for 1) the efficacy of professional mental health efforts to resolve unwanted same-sex attractions and behaviors and 2) the inconsistent use of biased methodological criteria to dismiss these claims of efficacy which are not applied to studies which APA claims support “gay-affirmative” therapies.

(3) Concerning public mischaracterizations of NARTH’s positions and activities:

Examples of such mischaracterizations may be seen in the following:

As stated above, clarification of the above points, as well as additional supportive information will be provided at your request.

Sincerely yours,

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