

**NARTH Response to APA 2009 Task Force Report**

**November 12, 2009**

In February 2007, the American Psychological Association (APA) appointed a six-member Task Force on Appropriate Therapeutic Responses to Sexual Orientation to review and update the APA 1997 resolution, *Appropriate Therapeutic Responses to Sexual Orientation*. At its August 2009 annual convention, the task force report was released and new resolutions were approved by the APA Council of Representatives.

An official APA press release announced the revised resolutions and summarized the report. The press release was entitled “Insufficient Evidence That Sexual Orientation Change Efforts Work, Says APA: Practitioners Should Avoid Telling Clients They Can Change from Gay to Straight” (<http://www.apa.org/releases/therapeutic.html>).

NARTH finds three major flaws with the APA task force report:

- 1. The Report is unscientific and lacks objectivity and impartiality.** Before their appointment to the task force, all six members were already on record as opposing sexual orientation change efforts (SOCE) through psychotherapy. No APA members who provide psychological care to persons dissatisfied with their homosexual attractions were appointed, despite being nominated. The *Report* declares that *all* of the studies of SOCE are flawed, but uses some of these studies to support its conclusions and excludes other studies that do not support its conclusions. Some of the standards for research quality are unnecessarily strict and inappropriate for studying the helpfulness of SOCE. The task force demands an impossibly high standard of proof for reorientation therapy that APA does not demand for therapies dealing with other difficulties such as alcoholism, obesity, or behavioral addictions.

The *Report* demands an impossibly high standard of proof of the effectiveness of SOCE, particularly through therapy, and then dismisses more than a century of documented change. Yet the *Report* pushes gay-affirmative therapy—a virtually untested model—as *the* way to offer psychological care to those with unwanted homosexuality, while acknowledging “that the model presented in this report would benefit from rigorous evaluation” (p. 15). Also, in support of its claims, the *Report* cites studies (Kurdek, 2004; McCord, McCord, & Thurber, 1962) that failed to meet many (eight and ten respectively) of the sixteen standards of research quality by which the task force rejected the SOCE research. This selective use of standards shows significant bias.

2. **The *Report* falsely claims as proven “scientific facts” that homosexuality is normal and that homosexual relationships are equivalent to heterosexual relationships and families.** The Report states, “Same-sex 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” (p. 2). It also states that “gay men, lesbians, and bisexual individuals form stable, committed relationships and families that are equivalent to heterosexual relationships and families in essential respects” (p. 2). The evidence for these “facts” is either not cited or is nonexistent. The political decision to remove “homosexuality” from the DSM-II, APA resolutions, and opinion pieces by gay activists does not prove such assertions.
  
3. **The *Report* irresponsibly ignores fifty years of scientific and clinical evidence that psychological care for unwanted homosexuality was accepted, effective treatment that 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 people successfully resolve unwanted homosexual attractions. Older reports, including case studies, of successful change were state-of-the-art, meeting the acceptable professional and scientific standards of the time.

A more comprehensive critique of the APA task force report is forthcoming.

NARTH does agree with the APA task force report when it states:

- **Sexual behavior, attraction, and orientation identity are fluid—in other words, changeable.** “Recent research on sexual orientation identity diversity illustrates that sexual behavior, sexual attraction, and sexual orientation identity are labeled and expressed in many different ways, some of which are fluid” (p. 14; cf. p. 2, 63, 77).
- **Clients have the right to determine their own direction of treatment.** As the *Report* says, 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).

- **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); so should 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).
- **It is important that “scientific and professional information about sexual orientation . . . (be) accurate . . . in order to counteract bias that is based in lack of knowledge about sexual orientation”** (p. 122).

The concluding paragraph in the October 2009 issue of the *APA Monitor* summarizes well NARTH’s position on the APA task force report:

Julie Harren Hamilton, PhD, president of the National Association for Research and Therapy of Homosexuality (NARTH), said she appreciated what she described as the task force’s recognition that clients have a right to self-determination, and its respect for religious diversity. But she disagreed with the task force’s main conclusions, and charged that the task force was composed only of members opposed to sexual orientation change efforts.

“We believe that if the task force had been more neutral in their approach, they could have arrived at only one conclusion, that homosexuality is not invariably fixed in all people, that some people can and do change,” she said. (<http://www.apa.org/monitor/2009/10/orientation.html>)