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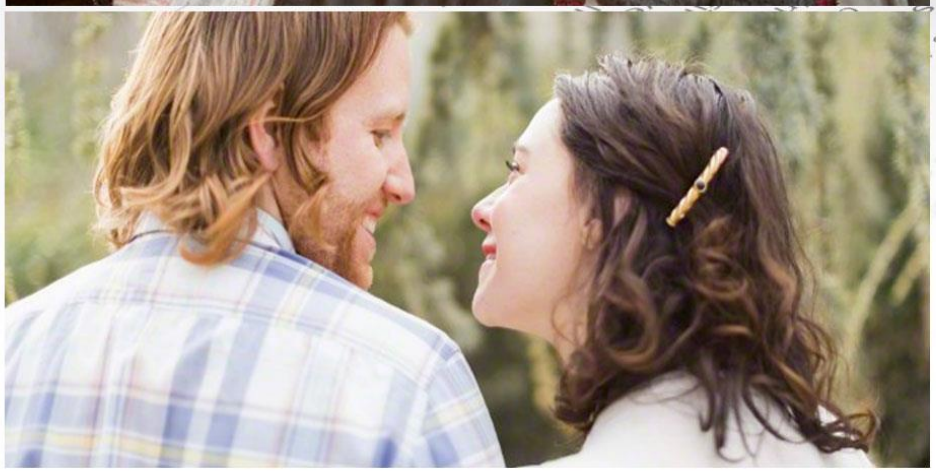

A Response to the Academy of Science of South Africa's *Diversity in Human Sexuality* Report

by

The Alliance for Therapeutic Choice and Scientific Integrity

Alliance Mission Statement

The Alliance for Therapeutic Choice and Scientific Integrity (ATCSI) is a multi-disciplinary professional and scientific organization dedicated to preserving the right of individuals to obtain the services of a therapist who honors their values, advocating for integrity and objectivity in social science research, and ensuring that competent licensed, professional assistance is available for persons who experience unwanted homosexual (same-sex) attractions (SSA). The colleagues and supporters of the Alliance include practitioners, scholars, and researchers from many fields of the mental health and medical arts and sciences, as well as educational, pastoral, legal, and other community leaders and laypersons who are united in this shared organizational commitment (www.therapeuticchoice.com/).

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The Alliance for Therapeutic Choice and Scientific Integrity

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The recent publication on *Diversity in Human Sexuality* (2015) by the Academy of Science of South Africa (ASSAF) (hereafter referred to as the "Report") promises to be a central component in the development of South African policy, and that of the African continent, regarding sexual orientation. Because these matters are of great importance to a society, it is crucial that diverse perspectives be considered by politicians and policy makers. As Haidt (2012) has cogently observed, it is absolutely necessary for an authentically scientific approach to a contentious social issue to obtain a genuine diversity of perspectives:

> "In the same way, each individual reasoner is really good at one thing: finding evidence to support the position he or she already holds, usually for intuitive reasons…This is why it's so important to have intellectual and ideological diversity within any group or institution whose goal is to find truth (such as an intelligence agency or a community of scientists) or to produce good public policy (such as a legislature or advisor board)" (p. 90).

In a desire to provide greater diversity to the discussions surrounding the science of sexual orientation within the African context, this document is meant to provide some observations from the Alliance for Therapeutic Choice and Scientific Integrity (hereafter referred to as the "Alliance") regarding the Report. We restrict our focus primarily to considerations germane to the right of clients to pursue professional psychological care that includes the potential for change in unwanted same-sex attractions and behaviors as well as the right of mental health professionals to provide such care.

It is important at the outset to make clear that the Alliance opposes attempts to criminalize homosexual behavior and condemns the perpetration of violence and unjust suffering on individuals who identify as lesbian, gay, or bisexual (LGB). In this regard, we agree with the Report that governments should not "insist" that LGB persons pursue change (p. 35) or otherwise seek to "eliminate" these persons from society (p. 39). The Alliance believes that LGB persons should be extended basic human rights and be free from persecution by individuals and governments.

Having said this, the Alliance also believes that efforts to achieve such commendable goals too often have relied upon an inaccurate or incomplete portrayal of the science surrounding sexual orientation. This in turn has been used in attempts to restrict the freedoms of clients and therapists engaged in the therapeutic pursuit of change in unwanted same-sex attractions and behaviors by preventing access to such care. The Alliance contends that injustices suffered by LGB persons historically are not solved by visiting a new injustice on individuals who wish to pursue change. In what follows, we seek to encourage politicians and policy makers to avoid creating laws that would unjustly and without clear scientific basis limit or prevent the access of people to professional psychotherapies that allow for change in unwanted same-sex attractions and behaviors.

Positive Aspects of the ASSAF Report

The Report provides a detailed, if not fully comprehensive, account of some of the relevant scientific literature concerning sexual orientation. A broad understanding of the potential influences leading to same-sex attractions and the potential for their modification is a necessary backdrop to the development of sound public policy. In particular we appreciate the Report's frequent acknowledgment of the limitations of what science can definitively conclude about the causes and psychological care of non-heterosexuality. For example, the Report notes that, "…science, at present, is unable to show conclusively what causes sexual orientation, or why and how both opposite and same-sex orientation comes about" (p. 33) and, "This is not….to say that there is no personal agency involved in the development of sexual identity or sexual orientation" (p. 35). Unfortunately, we find that the Report too often does not follow its own cautions and ventures off into making unwarranted or out-of-context conclusions that the science simply does not support. We outline some of the most important examples of this tendency below.

Etiological Factors Associated with Non-Heterosexuality

Biological Factors

In spite of its aforementioned cautions about the lack of certainty regarding the origins of same-sex attractions and behaviors, the Report makes strong statements that sexual orientation is "biologically based, largely innate, and mostly unchangeable" (p. 22) and compares sexual orientation to race and biological sex (p. 21, 34). These statements are scientifically dubious generalizations to say the least.

Although the Alliance agrees that the majority of non-heterosexual people do not experience their same-sex attractions as a volitional choice, it is curious that The Report cites a study by Herek and colleagues (2010) to bolster these claims. As the Report noted, this study found that 7% of gay men reported experiencing a small amount of choice about their sexual orientation and slightly more than 5% reported having a fair amount or great deal of choice. Lesbian women reported rates of choice at 15% and 16%, respectively. It is worth noting that

these statistics, which are not inconsequentially small, do suggest that sexual orientation is not immutable for all people and again suggest the plausibility that modification of same-sex attractions and behaviors could be assisted via professional therapy for some individuals.

Even more important, however, are the findings for bisexuals which the Report seems to downplay. The Report mentions that 40% of bisexual males in this study claimed a fair amount or great deal of choice (not the minimizing "some degree" that is stated in the Report). Moreover, the report completely failed to mention that 44% of bisexual females in this study reported having a fair amount or great deal of choice in the development of their sexual orientation. This is in addition to 22% of male bisexuals and 15% of female bisexuals who reported having at least a small amount of choice about their sexual orientation. Other studies confirm the particular instability of a bisexual sexual orientation (Savin-Williams, Joyner, & Rieger, 2012).

These numbers create a significantly different impression about the enduring nature sexual orientation than the picture painted by the Report, which stated in bold that, "sexual orientation is not a choice in any meaningful sense of the word" (p. 34). At a minimum, such data suggest that the Report would have been wise to exclude bisexuality from their statements of innateness or analogies to race. If such a large minority of individuals (albeit mostly bisexuals) experience a self-determinative choice as being involved in the development of their sexual orientation, why would it not be conceivable that professional therapies might augment this process for some individuals with unwanted same-sex attractions and behaviors?

The Report also comments that the findings from twin studies are "sized upon" due to the failure of this research to find 100% concordance for sexual orientation among identical twin pairs, which share similar biological and developmental environments. Such seizing may in fact be occurring because of the strength of this argument. The absence of genetic or biological determinism in non-heterosexuality is underscored and clarified by the more recent large scale studies of identical twins. These studies indicate that if one twin sibling has same-sex attraction the other sibling shares this orientation only about 11% of the time (Bailey, Dunne, & Martin, 2000; Bearman & Brueckner, 2002; Langstrom, Rahman, Carlstrom, & Lichtenstein, 2010). By contrast, opposite sex attraction has a pairwise concordance rate of 94%, one of the highest on record for a behavioral trait (Whitehead, 2007). If factors in common like genetics or conditions in the womb overwhelmingly caused same-sex attractions, then identical twins would typically be identical for same-sex attraction.

Genetic contributions to same-sex attraction in men and women have been estimated from twin studies to be approximately 22% for men and 37% for women (Whitehead & Whitehead, 2014 [chapter 10]). To place these statistics in proper context, is should be observed that all human traits have a biological substrate and there is at least a 10% genetic effect in anything humans do. In a recent meta-analysis based on 50 years of twin studies, the average heritability across all traits was 49% (Ploderman et al., 2015). Furthermore, traits such as television viewing, divorce, and homophobia have genetic contributions in the range of 45-

50% (McGue & Lykken, 1992; Plomin, Corely, DeFries, & Fulker, 1990; Verweij et al., 2008), and these behaviors would certainly not be considered biologically predestined human outcomes. Turkheimer (2011) summarized the nonshared environmental proportions for many traits, which reflect the degree of a trait's controllability and moral relevance. He indicated that human agency appears able to exert a greater influence on sexual orientation than on weight or criminality, and argued against a genetic essentialism that would view people as being hard wired for sexual orientation. Findings from the most rigorously conducted twin studies therefore suggest that the largest influence in the development of same-sex attractions may be environmental factors that effect one twin sibling but not the other, such as unique events or idiosyncratic personal responses.

The Report also gives highly favorable and uncritical attention to the neurohormonal theory of sexual orientation (Ellis & Ames, 1987; Ellis & Cole-Harding, 2001). While hormonal influences are no doubt present in all human behavior, they appear to exert only a relatively weak to modest effect on sexual orientation, and the mechanisms through which this effect takes place are not clearly established (Bailey, Willerman, & Parks, 1991; James, 2006; Mustanski, Chivers, & Bailey, 2002; Whitehead, 2007). Frances (2008) observed that the maternal immune hypothesis was unable to explain the full pattern of family-demographic correlates he discovered. Lombardo et al. (2008) found only a weak to modest influence of fetal testosterone on the development of sexual dimorphism in the brain. The Report's language of there being a "genetic force of biology" determining sexual orientation thus seems overwrought, though the concession that the mechanisms mediating this effect "are largely unknown" (p. 2) is accurate. The Report discusses several theories hypothesized to be associated with sexual orientation such as birth order and epigenetics, but these presumed biological influences are, like their theoretical predecessors, at best likely to explain only a minor portion of how sexual orientation develops.

It is important to note in this regard that the American Psychological Association's (APA) own stance on the biological origin of homosexuality has softened in recent years. In 1998, the APA appeared to support the theory that homosexuality is innate and people were simply "born that way": "There is considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, play a significant role in a person's sexuality" (APA, 1998). But in 2008, the APA described the matter differently:

> "There is *no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation*. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that *nature and nurture both play complex roles*…." (APA, 2008; emphases added).

Causatively, then, sexual orientation is by no means comparable to a characteristic such as race or biological sex which are thoroughly immutable. The best data from behavioral genetics and neurohormonal research can be interpreted as suggesting a fairly weak to

modest influence of biological factors on sexual orientation, a tendency but by no means a tyranny. The Report acknowledges the significant weaknesses in the science, but then goes on to assert that, "…the evidence is stronger than ever for some kind of neurohormonal basis to differences in human sexuality and sexual orientation" (p. 38). We suggest that this is misleading with regard to sexual orientation, as some theories are quite speculative and the evidence that does exist is generally for a weak to modest influence of purported biological factors on sexual orientation. Thus, while same-sex attractions may not be experienced as chosen, it is reasonable to hold that they can be subject to conscious choices such as those which might be facilitated in professional psychological care.

Psychosocial Factors

The Report dismisses the potential role of parental or other family dynamics in the development of non-heterosexuality. In doing so, the Report commits a common error in evaluating this literature. It presumes (and it has to be acknowledged that some theorists do over generalize potential psychosocial causative mechanisms) that because some theorized family patterns such as a distant father do not appear to be present in the majority of gay men, therefore such influences cannot be etiologically implicated in homosexuality. What behavioral genetics tells us, however, is that the non-shared environmental factors are dominant, which implies that there are numerous environmental pathways contributing to the development of non-heterosexuality, none of which will show up as dominant individually. Therefore the proper conclusion is not that psychosocial factors are not significant, but rather that family and social factors as a whole are significant, and a factor that may be important for one individual will not be important for most LGB persons.

The oft cited path analysis by Bell, Weinberg, and Hammersmith (1981), for example, found a number of paths that contributed to homosexuality, including parental dynamics, but eliminated them as they were not factors common to all cases. Similar observations have been made about other studies that speak to this issue (Bem, 2000; Van Wyk & Geist, 1984; Whitehead & Whitehead, 2014). The Report also dismisses the potential role of childhood sexual abuse as a potential pathway for same-sex attractions and behaviors, asserting simply that such links have been "disproved" (p. 53). However, the scientific literature on this issue is far more diverse than the Report is willing to acknowledge. Consider this recent summary of research on sibling incest and sexual orientation:

> "The powerful effect of same-sex sibling incest as a predictor of adult same-sex orientation and of course same-sex CSA [child sexual abuse] by adult males in our participants reported by Beard et al. (2013) and same-sex orientations in victims of sister-sister incest provide critical period learning, sexual imprinting, and conditioning explanations for three phenomena used in the past to support claims that there is a genetic basis or other biological basis for same-sex orientations: concordance of sexual orientations between twins, an increase in same-sex orientations among men with older brothers, and earlier puberty in gay men than in

> heterosexual men. Concordance of sexual orientations among identical twins is easily explained by the high likelihood of incest between the twins and the effect of same-sex incest on adult orientation. The higher incidence of same-sex orientations in men with older brothers is also easily explained by incest between the two brothers having a more profound effect on the younger brother because of critical period learning. As shown by results from the present study, the earlier onset of puberty in gay men is easily explained by a stronger early sex drive (driven by rising levels of testosterone) and by their sexual behaviors with the only sexual partners that young males have easy access to, other males." (O'Keefe et al., 2014, p. 28)

The Report refers to some of the additional literature that addresses the relationship between sexual abuse and sexual orientation (i.e., Roberts, Glymour, & Koenen, 2013; Wilson & Widom, 2009. See also Francis, 2008, Frisch & Hviid, 2006; Wells, McGee, & Beautrais, 2011). The Alliance acknowledges that these studies are correlational and therefore cannot definitively *prove* causality. However, we believe the Report errors in implying that these studies can definitely *disprove* a causal influence of sexual abuse in the development of homosexuality for some individuals. As evidenced in the O'Keefe et al. (2014) study, there certainly is ample theoretical justification for pursuing this line of scientific inquiry and absolutely no justification for believing such a directional causal influence from abuse to orientation has been disproved.

That such theoretical justification exists is further underscored by the much higher prevalence rates of childhood sexual abuse (CSA) among non-heterosexuals (Andersen & Blosnich, 2013; Outlaw et al., 2011) and the fact that men experience more distress when sexually assaulted by a man as opposed to a woman (Artime, McCaloum, & Peterson, 2014). Across relevant studies, median CSA prevalence among non-heterosexuals is estimated to be 35% for women and 23% for men compared to 3-27% of heterosexual women and 0-16% of heterosexual men respectively (Rothman, Exner, & Baughman, 2011). This is in addition to much greater odds of exposure to multiple adverse developmental factors beyond physical, sexual, and emotional abuse. Such adverse life events in childhood could reasonably be expected to contribute to attachment insecurity among children, which has predicted atypical gender identity and a lack of gender contentedness (Cooper et al., 2013). These researchers favor the view that attachment insecurity plays a causal role in gender atypicality, though they acknowledge that longitudinal studies are needed to confirm their suspicions. Andersen and Blosnich (2013) reported higher levels of exposure to adverse childhood factors (e.g., mentally ill, substance abusing, or incarcerated family members) for non-heterosexuals that were not likely to be the result of the child's nascent homosexuality, as is sometimes alleged as an explanation for elevated rates of physical and sexual abuse. The authors disagree with such a theory but acknowledge that, "Some researchers posit that childhood adversity (particularly sexual abuse) may play a causal role in the development of same-sex preferences or sexual minority identity" (p. 5). Thus, although childhood sexual abuse is not found in the profiles of many LGB persons, there are compelling theoretical reasons and

theoretically consistent empirical data to suggest that this is a probable etiological pathway to same-sex attractions for some sexual minority persons.

When a scientific association, governmental agency, or mental health professional contends that science has proven sexual and other trauma cannot be implicated as a causative influence in the development of same-sex attractions and behaviors, they are simply misrepresenting what science can tell us from correlational studies. Such a conclusion is as erroneous as saying sexual orientation is always and only caused by sexual abuse.

When researchers directly inquire as to how these individuals perceive the role of trauma such as sexual abuse in the development of their sexual feelings, the findings sometimes go against the "conventional wisdom." Walker, Archer, and Davies, (2005) studied the effects of rape upon a non-clinical sample of men and reported one participant's story:

> "Before the assault I was straight; however, since the assault I have begun to engage in voluntary homosexual activity. This causes me a great deal of distress as I feel I am not really homosexual but I cannot stop myself having sex with men. I feel as if having sex with men I am punishing myself for letting the assault happen in the first place" (p. 76).

Similarly, Fields, Malebranche, & Feist-Price (2008) qualitatively examined the experiences among black men who have sex with men and who reported childhood sexual abuse, typically prolonged and repetitive in nature and often involving older male relatives. The authors found that:

> "Participants commonly described feelings of isolation, depression, withdrawal, and social anxiety as reactions to their CSA [childhood sexual abuse] experiences. Five of the 10 participants (50%) who reported CSA believed that their current same-sex sexual behavior was connected to the CSA they experienced. The remaining 5 did not attribute their current same-sex behavior to their CSA experiences." (p. 387).

In summary, as is the case for most complex and controversial scientific questions, the most scientifically accurate conclusion probably lies somewhere between the extremes; that is, somewhere between the absolute proposition that minority sexual orientation is always the result of childhood trauma and the equally extreme assertion that such trauma can never be a causative influence in its development.

Gay Parenting

The Report makes strong statements asserting that same-sex parents do not increase the likelihood of children developing non-heterosexuality and that there are no reliable differences between children from LGB and heterosexual families. The Alliance believes that such statements are, from a scientific standpoint, thoroughly premature. Marks (2012) reviewed all

of the 59 research studies cited in an APA brief supporting same-sex parenting. He concluded that,

> "…some same-sex parenting researchers seem to have contended for an 'exceptionally clear' verdict of 'no difference' between same-sex and heterosexual parents since 1992. However, a closer examination leads to the conclusion that strong, generalized assertions, including those made by the APA Brief, were not empirically warranted. As noted by Shiller (2007) in *American Psychologist*, 'the line between science and advocacy appears blurred'" (p. 748).

This suggests that the APA has let advocacy interests take priority over what the scientific literature can actually tell us.

Allen (2013) noted that to properly test any hypothesis regarding gay parenting, a sample size of at least 800 is required. However, nearly all studies in this research domain are much smaller and consequently biased toward a "no difference" determination as they lack sufficient statistical power. Allen described the current literature as essentially being a collection of exploratory studies. These concerns are substantiated by more recent large scale studies that observe significant differences and suggest families with intact biological parents remain the gold standard for positive child outcomes (Allen, 2013; Schumm, 2008; Sullin 2015a, 2015b). An additional concern is that most of the same-sex parenting literature involves white, middle class, well educated lesbian women, who are unlikely to be representative of the average lesbian parent. In fact, in the United States it appears the typical lesbian parent is, relative to her heterosexual counterpart, less likely to have completed college, more likely to be a woman of color and foreign-born, and more likely to live in an urban than a suburban or rural neighborhood (Brewster, Tillman, & Jokinen-Gordon, 2014). This creates obvious limitations and suggests it is ill-advised to generalize the same-sex parenting literature beyond the specific demographics of these study samples.

Schumm (2010) highlighted how confirmation bias due to a lack of ideological diversity is one probable outcome in the scientific community concerning same-sex parenting. He examined citation rates within the scholarly literature of three refereed journal articles concerning lesbian families that had similar authors, samples, publication dates, and methodological quality. Two of the articles reported findings more supportive of lesbian parenting and one provided less supportive evidence. Schumm found subsequent citation rates to favor the supportive studies over the less supportive study by a 28 and 37 to 2 ratio. Follow up analysis in 2014 found the ratio stood at 67 and 88 to 6 (Rosik, 2014).

The Report contends that while the children of same-sex parents are more open-minded about sexual attitudes and behavior, there is no evidence to suggest they are more likely to produce homosexual children than are heterosexual parents (pp. 47-48). This conclusion may stem from a selective reading of the literature and overlooks evidence that same-sex parenting is in fact associated with a higher incidence of non-heterosexuality (Gartrell, Bos, & Goldberg, 2011). Schumm (2014) reviewed the literature and concluded that the odds of the

children of LGB parents being reported as LGB in the research literature has steadily increased over the past three decades.

One theoretically understudied possible contributing factor is the role of social modeling, which by definition same-sex parents cannot provide for children of the opposite sex. As Palkovitz (2013) observed, “There is widespread agreement that mothers and fathers model different gender roles, engagement patterns, and statuses; thereby shaping children’s understanding of what it means to be a man or a woman, or a parent of either sex” (p. 217). The impact of these differences on child gender development is evident in the literature (Goldberg, Kashy, & Smith, 2012). Though clear links to non-heterosexuality need to be established, it is reasonable to suspect that youth with less gendered attitudes and behavior would experiment more with same-sex sexual behaviors, contributing to the higher prevalence of later LGB identities found among children of same-sex parents (Schumm, 2014). Since lesbian parents are increasingly turning to donor conception to start their families, it is of significance that upwards of half of young adults born through this method express concerns or serious objections to the practice, even when they are informed about it by their parents (Marquardt, Glenn, & Clark, 2010).

These are only a few of the reasons the Alliance questions the definitive statements made in the Report about same-sex parenting as regards an alleged lack of differences with heterosexual parenting and the supposed lack of relatedness to children’s sexual behaviors and identities. The relevant scientific literature is methodologically limited and methodologically weaker reports appear to be cited more frequently than stronger reports, particularly when the latter contain adverse information regarding same-sex parenting. Despite the Report’s confident tone, there is no basis for such confidence in the literature and there remain sound reasons to suspect that same-sex parenting may disadvantage children in significant ways in comparison to children from intact biological families. While there is no reason to believe lesbian women cannot be loving mothers or gay men competent fathers, the Alliance does question the ability of lesbian women to provide the complete benefits of good fathers or of gay men to supply the full advantages of effective mothers.

Characterization of Sexual Orientation Change Efforts (SOCE)

The Alliance strongly disagrees with the Report’s depiction of SOCE, particularly as concerns change efforts provided by licensed mental health professionals. We note at the outset that the term SOCE was coined by the APA (2009) Task Force and is a catch-all term that in its own way is misleading and fails to capture what commonly occurs in professional psychotherapeutic care for individuals distressed by their same-sex attractions and behaviors. With that in mind, we find the Report misrepresents both practice and outcome aspects of professional SOCE.

Practice of SOCE

The Report asserts that SOCE proponents claim that same-sex attractions signal "pathology" which must be "cured" (p. 34) and a "malady" that has to be "treated" (p. 49). This is a generalization offered with no reference to implied original sources. Such thinking was true of the mental health professions as a whole decades ago, and some contemporary therapists may still hold such beliefs, but most SOCE providers now view homosexuality as a developmental adaptation with multiple pathways arising out of certain biological and psychosocial environments (Rosik & Popper, 2014). They also recognize this need not imply that same-sex attractions are a mental disorder. The Report seems to be implying that professional therapy only deals with pathological mental conditions, but this a profound misrepresentation. Therapists regularly address issues that are not considered to be mental disorders, such as relationship distress, unplanned pregnancy, or normal grief reactions.

The Alliance was surprised to find the Report citing Hooker's (1957) "landmark" study as part of this caricature of SOCE. Hooker's research is in fact routinely described as groundbreaking in the field and affirmed as evidence indicating no differences in the mental health of heterosexual and gay men. However, this research contains such serious methodological flaws that it is inconceivable an even-handed methodological evaluation by social scientists would have not have mentioned these concerns. Among the many methodological problems noted by Schumm (2012), the control group was told the purpose of the study in advance, and clinical experts were not blind to the objectives of the study. There also was an imperfect matching of participants, low scale reliability, the use of a small and recruited control group rather than existent national standardized norms, the post hoc removal of tests that actually displayed differences, and the screening out of men from the study if they appeared to have pre-existing psychological troubles.

As Hooker (1993) wrote many years later, "I knew the men for whom the ratings were made, and I was certain as a clinician that they were relatively free of psychopathology." It is all the more amazing that the APA has cited Hooker's "rigorous" study in several of its recent amicus briefs (Schumm, 2014), and this practice has now been repeated in the Report. The point here is not to argue for an association between homosexuality and pathology, but to underscore that an upholding of even minimal methodological standards for research should have led to the dismissal of the Hooker study as supportive of the no differences hypothesis.

Clients with distress about their unwanted same-sex attraction and behavior do not present for SOCE with the belief that they have a mental disorder needing a cure, but rather they often report a moral and religious problem. While faith-based values often motivate clients to seek psychological care for unwanted same-sex attractions and behavior (as well as therapists to provide that care), the actual provision of that care for professional therapies that are open to change involves mainstream psychological interventions that address emotional and cognitive processes as well as certain relational dynamics (Rosik & Popper, 2014). While many of these therapists operate from a psychodynamic and developmental perspective, they often incorporate insights from the cognitive, interpersonal, narrative, and psychodrama

traditions as well, to name just a few (Hamilton & Henry, 2009). The sharing of a faith-based worldview by therapist and client in these instances has many positives (Shumway & Waldo, 2012), though there are risks which can be mitigated by adherence to ethical practice and familiarity with sound science concerning sexual orientation.

It should also be kept in mind that many licensed SOCE practitioners indicate their focus is not fundamentally on the client's same-sex attractions and behaviors, but rather on issues relating to trauma and one's sense of personal identity. Published accounts are not uncommon wherein a focus on the therapeutic resolution of traumatic experience precipitates spontaneous changes in same-sex attractions and behaviors, sans any formal discussion of SOCE (Cornine, 2013; Rosik, 2012). Furthermore, for the typical licensed SOCE therapist change in unwanted same-sex attractions and behavior is typically understood to occur on a continuum of change, with change not occurring for some, categorical change being relatively rare, and many more clients (perhaps disproportionately bisexual and "mostly heterosexual" ones) achieving change in one or more dimensions of sexual orientation that is satisfying and meaningful to them (Rosik & Popper, 2014).

The Report also mentions as fact and without any supporting documentation that SOCE therapists are working with clients "compelled" by their families to undergo therapy (p. 51). Professional SOCE clinicians follow the lead of their clients in goal setting because they understand that there is no genuine therapeutic process without client self-determination. If a client, such as an adolescent, is brought to a therapist for SOCE, the proper response is for the therapist to do a thorough evaluation of motivation for treatment to determine if the client is making an autonomous choice to pursue change. Professional SOCE would not occur in the absence of such a free choice, which is why professional SOCE providers do not engage in such coercive practices (NARTH, 2010). Overall, it is evident to the Alliance that the Report's depiction of SOCE betrays a lack of familiarity with its contemporary practice among licensed therapists.

SOCE Outcomes

The Report offers a selective reading of the literature to uniformly attribute health disparities between LGB and heterosexual to discrimination and prejudice (p. 50) and then implicate SOCE as a proxy for such harm that "causes" all variety of negative therapeutic outcomes. The Alliance agrees that historically lesbian, gay, and bisexual (LGB) persons have suffered great injustice. Certainly this has been and remains an issue in understanding the mental health differences between the heterosexual and non-heterosexual populations. But despite the overwhelming popularity of the minority stress theory (Meyer, 2003), research suggests this theory provides only a partial explanation for sexual orientation health differences. The main study cited in the Report regarding orientation-based health differences indicates that LGB-related discrimination appears to directly account for less than 9% of the relationship between discrimination (i.e., heterosexism) and well-being and discrimination and psychological distress (Schmitt, Branscombe, Postmes, & Garcis, 2014). Frankly, the science

is far from definitive in this area (Lick, Durso, & Johnson, 2013; Savin-Williams, 2006). Many variables theoretically linked to health disparities such as social support, identity concealment, and claiming a gay identity may not play a significant role (Denton, Rostosky, & Danner, 2014; Schmitt et al., 2014). Factors that have the most significant relationship to elevated health problems for LGB persons may not be specifically gay-related but similar to those reported by the general population (Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014). And given that studies overwhelmingly are addressing *perceived* discrimination, specific sexual orientation discrimination or stigma may be minimally or unrelated to LGB psychological distress and physical health in the absence of certain intra- or interpersonal processes (Schumm, 2014). Alternatively, LGB lifestyles may be inherently more risky than those of heterosexuals because of certain features of LGB social communities (Schumm, 2014; Vrangalova & Savin-Williams, 2014).

Of significant relevance in this regard are those people who are now categorized as "mostly heterosexual." These individuals tend to view themselves and are viewed by others as essentially heterosexual in their sexual orientation and lifestyle and therefore are plausibly exposed to much less sexual orientation discrimination and stigma than LGB identified persons. Yet it turns out that mostly heterosexual persons appear to be closer to bisexuals than heterosexuals in their health risks (Vrangalova & Savin-Williams, 2014). Finally, there is also the observation that health disparities between heterosexual and non-heterosexual persons appear to be of a roughly similar magnitude even where the cultural environments differ greatly in their acceptance of homosexual practice (de Graaf, Sandfort, & ten Have, 2006; Sandfort, Bakker, Schellevis, & Vanwesenbeeck, 2006).

These considerations alone bring into questions the Report's blanket assertion that studies show "…all the harms associated with same-sex orientation derive from hostile social climates that discriminate and persecute any sexuality that does not adhere to the heteronormative standards of a particular society" (p. 21, cf. also pages 9 and 17). Certainly it should be possible for a scientific organization such as ASSAF to rightly contest any laws that would result in the persecution of LGB persons without having to resort to empirically unsupportable claims to bolster their position. It is undeniable that some health risks, such as sexually transmitted diseases (including HIV) among gay men, while being potentially exacerbated by stigma, are ultimately grounded in biological reality. A recent comprehensive review found an overall 1.4% per-act probably of HIV transmission for anal sex and a 40.4% per-partner probability (Beyer, et al., 2012). The authors noted, "The 1.4% per-act probability is roughly 18-times greater than that which has been estimated for vaginal intercourse" (p. 5). Swartz (2014) found sexually transmitted infections other than HIV/AIDS in 35.6% of men who had sex with men compared to 6.6% of matched population sample of men. Recent CDC statistics indicate the rate of new HIV diagnoses in the United States among men who have sex with men is more than 44 times that of other men (CDC, 2011). Oswalt and Wyatt (2013) surveyed college students and found that while 69.5% of heterosexual males had never engaged in anal sex only 10.8% of gay males had not engaged in this sexual behavior.

These are sobering statistics contradicting the Report's claims that all harms associated with normative homosexual behavior are merely artifacts of societal disapproval.

One of the most common studies used to claim particular harm from SOCE among minors addressed family rejection of non-heterosexual minors and actually had nothing to do with SOCE (Ryan, Huebner, Diaz, & Sanchez, 2009). Such efforts are simply presumed to be markers of rejection in the complete absence of any empirical justification and the researchers' own caution that cause and effect interpretations should not be made. While families should be encouraged in the strongest terms to love their child regardless of the direction of his or her sexual attractions, the role of family rejection and suicide is a complex one, with one study even finding that LGB individuals who died by suicide had a *lower* incidence of family conflict (5.7%) than their heterosexual counter parts (17.1%) (Skerrett, Kolves, & De Leo, 2014).

The Report also presents the issue of harm from SOCE in a manner that is devoid of important contextual considerations. It should be noted that the APA (2009) Task Force speaks almost always of the "potential" for "perceived" harm from SOCE and mostly refers to aversive practices long ago discarded by professional SOCE practitioners when speaking of SOCE interventions causing harm. The Report's language in this regard fails to accurately represent the tentativeness of the APA's statements. More importantly, there is plenty of evidence of the "potential for harm" for psychotherapy in general, with 5-10% of adults and 15-24% of minors getting worse from their treatments (Lambert, 2013; Lambert & Ogles, 2004). So claims of potential harm simply cannot be offered as an indictment of SOCE unless opponents can marshal evidence that the prevalence of harm specific to professionally assisted change efforts is greater than it is for all forms of psychotherapy, and no such data currently exist (APA, 2009). In contrast to the Report, the Alliance would advocate for a humble scientific stance which acknowledges there is likely to be much more going on with health disparities than minority stress, and genuine science should encourage further research with diverse hypotheses rather than let itself be manipulated into the procrustean bed of advocacy agendas.

Concerning the efficacy of SOCE, there is evidence to suggest that same-sex attractions and behaviors can change, and therapeutic work may facilitate these shifts (Karten &Wade, 2010; Phelan, Whitehead, & Sutton, 2009; Santero, Whitehead, & Ballesteros, 2015). This research is not above critique, of course, as is the case with all research, but critics of this literature seem to view the presence of any study limitations as justification for complete dismissal of the findings. SOCE opponents typically have a much higher standard for methodological rigor when it comes to efficacy of change interventions than they do when addressing the potential for harm, as was the case with the APA (2009) Task Force (Jones, Rosik, Williams, & Byrd, 2010). They demand randomized, controlled research designs to prove efficacy and reject case studies of success, but are quick to tout anecdotal accounts of harm in the absence of any controlled, representative research showing harm. This is in spite of the APA's (2009) conclusion that, "Recent SOCE (sexual orientation change efforts) research cannot provide conclusions regarding efficacy or safety" (p. 3). Again, such observations argue in favor of

conducting more research to further understand and clarify the issues of harm and SOCE efficacy, not advocacy-based efforts to prohibit access to professional SOCE, thereby restricting the rights of clients to seek therapy for unwanted same-sex attractions and behaviors as well as the rights of therapists to provide such care.

Sexual Orientation Fluidity and SOCE

Finally, the increasing scholarly acknowledgement of sexual orientation fluidity must be noted in the context of any discussion of legal prohibitions on professional SOCE. For instance, Lisa Diamond's "…findings…demonstrate considerable fluidity in bisexual, unlabeled, and lesbian women's attractions, behaviors, and identities and contribute to researcher's understanding of the complexity of sexual-minority development over the life span" (Diamond, 2008, p. 12). Her longitudinal studies of women with non-heterosexual identities revealed that 67% reported changing their identities over a ten-year period of time (Diamond, 2005, 2008). She continues, "Hence, identity *change* is more common than identity *stability*, directly contrary to conventional wisdom" (italics in original, p. 13). The Report rarely touches on this amazing scholarly advance.

Recently, Farr, Diamond, and Boker (2014) presented evidence for the existence of subtypes of non-heterosexual women, both in the intensity or degree of their same-sex attractions and in how these attractions change over time. She noted that these women appear more likely than men to specifically report the roles of circumstance, chance, and choice in their sexual identity and orientation, concluding that, "These results support the notion that some degree of plasticity may be a fundamental component of female same-sex sexuality" (p. 1487). Dickson, van Roode, Cameron, and Paul (2013) reviewed the relevant scientific literature and concluded, "These studies demonstrate that there is more change in sexual orientation than would be expected from repeated cross-sectional studies and change appears to be more common among women than men" (p. 754).

Clearly, change in sexual attractions and behaviors on a continuum of change would appear possible for many women and adolescent girls, leaving no rational reason to preclude professionally conducted SOCE as one option for women and older girls experiencing unwanted same-sex attractions and behaviors, provided parental and informed consent. Finally, echoing a similar observation made earlier by Laumann, Gagnon, Michael, & Michaels (1994), Diamond (2005) concluded that, "In light of such findings, one might argue for an end to sexual categorization altogether, at least within the realm of social scientific research" (p. 125).

Although the Report echoes the general scholarly consensus that non-heterosexual women are more fluid in their sexual attractions and behaviors than are men, important new research has suggested that such fluidity may be more common among non-heterosexual men than previously believed (Katz-Wise, 2015); Katz-Wise & Hyde, 2015). These researchers studied a sample of young adults (18-26 years of age) who reported a same-gender sexual orientation. They discovered that 63% of the women and 50% of the men reported fluidity in

their sexual attractions, and of these individuals 48% of the women and 34% of the men also reported change in their sexual orientation identity.

It is also noteworthy that this study reported sexually fluid participants were more likely than sexually non-fluid participants to believe that sexual orientation is changeable. Non-sexually fluid men were more likely than sexually fluid men to believe that sexuality is something an individual is born with, while men who reported experiencing sexual fluidity were more likely than men who did not report sexual fluidity to view sexuality as changeable and subject to environmental influences. These findings may help explain the dominance of gay scientists and activists who generally lead the charge to ban professional SOCE. Specifically, non-heterosexual men who have not experienced change may assume that this is the case for all non-heterosexuals and support laws that ban professional therapy for even sexually fluid adolescents and adults who freely seek such assistance with their pursuit of change.

The growing acceptance of sexual orientation fluidity that is being displayed in the scientific literature has not yet penetrated very far into the cultural and political consciousness. This may be due to its potential impact on political and legal efforts to advance LGB civil rights and ban professional SOCE, which have often been based on “born that way” and “immutable” arguments. However, the increasing recognition of sexual orientation fluidity may be forcing these arguments to change. In light of this fluidity, Diamond (2015) recently expressed her belief that it is time to get beyond the “born that way” argument and embrace the fact that sexuality can change.

While it must be acknowledged that the research on fluidity is documenting spontaneous change unrelated to SOCE that is often not experienced as a volitional process, it does appear to be influenced by relational and environmental contexts (Manley, Diamond, & van Anders, 2015). Although more sophisticated research needs to be conducted to establish clear causal links, the discovery of widespread sexual orientation fluidity certainly makes more plausible claims that professional psychological care can contribute to such change for some people. To quote one research group, “People with changing sexual attractions may be reassured to know that these are common rather than atypical” (Dickson et al., 2013, p. 762). With such changes in sexual attractions, behaviors, and identities occurring all around us, the Alliance does not believe it is reasonable to maintain that the only place where such change can never happen is in the therapist’s office.

The Lack of Ideological Diversity among Mental Health Association Leadership

Currently, there is a lack of sociopolitical diversity within professional mental health organizations and their associated scientific communities as regards the study of contested social issues related to sexual orientation, including SOCE (Redding, 2001; Wright & Cummings, 2005). This creates a severe risk of confirmation bias whereby research and interpretations that support a favored viewpoint are touted while alternative research and

interpretations are minimized or ignored. We document here only a few of many examples that could be given highlight this concern. Of foremost relevance is the fact that while many qualified conservative psychologists were nominated to serve on the highly influential APA (2009) Task Force that reviewed the scientific literature on change oriented therapies, all of them were rejected. This fact was noted in a book co-edited by a past-president of the APA (Yarhouse, 2009). To no one's surprise, only psychologists unsympathetic to SOCE were appointed—and at least 5 of the 6 Task Force members were LGB identified. It appears that the APA operated with a litmus test when considering Task Force membership—the only views of homosexuality that were tolerated were those the APA deemed acceptable. Thus from the outset of the Task Force, it was predetermined that conservative or traditional viewpoints would not be seriously considered because they did not fit within the APA's pre-existing worldview. One example of this is the Report's failure to recommend any religious resources that adopt a traditional or conservative approach to addressing conflicts between religious beliefs and sexual orientation. This bias can hardly be said to respect religious diversity and had predictable consequences for how the task force addressed its work.

Other examples speak to the broader ideological outlook among leaders in the professional associations. In 2011 the American Psychological Association's leadership body—the Council of Representatives—voted 157-0 to support same-sex marriage (Jayson, 2011). Likewise, the leadership of the National Association of Social Workers endorsed a total of 169 federal candidates in the U.S. 2014 national elections—all of whom were affiliated with the socially left-of-center Democratic Party (Pace, 2014). These figures undoubtedly represent a "statistically impossible lack of diversity" (Tierney, 2011). Even the esteemed American Medical Association has been hemorrhaging membership due to supporting left-of-center government programs and now represents less than 20% of physicians in America (Pipes, 2011). Resolutions and position statements from these associations about contested social issues that involve sexual orientation (such as SOCE) may thus inadequately represent what is known and not known within the scientific literature.

Such a lack of viewpoint diversity also has an inhibitory influence on the production of scholarship that might run counter to preferred worldviews and advocacy interests of these associations. An authentically scientific approach to a contentious subject such as SOCE must rather solicit diverse perspectives in order to give confidence that the relevant database is a sufficiently complete one on which to base public policy. The Alliance suspects that these same tendencies toward ideological hegemony are operative in African professional associations and it may be particularly relevant for politicians and policy makers to inquire as to the ideological leanings and sociopolitical backgrounds of the ASSAF Report contributors.

Conclusion

The granting to LGB persons of basic human rights and the ability to live free from harassment or violence should not be conditioned by any scientific finding about sexual orientation. However, when it comes to making sweeping public policy that would prevent

citizens from autonomous, self-determined decisions to seek professional care for unwanted same-sex attractions and behaviors, the Alliance strongly encourages African politicians and policy makers to obtain a broad range of perspectives pertaining to the science of sexual orientation. We trust that this brief overview of the Report's representation of sexual orientation research is sufficient to underscore how important it is to have genuine viewpoint diversity in the sources government leaders and policy advisors rely upon for guidance. We encourage these public officials to be wary of the Report's representation of critical issues concerning sexual orientation, such as assertions of a strict biological etiology, allegations of its immutability, or portrayals of professional SOCE. The Alliance hopes this document has adequately illustrated the following concern for the African context: "To the extent that social scientists operate under one set of assumptions and values, and fail to recognize important alternatives, their scientific conclusions and social-policy recommendations are likely to be tainted" (Chambers, Schlenker, & Collisson, 2012, p. 148).

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