

# **A Tale of Two Task Forces: Evidence of a Growing Diversity Problem within Psychology?**

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## **Abstract**

In this brief historical analysis, I compare and contrast two different American Psychological Association task forces, both of which were charged with reviewing the scientific literature regarding different but equally controversial clinical practices. Convened just over a decade apart, the first of these investigations involved recovered (repressed) memory therapy (RMT), and the subsequent review examined sexual orientation change efforts (SOCE). I observe that the SOCE task force, unlike the RMT working group, was devoid of ideological diversity and strongly dissuaded clinicians from engaging in the practice under review, in spite of indications that far greater and more certain harms were occurring through RMT than through SOCE. These differences may be another symptom of organized psychology's increasing lack of sociopolitical diversity, with accompanying risks for conservative clinicians and the public perception of psychology's credibility when addressing contested social issues. I close with a brief discussion of this concern and note some recommendations that can begin to address it.

*Keywords:* SOCE, repressed memory therapy, sociopolitical diversity, professional psychology.

Understanding history is often valuable in comprehending the present. In the following analysis, I hope to show how this statement applies to the American Psychological Association's (APA's) approach to sexual orientation and therapies that allow for the potential of change (labeled by the APA as sexual orientation change efforts, or SOCE). The issue of harm, and especially harm to minors, has been paramount in the arguments surrounding SOCE bans by legislative bodies across the continent. I will argue here that changes within the APA have led to the dominance of advocacy interests over scientific humility where contentious social issues are concerned. I illustrate this contention by comparing the APA's management of the controversy over SOCE with how the association addressed concerns about harm attributed to an earlier and equally contentious therapeutic practice.

### **Recovered Memory Therapy**

In the later 20<sup>th</sup> century, increasing scrutiny by the public and politicians began to be placed on what was termed recovered (or repressed) memory therapy (RMT). RMT was the clinical portion of a larger debate that was occurring in psychology regarding the historical accuracy of memories of childhood sexual abuse (CSA) recalled during psychotherapy. In RMT, there was often a focus on the use of various techniques in order to uncover past traumatic experiences that presumably would help resolve client distress. Surveys of psychologists at that time suggested that upward of 25% engaged in some form of RMT, and a much higher percentage employed various techniques believed to aid in memory retrieval (Polusny & Follette, 1996; Poole, Lindsay, Memon, & Bull, 1995). Yet in spite of its popularity among clinicians, the practices associated with RMT were far from benign.

In response to some dramatic and highly publicized claims of CSA (including satanic ritual abuse) remembered by clients in psychotherapy, by 1993 legislatures in nearly half the states had passed laws allowing alleged victims to sue the accused perpetrators within three to six years following the emergence of their repressed memories (Jaroff, 1993). These laws helped to foment an increase in clients suing their alleged perpetrators, who were often parents, for events typically said to have happened 20,

30, and even 40 years earlier (Loftus, 1993). Not infrequently, this occurred with the blessing of clients' therapists. Families were shattered and hundreds of lawsuits were generated through the clinical practices and legal environment created in part by RMT (APA, 1996; Loftus & Ketcham, 1994). According to Porter and Lane (1996), "Recovered memory therapy based on the theory of repression has devastated thousands of lives in the last ten years" (p. 26). In response, thousands of individuals and families sought assistance from a new organization whose views on the matter were reflected in its name: the False Memory Syndrome Foundation. Eventually countersuits and ethical complaints against therapists and hospitals by alleged perpetrators were instigated, and these efforts met with more than occasional success (Jaroff, 1993; Porter & Lane, 1996). Foreshadowing the terminology applied two decades later to therapists who engage in SOCE, Stanford social psychologist Richard Ofshe predicted that, "Recovered-memory therapy will come to be recognized as the quackery of the 20<sup>th</sup> century" (Jaroff, 1993, p. 55).

Debates within psychology at the time over RMT and the reliability of memories of CSA recalled in psychotherapy were often intense and marked by a barely controlled acrimony (e.g., Williams, 1994a, 1994b; Loftus, Garry, & Feldman, 1994). Defenders of the possibility that recovered memories could be based in historical abuse, much like SOCE apologists today, often presented case studies and research derived from their clinical experience (Chu, Frey, Ganzel, & Matthews, 1999; Lewis, Yeager, Swica, Pincus, & Lewis, 1997; Williams, 1994a; Young, Sacs, Braun, & Watkins, 1991). Critics of recovered memories techniques, similar to contemporary SOCE opponents, tended to be psychologists and researchers who had not clinically practiced the controversial therapy (Loftus, 1993; Loftus et al., 1994; Spanos, 1996). In February of 1993, the APA waded into this controversy by forming a task force, designated as the Working Group on Investigation of Memories of Childhood Abuse.

The APA's working group was tasked with reviewing the current scientific literature and identifying future research and training needs pertaining to the evaluation of memories of childhood abuse (APA Working Group, 1998a). The six-member working group was composed of an equal number of clinical psychologists and research scientists, half identified with feminist psychology and/or trauma treatment and half known for their work in memory research.<sup>1</sup> On February 14, 1996, the working group

released its findings. Sharp ideological differences within the working group resulted in the two groups issuing separate reviews. Although there were some areas of agreement, particularly as relates to the need to consider the perspectives of both groups and the importance of conducting further research, stark differences in perspectives could not be overcome and prevented the working group from recommending any substantive corrective action (Cummings & O'Donahue, 2008). As the working group confessed:

As suggested above, one of the most consistent observations emerging from our deliberations has to do with the very divergent epistemologies and definitions used by psychologists who study memory and those who study and treat the effects of trauma. Although there are exceptions, we frequently do not speak the same professional language or define phenomena in the same manner; we read different journals and books, and we attend different specialty meetings; and each group finds useful and compelling studies that the other group sees as problematic and questionable. Many of the difficulties that we have encountered in attempting to achieve consensus reflect these profound epistemological differences. (APA Working Group, 1998b, p. 934)

Arguably, many of these observations might also help explain the divergent viewpoints of supporters and critics of SOCE, whose very different moral frameworks and personal experiences constitute significant obstacles to achieving any kind of consensus on the issue.

### **Sexual Orientation Change Efforts**

Ten years later, on March 13, 2007, addressing another controversial clinical practice, the APA authorized the creation of a task force to update their 1997 resolution on appropriate therapeutic responses to sexual orientation. This task force was charged with reviewing the literature and making recommendations pertaining to SOCE (APA, 2007). It should be recalled that forces within the APA attempted but failed to have the APA formally declare SOCE unethical in the 1990s. Apparently, these efforts were unsuccessful due to concerns regarding both a lack of supporting scientific evidence and legal vulnerability, including potential claims against the APA by both professionals and clients should

### *A Tale of Two Task Forces*

the APA have promulgated a formal resolution. Hence, this request for updating the 1997 resolution took place in the context of increasing pressures coming from within the association and within the broader cultural and political environment. However, while the controversial nature of both RMT and SOCE resulted in the formation of respective APA task forces, the similarities break down from there. The emotional and relational harms connected to RMT practices and litigation were widespread, well-documented, and impacted thousands of clients and their families. By contrast, the harms to clients associated with licensed therapists who engaged in contemporary forms of SOCE were equivocal, with minimal research of sufficient quality to be directly pertinent. As the APA (2009a) Report acknowledged, “Thus, we cannot conclude how likely it is that harm will occur from SOCE” (p. 42). Moreover, few, if any, therapists were on record as losing their licenses or having to defend themselves against ethics complaints due to engaging in allegedly widespread and egregious SOCE-related conduct that would most certainly have run afoul of existing state regulatory policies for psychological practice and invited legal action (e.g., applying electric shocks to genitals or inducing vomiting paired with homoerotic images).

While the APA sought to comprise the RMT working group with a diverse group of scholars and practitioners, the SOCE task force was comprised of six expert psychologists with little viewpoint diversity, five of whom were sexual minorities and none who engaged in the practice of SOCE.<sup>2</sup> Several qualified psychologists, including both conservative academics and seasoned SOCE practitioners, were nominated to serve, yet all of them were rejected. The director of the APA’s Lesbian, Gay and Bisexual Concerns Office, Clinton Anderson, offered the following defense at the time: “We cannot take into account what are fundamentally negative religious perceptions of homosexuality—they don’t fit into our world view” (Yarhouse, 2009). This is an understandable moral litmus test for the APA given that they, like the great majority of mental health associations, have increasingly adopted left-of-center sociopolitical sympathies (Duarte et al., 2015), wherein the most sacred value is that of preventing harm to disadvantaged groups such as sexual minorities (Haidt, 2012). However, such exclusion also had the unfortunate consequence of weakening the credibility of the task force’s conclusions among a large

## *A Tale of Two Task Forces*

number of conservative professionals and politicians (Ferguson, 2015; Jones, Rosik, Williams, & Byrd, 2010; Robiner, Fossum, & Hong, 2015).

Unlike the viewpoint diverse RMT task force's inability to provide strong prescriptive guidance for clinical practice, the SOCE task force's findings were touted by the APA as all but definitive.

Contrary to claims of sexual orientation change advocates and practitioners, there is insufficient evidence to support the use of psychological interventions to change sexual orientation. .... Scientifically rigorous older studies in this area found that sexual orientation was unlikely to change due to efforts designed for this purpose. Contrary to the claims of SOCE practitioners and advocates, recent research studies do not provide evidence of sexual orientation change as the research methods are inadequate to determine the effectiveness of these interventions. (APA, 2009b)

Regarding the issue of harm from SOCE, the task force appeared to evidence more modesty:

“There are no methodologically sound studies of recent SOCE that would enable the task force to make a definitive statement about whether or not recent SOCE is safe or harmful and for whom” (APA, 2009a, p. 83). While there were some common sense recommendations that clinicians not promise sexual orientation change nor consider sexual orientation as a personal choice, the overarching sentiment offered in a uniform manner by the task force is that clinicians should avoid SOCE altogether.

It is highly probable that had the SOCE task force included a genuine diversity of perspectives on the issue, the final product would have been far less likely to effectively undergird the ongoing legal efforts to ban licensed therapists from engaging in a client-centered process that explores the potential for sexual orientation fluidity. Critics of the Report noted that the task force drew conclusions about SOCE efficacy from only six studies deemed of sufficient methodological rigor which were conducted between 1969 and 1978, all of which employed aversive or other behavioral methods on many men who were court-referred for psychiatric and sexual concerns and fearful of criminal or legal penalties (APA, 2009a, p. 82; Jones et al., 2010). These authors then posed an important question and observation:

### *A Tale of Two Task Forces*

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. (Jones et al., 2010, p. 9)

Even more pertinent to the current political efforts to ban SOCE is the apparent double standard of the task force in assessing the potential for harm. The task force appeared to adopt very rigorous evidentiary standards for drawing conclusions about SOCE efficacy but abandoned such precision in assessing harm<sup>3</sup>. Jones and colleagues (2010) noted that, “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” (p. 9). It is telling that scientifically definitive claims purporting serious and widespread harm from SOCE now being circulated in legislative bodies across America were fueled in large part by a task force validation of just six outdated studies and a collection of essentially anecdotal accounts. This has the appearance of an extremely low scientific threshold for legally infringing upon professional practice.

Finally, both the SOCE and RMT task forces called for further high quality research on their respective subjects. Unfortunately, the SOCE task force analysis begs the question of how SOCE could meet high research standards if the task force’s advice is to discourage its practice. Moreover, while the Report observes the precipitous decline in SOCE-related research in the last four decades, it does not acknowledge a primary reason for this (i.e., such research is now fraught with a multitude of potentially career threatening landmines for those scholars most in a position to conduct it, particularly if findings do not align with left-of-center advocacy interests) (e.g., Woods, 2013). The ability to conduct quality research is now being made impossible by SOCE bans, which have gotten the support of APA experts (e.g., Declaration of A. Lee Beckstead, 2012; Declaration of Gregory M. Herek, 2012) and raise questions

as to the earnestness of the APA task force's call for research in the first place. Of course conscientious therapists should aspire to a particularly high degree of professionalism when clinically addressing client concerns regarding same-sex attractions and behaviors. Unfortunately, the activism and legislative course of events set in motion by the APA's ideologically homogeneous task force on SOCE brings into question the judgment of all licensed clinicians who would entertain a client's request to explore the extent to which a therapeutic process might assist in promoting change.

### **Whither Sociopolitical Diversity in Psychology?**

The controversy over RMT within professional psychology has largely subsided today, with subsequent scientific study and clinical reflection leading to more cautious therapeutic practice and less rancorous discourse. Tellingly, all of this was achieved without recourse to legal prohibition and is in stark contrast to the extensive activism now being committed to SOCE bans. The professional and political maelstrom that contemporary SOCE finds itself in today indicates that the moral landscape within the culture and within professional psychology has changed rather dramatically (Twenge, Sherman, & Wells, 2016), beginning years prior to the APA's SOCE Report and seeming to accelerate up into the present. Organized psychology appears to be rapidly becoming less sociopolitically diverse and hence less tolerant of viewpoints that run afoul of preferred political and advocacy interests (Duarte et al., 2015; Ferguson, 2015; Gouchat, 2012).<sup>4</sup> In the long run, this has the potential to undermine the credibility of psychology's pronouncements on scientific matters before the public, politicians and the courts.

Sociopolitical homogeneity may impact the production and dissemination of social science at many levels, and especially so with regard to controversial subjects. The focus of this analysis concerned the apparent decreased interest of the APA in forming task forces inclusive of divergent perspectives regarding controversial practices, which plausibly has serious implications for the integrity of its formal resolutions and pronouncements on these topics. However, the movement toward less sociopolitical diversity within organized psychology can also be evidenced, for example, as bias in research citation

### *A Tale of Two Task Forces*

(Ferguson, 2015; Schumm, 2015), peer review (Honeycutt & Freberg, 2017; Inbar & Lammers, 2012), and hiring practices (Honeycutt & Freberg, 2017; Inbar & Lammers, 2012).

More generally, Duarte and colleagues argue that the lack of diversity embeds left-of-center values in psychological theory and method, concentrates the profession on topics that validate progressive narratives and avoid topics that contest these narratives, and risks producing a psychological science that mischaracterizes the traits, attributes, and motivations of religious and other conservative providers who accept the possibility of therapy-assisted fluidity in the components of sexual orientation (i.e., identity, attraction, and behavior). While there is no quick fix to this diversity problem within organized psychology, acknowledging the problem, enhancing opportunities for non-liberals to participate in task force deliberations and other apparatuses of psychological science, and adding sociopolitical diversity to the profession's diversity aspirations would constitute a productive starting point (Duarte et al., 2015; Robiner et al., 2015).

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*A Tale of Two Task Forces*

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*A Tale of Two Task Forces*

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## **Footnotes**

<sup>1</sup>Members of the working group were Judith L. Alpert, Laura S. Brown, Stephen J. Ceci, Christine A. Courtious, Elizabeth F. Loftus, and Peter A. Ornstein.

<sup>2</sup>Members of the task force were Judith M. Glassgold, A. Lee Beckstead, Jack Drescher, Beverly Greene, Robin Lin Miller, and Roger L. Worthington.

<sup>3</sup>Another apparent double standard regarding how professional psychology in general and the APA specifically treat SOCE involves the APA's promotion of novel and unsupported alternative therapeutic techniques such as aromatherapy, Reiki (spiritually guided life force energy), massage therapy, and chiropractic and their frequent endorsement by mental health clinicians (Barnett & Shale, 2013; Pignotti & Thyer, 2009; Stapleton et al., 2015). The noticeably differing treatment within professional psychology of contemporary SOCE in comparison to these alternative techniques despite similar methodological limitations in their respective research bases (APA, 2009a; Barnett & Shale, 2013) hints at the influence of extra-scientific factors such as moral, cultural, and advocacy demands.

<sup>4</sup>Some clear examples of the lack of sociopolitical diversity on contested social issues include the 157–0 vote by the APA's Counsel of Representative in August of 2011 in favor of a resolution supporting marriage equality (Jayson, 2011) as well as the National Association of Social Workers (NASW) uniform endorsement of only Democrat candidates (339 out of 339) to federal offices in recent elections (Pace, 2014). Haidt has observed that these numbers represent a statistically impossible lack of diversity and give credence to his concerns (Haidt, 2012; Tierney, 2011) that:

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)

*A Tale of Two Task Forces*