

Sexual Attraction Fluidity Exploration in Therapy (SAFE-T):

Creating a clearer impression of professional therapies that allow for change

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During its May 27th, 2016, meeting, the board of the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI) voted unanimously to endorse new terminology that more accurately and effectively represents the work of Alliance therapists who see clients with unwanted same-sex attractions. The board has come to believe that terms such as reorientation therapy, conversion therapy, and even sexual orientation change efforts (SOCE) are no longer scientifically or politically tenable. Among the many reasons the board felt it time to retire these older terms as much as possible were the following:

1. These terms imply that categorical change (from exclusive SSA to exclusive OSA) is the goal. This is a degree of change that is statistically rare and not demanded of any other psychological experience as a condition of legitimate psychological care.
2. The current terms imply there is a specific and exotic form of therapy that is being conducted (not standard therapeutic modalities)
3. These terms imply that sexual orientation is an actual entity (i.e., the terms all reify sexual *orientation* as immutable).
4. The terms imply that change is the therapist's goal and not that of the clients (i.e., it's coercive rather than self-determined).
5. These terms (especially SOCE) do not differentiate between professional conducted psychotherapy and religious or other forms of counseling practice.
6. These terms have been demonized and/or developed by professionals completely unsympathetic to therapies that allow for change in same-sex attractions and behaviors.

This means that Alliance clinicians are immediately on the defensive as soon as they reference their therapeutic work in these terms.

For all these reasons and more, first the Alliance Executive Committee and then the Alliance Board discussed potential new terminology and finally settled upon the name "Sexual Attraction Fluidity Exploration in Therapy" (the acronym of which is SAFE-T). The Board believes this term has many advantages that commend its usage. First, it addresses all of the concerns noted above. It does not imply that categorical change is the goal and in so doing create unrealistic expectations for many clients. Nor does it imply that change which is less than categorical in nature cannot be meaningful and satisfying to clients. It also makes clear that SAFE can occur in any number of mainstream therapeutic modalities. Furthermore, by focusing on sexual attractions it avoids the implicit assertion that orientation changes or that orientation as an immutable reality even exists. By stressing therapeutic exploration, the new term accurately conveys that the therapist is not being coercive but merely assisting individuals in a client-centered examination of their sexual attractions. The Board also appreciated the fact that the acronym SAFE-T immediately challenges portrayals of the professional therapy utilized by Alliance clinicians as harmful.

Scientifically, the fluidity of sexual orientation (and, for our purposes, especially same-sex attractions) for many women and men is now beyond question (Diamond & Rosky, 2016; Katz-Wise, 2015; Katz-Wise & Hyde, 2015). The language of SAFE-T highlights this reality and points to human experience that cannot be denied, again without the complicating focus on orientation. The only counterarguments to SAFE-T on fluidity grounds might be that therapy-assisted fluidity has not been proven to occur and such efforts could be harmful. These arguments are much easier to defend against with SAFE-T than when one is trying to defend

implications of complete orientation change. First, we know that sexual attraction fluidity occurs in response to relational and environmental contexts, the very factors that therapists routinely address in their work (Manley, Diamond, & van Anders, 2015). Second, there is research in progress to support the occurrence of therapy-assisted sexual attraction fluidity (Santero, Whitehead, & Ballesteros, 2016; Pela & Nicolosi, 2016), not to mention a rich history of past research, as good as any research of its era (Phelan, Whitehead, & Sutton, 2009). Finally, recent research on “ex-ex-gays” (e.g., Bradshaw, Dehlin, Crowell, & Bradshaw, 2015; Flentje, Heck, & Cochran, 2013) tells us no more about SAFE-T than research focused on divorced consumers of marital therapy would tell us about its safety and efficacy. While it is reasonable to conclude that more research is needed to better comprehend the extent of therapy-assisted sexual attraction fluidity, denying the potential for such a therapeutic process would seem to be much more a matter of ideological compulsion than it is one of theoretical or scientific implausibility.

Due to all of these important considerations, the ATSCI Board encourages Alliance members and supporters to join them in employing the terminology of SAFE-T in their professional work. One might say, for example, “I practice a cognitive form of SAFE-T” or “I practice SAFE-T from an interpersonal perspective” or “There is no scientific basis for banning any form of SAFE-T” or even “I don’t do SOCE, I only practice SAFE-T.” Because this term represents what Alliance clinicians actually do in a scientifically accurate and defensible manner, the Board anticipates that the professional interests of these therapists and the public policy interests of supporters will be much better served by SAFE-T.

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