Core Issues Trust: Response to Association of Christian Counsellors Statement to its Membership: 10 January 2014

In a statement to its members in December 2012, the Association of Christian Counsellors clearly approached the matter of counselling persons with unwanted same-sex attractions in recognition of clients’ rights to identify counselling goals:

One of the most important aspects in counselling is client autonomy. Any client seeking counselling has the right to indicate their goals and aspirations within counselling and to be respected for that choice. If a client seeks to explore change to their lifestyle or behaviour then using the core conditions the counsellor needs to respect that desire and work with them to their benefit. For the counsellor to reject this out of hand implies that they are seeking to impose their own agenda on the client and this is unethical. (ACC, December 2012)

In January 2014 the ACC statement to its members now claims that supporting such an autonomous client’s goals to reduce or eliminate homosexual practice and/or feelings, is unethical. In addition, it misapplies the Equalities Act 2010 by implying that to hold such a view contravenes the law.

How has this volte-face been achieved?

By making use, uncritically, of two pejorative terms ‘reparative’ and ‘conversion’ therapy to imply such approaches are the panacea for Sexual Orientation Change Efforts (SOCE), the ACC statement fails to articulate viable instances in which SOCE might be safely practised. In so doing the document makes three misleading statements about SOCE in general.

1. Its language implies that practitioners of ‘reparative therapy’ consider that sexuality can be ‘repaired’, and so introduces the idea of treatment or cure.
2. It suggests that where such therapy is proposed, advertised, or practised there is an implication that a specific outcome should happen.
3. It claims that SOCE is “incompatible with the Equality Act 2010”

The ACC thereby aligns itself to the British Association of Counselling and Psychotherapy (BACP), and to the UK Council for Psychotherapy (UKCP) which express similar views. In so doing the organisation now adopts an explicitly secular model of counselling.

Core Issues Trust response to these three issues is set out below:

Firstly, ‘Gold standard’ research data indicators in the form of Randomised Controlled Trials (RCTs) are not available either to support or to deny the efficacy of either SOCE or Gay Affirming Therapy. Yet the ACC implies that the scientific literature denying the possibility of sexual orientation change is conclusive. It is not, according to the American Psychological Association (APA, 2009). The APA points to the dearth of acceptable research data, one way or the other, in this area. The fact that some individuals seek, and are assisted, to change sexual patterning, does not imply use of the medical model of “disease” and “cure”. SOCE practice recognises the fluidity of human sexuality;
that the brain is malleable, and as an approach upholds the freedoms of autonomous individuals to pursue life goals consistent with their personal values, following informed consent.

Secondly, the ACC Statement misleadingly claims that where “proposed, advertised, or practised”, SOCE “appears to make an a-priori assumption that it (change) should happen”. This claim is untrue: numerous extant, standard documented contractual arrangements with clients set out both the limitations and liabilities of such therapeutic work. These testify to the fact that best practice does not make a-priori assumptions as to outcomes.

Thirdly, and more alarmingly, the ACC statement labours under the unsubstantiated belief that SOCE is incompatible with the Equality Act 2010. The Minister of Culture, Maria Miller, herself responsible for Equalities Legislation, recently challenged a public service provider’s (Transport for London) reliance on the Equality Act 2010 to ban advertising relating to the fact of sexual orientation fluidity. The ACC’s categorical statement (3 above) is as yet not established in law and the ACC’s statement is therefore peremptory and misleading for Christian Counsellors. It is in fact, a misapplication of Equalities Act 2010.

These three comments referred to above, calling for a blanket ban on SOCE, are made in the context of the ACC (revised 2004) “Ethics and Practice Standards” document, which the statement reaffirms:

5.2 “Members should respect their clients’ right to take decisions for and to act for themselves.”

5.3 “Members should be committed to securing the client’s best interests.”

However, no substantiated attempt is made in this latest statement to explain why such a ban on therapeutic support in this area, is compatible with the Association’s commitment to client autonomy. If a client asks for help to reduce same-sex attractions, Core Issues Trust maintains this should be respected unless it is deemed to be ‘not in their best interests’. And the ‘not in best interests’ clause should be invoked only where appropriate exploration with the client reveals an evidence-based reason for such a decision. A blanket ban on therapy can only mean that it is never in the client’s best interests. Such a value judgement, acknowledging no single instance where such therapy might be appropriate, is unsubstantiated and merely arbitrary, and therefore unjust. It reflects the position articulated on the BBC (Sunday programme, 3rd February 2013) by Dr Di Hodgson of UKCP that “whether or not something works doesn’t mean that it is ethical or in the public interest or the right thing to do for someone. So we have taken a view in a way which is regardless of the scientific findings.” The ACC should challenge this indefensible position which depends on ideology rather than science.

Finally, with respect to the ACC 2013 statement’s concern for ‘non-directive counselling’ it is the counsellor, not the client, who is to be ‘non-directive’. If a client has a life goal that is within reason (and maximising heterosexual potential and/or wanting to save a marriage is surely within reason) then the counsellor should pursue that direction - this is still ‘non-directive’ in that the counsellor has not determined the direction. If however, a counsellor says that therapy is not in a client’s best interests, without reference to empirical evidence – this is itself ‘directive counselling’, lacking respect for both client autonomy and individual responsibility.

Core Issues Trust recognises and supports the efforts of the ACC to regulate counsellors who are Christians, to maintain public safety and accountability. It requests the organisation to provide empirical evidence to support its misleading statement produced on the matter of counselling same-sex attracted persons. It encourages the ACC to avoid compromise of its members’ right to teach and uphold orthodox Christian sexual ethics and urges the Association to take up with the Professional Standards Authority (PSA) the matters we have set out above.

Dr M R Davidson
Director, Core Issues Trust 10 January 2014