

effective or safe” (p. 14). As noted in the *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (APA, 2009), “Current criteria for effective treatments and interventions are specific in stating that to be considered effective, an intervention has *consistent positive effects without serious harmful side effects* [emphasis added]” (p. 26).

Using these criteria, the task force (APA, 2009) concluded, “Given the limited amount of methodologically sound research, we cannot draw a conclusion regarding whether recent forms of SOCE [sexual orientation change efforts] are or are not effective” (p. 43). Of particular concern are the task force’s findings that “there was some evidence to indicate that individuals experienced harm from SOCE” (APA, 2009, p. 43). With respect to this concern, the rationale for Guideline 3 (APA, 2012) cited the findings of Shidlo and Schroeder (2002) and Haldeman (2002) as examples of the many claims of harm from clients arising from their SOCE experience. These include, but are not limited to, “intimacy avoidance, sexual dysfunction, depression, and suicidality” (APA, 2012, p. 14).

Even with the claim by Rosik, Jones, and Byrd (2012, this issue) that “the fluidity of such [same-sex] attractions for some makes possible the potential for their diminution” (p. 499) and their citation of Jones and Yarhouse (2011) and Spitzer (2003) in support of SOCE on this ground, the same methodological problems as those noted in the task force report (APA, 2009) make such a claim untenable. For example, in their comments, Rosik and his colleagues (2012, p. 499) presented Spitzer’s claim that well over half of his sample reported “good heterosexual functioning.” Recently, however, Robert Spitzer (cited in Becker, 2012, para. 5) acknowledged the flaws in his 2003 study and stated,

I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of reparative therapy because they believed that I had proven that reparative therapy works with some “highly motivated” individuals.

Moreover, in reviewing the reported impact of SOCE, the task force report (APA, 2009) noted that any benefits derived from SOCE (e.g., social and spiritual support, less isolation, sexual orientation identity reconstruction) could be achieved using affirmative and multiculturally competent therapeutic modalities. Such modalities can “mitigate the harmful aspects of SOCE by addressing sexual stigma while

understanding the importance of religion and social needs” (APA, 2009, p. 53).

Half a century of scientific research on a variety of SOCE has not demonstrated their effectiveness according to the criteria of consistent positive effects and absence of serious harmful effects. Guideline 3 (APA, 2012) therefore urges psychologists to closely assess the motivations of clients who seek SOCE in the context of stigma and internalized prejudice about their non-heterosexual orientation. In addition, the guideline also recommends that psychologists obtain truthful, thorough, and thoughtful informed consent and that they focus on personal integration instead of sexual orientation change. The burden of proof has been on advocates of SOCE, and it has not been met.

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## No Narrowing in Mean Black–White IQ Differences—Predicted by Heritable g

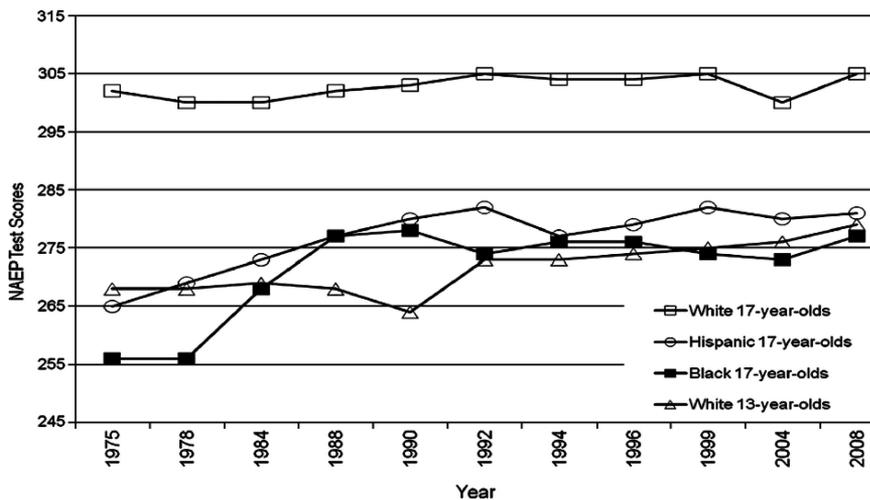
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Nisbett et al. (February–March 2012) were incorrect when they claimed that between 1972 and 2002 there was a 5.5-point narrowing of the 15-point IQ gap between Blacks and Whites (p. 146). In doing so, they sidestepped Rushton and Jensen’s (2006) objections to Dickens and Flynn’s (2006) evidence and failed to include subsequent evidence. For example, Rushton and Jensen (2010a) plotted the combined means of the mathematics and reading scores from the National Assessment of Educational Progress (NAEP) long-term assessment tests from 1975 to 2008 for White 13-year-olds and White, Black, and Hispanic 17-year-olds. As Figure 1 demonstrates, the gap between 17-year-old Blacks and 17-year-old Hispanics (for many of whom English is a second language) has not closed and has barely closed relative to White 13-year-olds. For 17-year-old Blacks, the mean difference relative to 17-year-old Whites is over three years. The NAEP tests are based on nationally representative samples of over 26,000 students and are held in high esteem as “The Nation’s Report Card.”

The 3+ year education gap between Black and White 17-year-olds had been well documented before the 1975 NAEP tests. Rushton and Jensen (2010a) reported the same magnitude of difference in large studies carried out in the 1950s and 1960s in Georgia and Virginia as well as in the Coleman Report (Coleman et al., 1966), which was authorized by the Civil Rights Act of 1964 and carried out under the auspices of the U.S. Department of Health, Education, and Welfare. In a nationally representative survey of nearly 600,000 schoolchildren from 4,000 schools throughout the United States, the mean Black–White educational achievement gap was 2.4 years in Grade 9 (age 15) and 3.3 years in Grade 12 (age 18). Rushton and Jensen (2010a) used the formula  $IQ = MA/CA \times 100$  to calculate IQ equivalents for 54 years of educational achievement scores. From 1954 to 2008, Black 13- and 17-year-olds averaged an IQ equivalent of 85 (e.g., for 1954, 86 and 81; for 1966, 87 and 82; for 1975, 75 and 71; and for 2008, 85 and 77). These results indicate no narrowing over 54 years in either educational

**Figure 1**

National Assessment of Educational Progress (NAEP) Scores From 1975 to 2008 for White 13-Year-Olds and White, Hispanic, and Black 17-Year-Olds



Note. Data are from Rampey, Dion, and Donahue (2009, pp. 14–17, 34–37, Figures 4, 5, 10, and 11). Reprinted from “Editorial. The Rise and Fall of the Flynn Effect as a Reason to Expect a Narrowing of the Black–White IQ Gap” by J. P. Rushton and A. R. Jensen, 2010a, *Intelligence*, 38, p. 217. Copyright 2010 by Elsevier Inc.

achievement or IQ. Rushton and Jensen (2010b) reported other data which showed that the IQ gap between Blacks and Whites has remained at about 15 to 20 points (1.1 *SD*) since World War I (1917), when mass testing first began.

Nisbett et al. (2012) failed to describe accurately how heritable *g* provides evidence of a significant genetic contribution to Black–White differences. They obscured the topic by invoking alleged age and social class interactions and adoption studies of very young children. Many twin and adoption studies have shown that by adolescence, there are equal heritabilities (about 50%) for Whites, Blacks, and East Asians (Hur, Shin, Jeong, & Han, 2006; Rushton & Jensen, 2010b). There is no evidence of any special cultural influence, such as extreme deprivation or being raised as a visible minority, that operates in one group and not in others.

The hereditarian and culture-only models are most informative when they make alternate predictions, such as whether any gap should be greater on the more heritable or on the more culturally influenced components of tests. Nisbett et al. (2012) cited criticisms of the work on the relation between *g*, secular trends, and Black–White differences that used the method of correlated vectors (p. 150), but they sidestepped the main results. For ex-

ample, Rushton, Bons, Vernon, and Čvorović (2007) calculated the heritabilities of 58 items from the Raven’s Progressive Matrices using the Minnesota Study of Twins Reared Apart. Item heritabilities predicted pass rate differences between Blacks and Whites on the same items ( $r = .40$ ,  $p < .05$ ). The results were corroborated using several procedures and strongly supported the genetic hypothesis.

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## Ability Differentials Between Nations Are Unlikely to Disappear

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This comment challenges Nisbett et al.’s (February–March 2012) argument that Flynn effect gains will eliminate cross-national IQ inequalities “by the end of the 21st century and falsify the hypothesis that some nations lack the intelligence to fully industrialize” (p. 140). We find that this optimism is not justified by the evidence. In Europe and the United States, Flynn effects are indeed rare in cohorts born after about 1980. Furthermore, it is necessary to distinguish between accelerated childhood development and higher adult intelligence. For example, the performance of British children on Raven’s Progressive Matrices has increased between 1980 and 2008 as reported by Nisbett et al. (2012), but the same study found a *decline* of two points for adolescents aged 14 and 15 (Flynn, 2009).

The same distinction must be made in developing countries. A recent study of 8–18-year-olds in Saudi Arabia found that gains on the Standard Progressive Matrices between 1977 and 2010 were largest in the