Are proposals to ban therapeutic choice therapy, often identified as "conversion" therapy based on the *false and unproven* assumptions?

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There are two premises on which bylaws to ban "conversion" therapy are based. Research has revealed that both of these premises are actually false and unproven

- sexual orientation change efforts (SOCE) cause harm
- sexual orientation is immutable and cannot be changed,

Harm?

In 2002 prominent researchers Shidlo and Schroeder began a study on change therapies. They entitled their paper: ***Homophobic Therapies: Documenting the Damage***. But after the first 20 interviews, they wisely chose to change the title to ***Changing Sexual Orientation***, and here's why: they found the participants had experienced:

- relief in talking about unwanted SSA
- increased hope and new insights
- effective coping strategies
- Increased self-esteem
- increased sense of belonging
- improvements relationships
- and increased spiritual and religious feelings.

After a survey of individuals who had undergone "conversion therapy" (SOCE), Nicolosi et al. (2000) concluded:
"Of the 318 participants who viewed themselves as exclusively homosexual in their orientation before treatment or change:

- 56 (17.6%) reported that they now view themselves as exclusively heterosexual
- 53 (16.7%) now view themselves as almost entirely heterosexual
- 35 (11.1%) of them view themselves as more heterosexual than homosexual

Thus, 45.4% of the exclusively homosexual participants retrospectively reported having made major shifts in their sexual orientation." (p.1078). Subjects "also reported ***large improvements in their psychological, interpersonal, and spiritual well-being"***. ***As for harm, only 7.1%*** of participants "reported that they were doing worse on three or more [out of 17] of the psychological, interpersonal, and spiritual well-being items after treatment" (p.1081).

A study by Karten (2006) of individuals who had experienced therapy for unwanted same-sex attraction reported very similar results:

- Statistically significant decreases in discomfort with expressions of caring between men
- Statistically significant decreases in homosexual feelings and behavior,
- statistically significant increase in heterosexual feelings and behavior,

- and ***very significant positive changes with respect to psychological well-being, as a result of their change efforts.***
    - 100 % of the men reported increases in self-esteem
    - 99.1 % improvements in social functioning
    - 92.3 % reported *decreases* in depression
    - 72.6 % decreases in self-harmful behaviour
    - 58.9 % decreases in suicidal ideation and attempts
    - and 35.9 % reported decreases in alcohol and substance abuse (p. 87–88).

Karten later expanded this study and published similar results in a peer-reviewed journal (Karten & Wade, 2010).

Jones and Yarhouse (2009) applied the most rigorous longitudinal methodology ever applied to this question of sexual orientation change and possible resulting harm – a study following subjects pursuing change. "We found considerable evidence that change of sexual orientation occurred for some individuals through involvement in the religiously-mediated change methods of Exodus Ministries (23% by self-categorization)" (p.8). "We ***found no evidence that the attempt to change sexual orientation was harmful*** on average for these individuals (p.9) though the study ***followed subjects for 6-7 years***.

Black (2017) in his study of sexual orientation change therapy (SOCE) wrote "of the 98 respondents who wrote concluding comments, ***85 were positive in tone, only seven negative***, and six mixed."

These are just a few of many studies reviewed in the following articles:

- Haynes (2019) identified a century of research publications*, mostly peer reviewed*, that explore same-sex attraction change efforts and span over 125 years. ***A significant number of these studies reported positive outcomes.***
- Phelan et al. (2009) surveyed a century of research, focusing mainly on the more recent, methodologically sound studies, and found similar results. They stated "While some ***anecdotal*** accounts claim that interventions aimed at changing sexual orientation can be harmful, ***the body of empirical literature to support these claims is lacking. No study using a random survey concludes that reorientation therapy is likely to be harmful***.
- Sprigg (2018) reported: "Six studies or surveys from 2000 to 2018 are reviewed, all of which show that SOCE can be effective for some clients in bringing about significant change in some components of sexual orientation. Few harms were reported… These studies make clear that the ***evidence for the effectiveness of SOCE far outweighs the evidence of its harm***."

Studies like this cast serious doubt on claims that SSA change therapy causes harm.

It is important to note that ***any type of psychological treatment*** can result in unwanted outcomes, including the potential for perceived harm, complete failure, and possible relapse (Shidlo, Schroeder, & Drescher, 2002; Shidlo & Schroeder, 2002; Lambert & Ogles, 2004). A recent well-designed research study by Santero et al. (2018) found that the number of

individuals expressing harm after receiving therapy for same-sex attraction ***mirrors that of those who express harm from any kind of general psychotherapy***.

To scientifically prove that sexual orientation change efforts (SOCE) are generally "harmful," one would have to prove that ***all*** of the following are true:

1. The number of clients who report harm from SOCE exceeds those who report benefits.
2. Negative mental and physical health indicators among those who have undergone SOCE exceed those among persons who have: undergone alternative affirmation therapy.
3. Negative mental and physical health indicators among those who have undergone SOCE exceed those among persons with same-sex attractions who have had no therapy at all.
4. Negative mental and physical health indicators among those who have undergone SOCE exceed those among persons who have had therapy or counseling for other conditions (Sprigg, 2018, p.3)

None of these have been proven. In fact, ***no serious effort has yet been made to test them!***

Immutability?

Research in the area of same-sex attraction provides clear evidence of naturally occurring fluidity (Dickson et al. 2003; Savin-Williams and Ream, 2007; Ott, et al, 2011; Mock and Eibach, 2012; Vrangalova and Savin- Williams, 2012; Savin-Williams et al., 2012; Mustanski et al., 2014; Rosario and Schrimshaw, 2014).

For example, in a national longitudinal study of over 20,000 youth, all attraction categories other than [heterosexual] were associated with a lower likelihood of stability (Savin-Williams et al., 2012). This means ***subject to change***!

Diamond & Rosky (2016) report that among SSA individuals reporting change, 67% - 100% of men's changes and 83% to 91% of women's changes were toward heterosexuality. Diamond summarized relevant findings in a lecture at Cornell University (2013), stating that abundant research has now established that ***sexual orientation — including attraction, behavior, and self-identity — is fluid*** for both adolescents and adults and for both genders. "Given the consistency of these findings, it is ***not scientifically accurate to describe same-sex sexual orientation as a uniformly immutable trait"*** (Diamond and Rosky, 2016, p. 370). Diamond (a lesbian herself and Co-Editor of the American Psychological Association Handbook on Sexuality and Psychology) is now calling on LGBT activists to ***quit promoting the "Born that Way" Myth***. (Diamond, 2013, Haynes, 2016)

Why would individuals struggling with unwanted SSA be treated so differently (and dreadfully!) than those who just fluctuate naturally from one aspect of their sexuality to another? It makes no sense.

And here is the crux of the matter: it is ***NOT scientifically accurate*** to describe SSA as an immutable trait. Diamond and Rosky (2016) go on to state that even if sexual orientation were wholly determined by genes or by perinatal hormones, it would not mean that it was immutable, given that immutable means "unchangeable."

Sexual orientations are AWARENESS mediated. "This means having a sexual orientation ***requires mental states such as beliefs, desires, and thoughts****"* (Stein, 2014, p. 604). Obviously ***mental states can and do change.***

A final reason to set aside arguments based on immutability, according to Diamond and Rosky (2016), is that they ***misrepresent and marginalize those sexual minorities*** who experience their sexuality as ***chosen, nonexclusive, or variable***.

Substantial research on the plasticity of the brain indicates that it is indeed flexible and malleable. Human beings exhibit an extraordinary degree of sexual plasticity (Doidge, 2007).

The brain is adaptable. It will adapt to the thoughts you constantly entertain and the environment you live in. Neurons that fire together will wire together and have the ability to adapt depending on what input is mapped in the brain. (Doidge, 2007, pg. 292).

Our perceptions of self and others are subject to change and if we choose to 'quit firing' on one area of our sexuality and choose to focus another area of sexuality, our neurological brain map will subsequently change. I believe ***this puts into context the capacity of some same-sex attracted individuals to make the choice to change their desires***.

Consider this statement from my own son, who underwent successful therapy and states, "Ceasing to find my identity in 'homosexuality' allowed me to finally find that my identity was so much more than my sexuality" (personal correspondence, 2020). The restraints were gone and he was finally able to explore other areas of identity in his life, releasing himself from the concept and label of being bi- or homosexual and freeing him to pursue heterosexual thought, attraction and finally marriage and family; ***enabling him to live the life of his choosing***.

In the American Psychological Association Handbook on Sexuality and Psychology (2014), Kleinplatz and Diamond state that "it is ***critically important for clinicians not to assume t***hat any experience of same-sex desire or behavior is a sign of latent homosexuality and instead to ***allow individuals to determine for themselves*** the role of same-sex sexuality in their lives and identity" (v.1, p. 257).

Conclusion

Bans to deny therapeutic chose are s targeting a specific minority of individuals both within the LGBTQ community and those who choose not to identify as LGBTQ. These are individuals that have *unwanted* same-sex attraction (SSA). The question is: ***Why is there such a need to suppress the ability of individuals with unwanted same-sex attraction to seek the therapy they wish***?

The dilemma is that although science supports sexual flexibility and fluidity, the bias in the area of same sex attraction is toward one direction only – that of an LGBTQ identity. ***If those with unwanted SSA wish to choose sexual flexibility toward heterosexual attraction and behavior it is condemned and they are not allowed to seek help*** to change. On the other hand, highly trained, qualified and competent therapists are now to be mandated to only direct clients to accept sexual fluidity if it goes in the direction of same-sex attraction. (And why are there not more therapists speaking out? The simple answer is: intimation.)

It is unacceptable in the field of psychology to manipulate clients in such a way! We must respect the self-determination of individuals who, because of their personal values, religious or not, desire to change their sexual orientation, just as we respect those who desire to affirm and consolidate their sexual identity as gay.

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