

Counseling Freedom for All

Original Research by Ruth Institute Senior Research Associate
Fr. Paul Sullins, Ph.D.

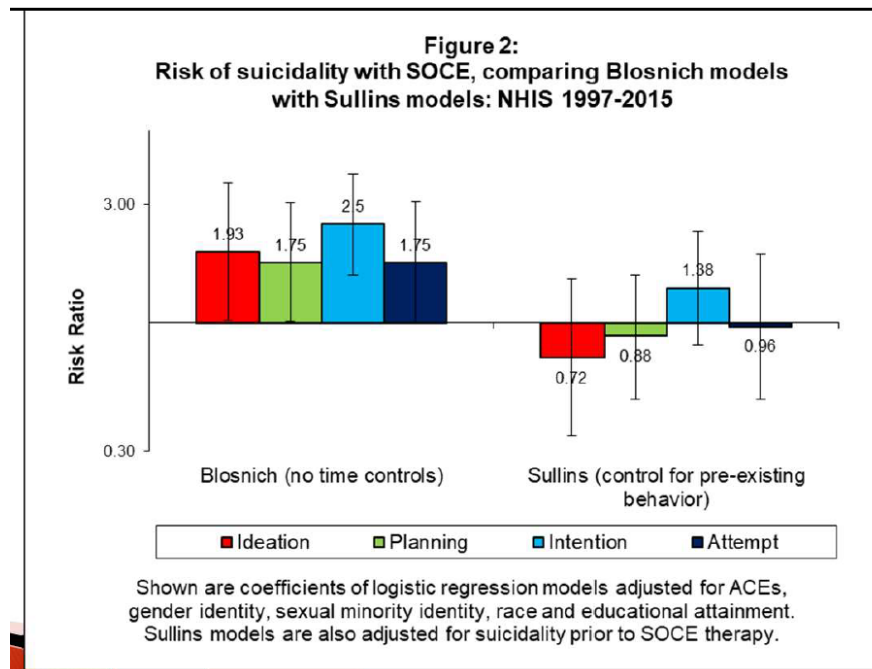
**Therapy to reduce same sex attraction is not harmful.
Client-directed, Client-chosen Talk-Therapy should be freely available to all.**

Executive Summary

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Therapy to reduce same sex attraction is not harmful.

Ruth Institute Senior Research Associate Fr. Paul Sullins challenged a widely-cited study that purported to show that Sexual Orientation Change Efforts (SOCE) therapy to reduce same sex attraction increases suicide risk. Fr. Sullins' reanalysis of the same data showed that its conclusion was flawed because it had included suicide attempts made *before* the therapy occurred. When Fr. Sullins corrected this error, the claim that therapy caused suicidal tendencies evaporated. In fact, the evidence suggested that therapy actually reduced suicide risk.



Sullins' results are extremely important, given that the study he challenged, by Blosnich and colleagues, has been cited around the world in support of bans on therapy to reduce same sex attraction.

General Problems with research purporting to defend bans on “conversion therapy.”

A large body of work claims to show that SOCE is ineffective and harmful. This research is flawed in two major ways:

1. Failing to take account of pre-therapy distress when interpreting a correlation between SOCE and psychological distress, thus confounding cause and effect. Since highly distressed people are more likely to seek therapy in the first place, it is illogical to attribute their distress to the therapy. Fr. Sullins’ research attacks this problem head on.
2. Including only individuals who self-identify as LGBT in the study of whether therapy is helpful in reducing same sex attraction or gay self-identification. In other words, the very people most likely to report being helped by therapy are systematically excluded from the analysis of whether therapy is helpful. This is comparable to concluding that marriage counseling is harmful based solely on reports from people who divorced while excluding those whose marriages recovered.

A recent review showed that the 20 studies in the past decade contributing to the consensus view that SOCE is ineffective and harmful, all had one or both of these flaws.

How Fr. Sullins’ research fits into the debate over the correlation between Sexual Orientation Change Efforts (SOCE) and suicidal tendencies:

1. Blossnich et.al. claimed that SOCE increased suicidal thoughts, plans and attempts.
2. Sullins responded that this correlation did not account for the fact that people who chose to participate in therapy were more suicidal to begin with. When this possibility is considered, the claims of Blossnich et.al. evaporate.
3. Sullins has responded to multiple rounds of critiques by multiple critics. His statistical analysis stands.
4. Among the critics were a philosophy and a public health professor who opined:

The purpose of sexual orientation change effort is to change an individual same sex sexual orientation to an other-sex orientation, typically from gay, lesbian to straight. These types of efforts seek to eradicate same sex sexual orientations and promote heterosexual orientations. This is already in and of itself a violation of both sexual rights and human rights independent of any positive or negative consequence on well-being. It is unethical to treat something that is not a disorder or pathology. Same sex sexual orientations are normal and are not considered pathologies. Thus, sexual orientation and change efforts are clearly unethical.

This opinion illustrates that the critics of change-allowing therapy or SOCE do not care whether individuals are helped, nor whether the individual *wants* to seek therapy. This sort of critic is unlikely to be persuaded by any data.

Conclusion: Client-directed, Client-chosen Talk-Therapy should be freely available to all.