

What Does Research Conclude About Counseling for Unwanted Same-Sex Attraction and Gender Dysphoria? – Dan Hitz

This newsletter is based on a workshop Dan Hitz and Jim Katsoudas presented at Restored Hope Network's HOPE 2022 conference. Both Dan and Jim are licensed mental health counselors. A previous newsletter presented a clear understanding of what licensed therapy and pastoral care for unwanted same-sex attraction or gender confusion looks like, compared to the public narrative of "conversion therapy". This newsletter will explore what scientific research actually concludes about the validity of "change allowing therapy".



Am I born this way? Can I really go from gay to straight? So many people say they are actually a male or female born into the wrong body. Are they wrong? Isn't "conversion therapy" harmful? These are just a few of the many questions you're hear as you interact with popular culture on the sensitive subject of sexuality, especially LGBTQ issues. This newsletter will explore what the scientific research actually concludes about efforts to overcome unwanted same-sex attraction or transgender identities. A full review of the research showing the validity of sexual orientation change efforts is beyond the scope of this newsletter. You

can find many more articles and studies in the *Journal of Human Sexuality* published by the Alliance for Therapeutic Choice and Scientific Integrity at <https://www.journalofhumansexuality.com/journals>.

You've no doubt heard any efforts to change sexual orientation or gender identity is called "conversion therapy". That term may even cause the hair on the back of your neck to stand up. Conversion therapy is a derogatory term coined by LGBTQ advocates to demonize any assistance to overcome unwanted homosexual attractions or gender confusion, whether it be from trained, licensed mental health care providers, pastoral caregivers, or peer support. The term is designed to create animosity between the church and non-church goers who don't want to be converted through some type of coercion. It is also a guilt by association technique to falsely link harsh and abusive practices to those actually used by compassionate, skilled caregivers who function well within ethical, legal, and spiritual guidelines. The correct term for therapy to help someone overcome unwanted same-sex attraction or gender confusion is "change allowing therapy". Change allowing therapy is also referred to as "sexual orientation change efforts" and "sexual orientation and gender identity change efforts". You can read more about change allowing therapy in a previous newsletter article entitled, *The Truth About Counseling*, at <https://recmin.org/s/Truth-About-Counseling-220826.pdf>.

As we explore what scientific research concludes about change allowing therapy, let's begin by acknowledging the elephant in the room. All of the main secular therapeutic organizations claim that efforts to change sexual orientation or gender identity are harmful and cause depression, anxiety, and increased suicidal behavior. Most current research on LGBTQ issues is biased against efforts to change sexual orientation or gender identity.¹ Researchers who publish results incompatible with the LGBTQ agenda are often ostracized. Such political pressure to support the LGBTQ community at the expense of valid science is nothing new. In 1973, the American Psychiatric Association removed homosexuality from the diagnostic and statistical manual through a political move that ignored valid research.² The APA task force on homosexuality deliberated for three years before finally pushing the voting to normalize homosexuality with a very small majority. Unfortunately, that task force was composed of only individuals in favor of normalizing homosexuality. The group consulted only homosexual activist groups and ignored anyone who disagreed with the pro-gay activists. Gay activists also began protesting other mental health groups during that time and harassing those who presented evidence that homosexuality is not a normal expression of human sexuality.²

Scientific research about LGBTQ issues continues to be politicized today. In June of 2020, John Blosnich, Emmitt Henderson, and others published an article entitled, *Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults*, in the *American Journal of Public Health*.³ In this article the researchers claimed a distinct link between change allowing therapy and suicidal thoughts and actions. They concluded, “Over the lifetime, sexual minorities who experienced SOCE [sexual orientation change efforts] reported a higher prevalence of suicidal ideation and attempts than did sexual minorities who did not experience SOCE.” Blosnich and Henderson claimed that change allowing therapy is harmful and should be avoided while advocating for affirming therapy. In an article on the Christian Medical and Dental Association website, Dr. Andre Van Mol noted that he and other researchers examined Blosnich and Henderson’s own research findings of what the original researchers called the “strongest representative sample to date of sexual minority persons” and noted several erroneous conclusions in their research.⁴ Van Mol pointed out that Blosnich and Henderson did not identify when the study participants experienced suicidal thoughts and behaviors, compared to when they engaged in change allowing therapy. In other words, the researchers did not admit that the suicidal thoughts and behaviors primarily occurred prior to change allowing therapy. When Van Mol and his colleagues examined Blosnich and Henderson’s own data, they discovered that change allowing therapy actually reduced suicidal thoughts and behaviors. After accurately reviewing the research, Van Mol writes, “SOCE strongly reduced suicidal ideation, planning and attempts, with even stronger effects for adults experiencing SOCE compared with minors doing the same.”

What about the claims that we are born gay, and that sexual orientation is immutable? Interestingly enough, research from both gay affirming therapists and change allowing therapist shows that sexual orientation is fluid and can change. Dr. Lisa Diamond, a feminist and affirming psychologist, studied 100 women for over ten years and presents the results in her book, *Sexual Fluidity: Understanding Women’s Love and Desire*.⁵ She documents the fluidity of the women’s attractions as they shift back and forth from men, to women, and back again. Interestingly enough, Diamond is pro-gay and believes that “conversion therapy cannot change sexual attraction”;⁶ however, she clearly concludes that orientation can change. She does not subscribe to the “born gay” theory. It is difficult to understand how Diamond can believe that sexuality is fluid, yet does not believe that people should be free to pursue change allowing therapy if they don’t wish to embrace their same-sex attractions. It seems the politicization of sexuality continues.

The late Dr. Joseph Nicolosi, a prominent change allowing therapist, published his research team’s findings in the journal, *Psychological Reports*, showing that ethical treatment was successful in decreasing unwanted same-sex desires. Among his findings are the following statistics:

...surveyed 850 individuals and 200 therapists and counselors – specifically seeking out individuals who claim to have made a degree of change in sexual orientation. Before counseling or therapy, 68% of respondents perceived themselves as exclusively or almost entirely homosexual, with another 22% stating they were more homosexual than heterosexual. After treatment only 13% perceived themselves as exclusively or almost entirely homosexual, while 33% described themselves as either exclusively or almost entirely heterosexual, 99% of respondents said they now believe treatment to change homosexuality can be effective and valuable.⁷

It is notable that the percentage of participants identifying as exclusively or almost entirely homosexual dropped from 68% to only 13% after treatment. It is also interesting to note that 99% of the respondents stated that “they now believe treatment to change homosexuality can be effective and valuable”.⁷ This includes many of the 13% who reported little change after treatment. Nicolosi’s work is one of many studies that show that change allowing therapy is safe and effective.

The research is even more startling when we look at transgender issues. Parents are told, “It’s better to have a live daughter, than a dead son when they resist embracing their son’s new transgender identity. They are told that they must embrace their son’s identity as a female or they will drive him to suicide. Are affirmed transgender individuals really less likely to have suicidal thoughts or actions than those who are not encouraged to embrace their transgender feelings? According to Jay Greene, Ph.D., senior research fellow in the Heritage Foundation’s Center for Education Policy, “Lowering legal barriers to make it easier for minors to undergo cross-sex medical interventions without parental consent does not reduce suicide rates—in fact, it likely leads to higher rates of suicide among young people in states that adopt these changes.”⁸ Greene writes that research showing that gender-affirming treatments prevent suicide is poorly conducted, while better research methods actually show an increased suicide risk.⁸



Multiple research studies indicate that the vast majority of prepubescent children who identify as transgender will grow up to embrace their birth gender without counseling or direct intervention.⁹ The Institute for Research and Evaluation released an article entitled *Transgender Research: Five Things Every Parent and Policy-Maker Should Know*, in which they evaluated multiple studies on transgender issues. When addressing the fact that most prepubescent children grow to embrace their biological gender, they write:

There is strong evidence showing that the vast majority of children (averaging about 85%) who experience gender dysphoria will resolve their gender identity confusion and accept their biological sex by the time they reach young adulthood, that is, if they are not subjected to “social transition” or cross-sex medical intervention. But for those who are the subject of early transition efforts, the large majority will most likely persist in a “trans” identity. (“Social transition” refers to cross-sex dressing and social reinforcement of a transgender identity for children by adults.)¹⁰

The Christian Medical and Dental Association acknowledges that there are higher incidents of mental health disorders among transgender individuals such as “depression, anxiety, suicidal ideation, substance abuse, and risky sexual behaviors in comparison to the general population”; however, they cite multiple research studies to support their conclusion that “these mental health co-morbidities have been shown to predate transgender identification.”¹¹ They write, “Although current medical evidence is incomplete and open to various interpretations, some studies suggest that surgical alteration of sex characteristics has uncertain and potentially harmful psychological effects and can mask or exacerbate deeper psychological problems.”¹¹ With this in mind, it is far better to treat the psychological roots of gender dysphoria than to promote a physiological mask.

What about the long-term effects of gender affirmation surgery? Walt Heyer is a post-operative, former trans female, who has detransitioned back to his birth gender. He helps men and women who are experiencing sex change regret. Heyer notes that most transgenders find relief in the initial stages of their transition; however, sex change regret surfaces five to ten years after gender affirmation surgery.¹² Heyer cites a Swedish study which found that the suicide rate of post-operative transgenders is 19 times that of non-transgender peers, and higher than those identifying as transgender who did not transition surgically.¹² Gender reassignment surgery is not the answer to preventing suicide among those struggling with gender dysphoria.

This newsletter has only looked at the tip of the iceberg in terms of research on homosexuality and transgender issues. What is the answer for those who are struggling with unwanted same-sex attraction or transgender feelings? Is there any hope at all for recovery and transformation? Yes! There are both Christian and secular organizations that exist to help people overcome unwanted homosexual and transgender identities. Change is a process. Transformation isn't easy. You will need someone to walk with you and provide encouragement, accountability, correction, and strength. Below is just a small list of organizations that can help you in your healing journey. There are many more. These organizations can assist you in connecting to local resources in your area.

Restored Hope Network – www.restoredhopenetwork.org
Alliance for Therapeutic Choice and Scientific Integrity - www.therapeuticchoice.com
Changed Movement – www.changedmovement.com
Desert Stream Ministries – www.desertstream.org
Help for Families – www.help4families.org
Reintegrative Therapy – www.reintegrativetherapy.com
Pure Passion Media – www.purepassion.us

Additional scientific research articles are available at these websites.

Restored Hope Network – www.restoredhopenetwork.org
Journal of Human Sexuality – www.journalofhumansexuality.com/journals
Institute for Research & Evaluation – www.institute-research.com
Christian Medical and Dental Association – www.cmda.org/policy-issues-home/position-statements/

Resources

- ¹ Regnerus, Mark. (2019) Does “Conversion Therapy” Hurt People Who Identify as Transgender? The New JAMA Psychiatry Study Cannot Tell Us. *Public Discourse*. The Witherspoon Institute. Retrieved from <https://www.thepublicdiscourse.com/2019/09/57145/> on 12/19/2022.
- ² Clowes, Brian. (2020) The Homosexuals’ American Psychological Association Coup. Human Life International. Retrieved from <https://www.hli.org/resources/apa-on-homosexuality/> on 12/18/2022.
- ³ Blosnich, John R; Henderson, Emmett R; et al. (2020) Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016-2018, *American Journal of Public Health*, 110, no. 7, July 1, 2020. Abstract retrieved from <https://pubmed.ncbi.nlm.nih.gov/32437277/> on 12/18/2022.
- ⁴ Van Mol, Adre. (2021) SOCE Reduces Suicidality in a New Study. Christian Medical and Dental Association. Retrieved from <https://cmda.org/soce-reduces-suicidality-in-a-new-study/> on 11/29/2022.
- ⁵ Diamon, Lisa. (2009) *Sexual Fluidity: Understanding Women’s Love and Desire*. Harvard University Press.
- ⁶ LGBT Science. Truth Wins Out. 29 October 2013. Retrieved 20 April 2015. Quoted from Wikipedia article retrieved from https://en.wikipedia.org/wiki/Lisa_M._Diamond on 12/18/2022.
- ⁷ Nicolosi, J., Byrd, A.D., and Potts, R.W. (2000) Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports*, 86, 1071-1088.
- ⁸ Green, Jay. (2022) Puberty Blockers, Cross-Sex Hormones, and Youth Suicide. The Heritage Foundation June 13, 2022. Retrieved from <https://www.heritage.org/gender/report/puberty-blockers-cross-sex-hormones-and-youth-suicide> on 12/19/2022.
- ⁹ Cantor, James. How Many Transgender Kids Grow Up to Stay Trans? *PsyPost*. Posted December 30, 2017. Retrieved from <https://www.psypost.org/2017/12/many-transgender-kids-grow-stay-trans-50499> on 2/24/2019.
- ¹⁰ The Institute for Research & Evaluation. (2022) Transgender Research: Five Things Every Parent and Policy-Maker Should Know. Retrieved from https://www.institute-research.com/pdf/Transgender_Research--5_Questions_for_Parents_%26_Policymakers_%28IRE%209-26-22%29.pdf on 12/19/2022.
- ¹¹ CMDA Ethics Statement: Transgender Identification. (2021) Christian Medical and Dental Association. Retrieved from <https://app.box.com/shared/static/bjkazlu3pdqbq88dhfgpbtrrhcspt6h.pdf> on 12/19/2022.
- ¹² Heyer, Walt. *Trans Life Survivors*. Self-published, Lexington, KY, 2018.