

Sexual Orientation Change Efforts Do Not Lead to Increased Suicide Attempts

<http://narth.com/2011/08/sexual-orientation-change-efforts-do-not-lead-to-increased-suicide-attempts/>

(Summary of excerpt from Whitehead, N. (2010). Homosexuality and Co-Morbidities: Research and Therapeutic Implications. *Journal of Human Sexuality*, 2, 125-176.)

Although accusations of harm are often made regarding Sexual Orientation Change Efforts (SOCE), the American Psychological Association admits that the research to date does not support such claims (APA, 2009). Despite the lack of research to support claims of harm, those claims continue to be made, including claims that SOCE actually contribute to a greater risk of suicide. What exactly does the research reveal? This summary of the research, taken from Whitehead (2010), reveals that providing psychological care to persons with unwanted homosexual thoughts and feelings does not increase a client's suicide risk.

Research has examined whether or not SOCE are harmful to clients (Nicolosi, Byrd, & Potts, 2000; Beckstead, 2004; Shidlo & Schroeder, 2002; Spitzer, 2003; Jones & Yarhouse, 2007; Karten & Wade, 2010.) Four of the six studies have empirically shown that there was no harm or increased rates of suicide for clients receiving psychological care, but rather many positive outcomes. However, Shidlo & Schroeder (2002) specifically report negative experiences for clients receiving psychological care for unwanted homosexual thoughts and feelings, including a worsening in self-image, and attempted suicides, sometimes ascribed to their therapy. A closer analysis of this study follows. However, it should first be noted that this study was designed with a very clear bias, as the researchers actually advertised for participants by stating, "Help Us Document the Damage of Homophobic Therapists". Their study was entitled, "Homophobic Therapies: Documenting the Damage" (Shidlo & Schroeder, 2002, p. 259).

Despite their clearly biased recruiting methods, Shidlo and Shchroeder (2002) did discover positive outcomes for some clients. To their credit, they honestly reported the positive results in their paper. Regarding their claims of harm, Shidlo and Schroeder report the number of persons involved in suicide attempts before, during, and after therapy respectively were: 25, 23, and 11. The number of suicide attempts decreases following therapy. In Figure 1 these are graphed allowing for the time periods involved, and comparing them with what would be expected if there were the same suicidality per unit time, i.e. no effect of therapy.

Figure 1. Observed and Expected Suicide Rates reported by Shidlo and Schroeder (2002).