The enclosed publication documents how:

1. Responsible therapists are permitted to assist clients towards achievement of desired life goals on a spectrum of conditions whose attendant risks range from trivial (a person nervous at having to make a speech) to seriously dangerous (a person seeking sex-change therapy) – with one exception: attempts to reduce same-sex attraction, even with the purpose of saving one’s marriage, are forbidden. (p10)

2. the American Psychological Association (2009), following the methodology of Lilienfeld, found “a dearth of scientifically sound research on the safety of SOCE [sexual orientation change efforts]” and lamented the “lack of rigorous research” in this area. Lilienfeld himself constructed a list of psychological interventions liable to cause harm to clients; SOCE was not mentioned (p13).

3. No fewer than three past presidents of the APA have expressed concerns that (i) data showing the effectiveness of therapy are being denied (Cummings); (ii) patients’ rights are being “trampled” (Perloff) and (iii) “misguided idealism and social sophistry guarantee that good science and practice will not go unpunished” (Wiggins) [See p23 ff].

4. Dr Cummings has an affidavit before a New Jersey court affirming that he has seen hundreds of clients achieve a desired change of sexual orientation. (p30)

5. The UK Council for Psychotherapy claims that there is “overwhelming evidence [of] considerable emotional and psychological cost” associated with such therapies. Its former chair, Prof Andrew Samuels, however, declined to respond to a request as to where this evidence was to be found. The Council’s Chief Executive, Mr David Pink, affirmed to us that this question was “adequately addressed in the drawing up of our guidance” (p28), yet the organisation has offered no such evidence at all.

6. Dr Di Hodgson, Chair of the UKCP’s Diversity, Equalities and Social Responsibility Committee has honestly acknowledged: “I think there is very conflicting evidence ... So we have taken a view in a way which is regardless of the scientific findings. We still believe that it is unethical to seek to agree or to work towards changing someone’s sexual orientation through psychotherapy.” (p29)

7. So the UKCP says first that there is ‘overwhelming evidence’; then declines to specify any evidence; then says that there is ‘conflicting evidence’; and then that they have taken a position that doesn’t require any evidence. This should concern any thinking person.

8. Similarly, a recent request to Prof Sue Bailey, President of the Royal College of Psychiatrists, to answer some pressing questions relating to the College’s claim that homosexuality is “biological” in origin, and that giving support to autonomous client requests for help in reducing same-sex feelings can be “deeply damaging” has been politely sidelined. (See our companion booklet, Beyond Critique: The Misuse of Science by UK Professional Mental Health Bodies.)