Subjective Experiences in Sexual Orientation Change Efforts: A Mixed-Method Analysis

Gary Bondy[1]
La Crescenta, California

Sexual orientation change efforts (SOCE) are practices that individuals go through to modify any non-heterosexual orientation toward a heterosexual orientation. Despite the American Psychiatric Association's renouncing of homosexuality as a mental disorder, there are still a minority of individuals who seek SOCE. Such people may have complex and contemplative attitudes towards their own same-sex attractions (SSA). Little is known about the identities, attitudes, and experiences of those who have engaged in SOCE. A convenience sample of 156 participants who have engaged in SOCE completed a mixed-method online survey assessing attitudes toward their SOCE, SSA-identity congruence, shame about attractions, external motivations for SOCE, and a variety of other quantitative variables for exploratory purposes. Responses to open-ended questions about SSA etiological opinions and both positive and negative experiences/outcomes from SOCE were coded. A multiple regression analysis suggested that believing changing SSA to be immoral, extrinsic motivations (i.e., other than intrinsic motivations to participate), current Kinsey attraction, and SSA-identity congruence predicted negative attitudes toward their SOCE experience. A multivariate analysis of variance revealed significant differences in these variables for those who engaged in certain types of SOCE. Common themes from SSA etiological beliefs were Familial, Cognitive, Social, and others. Negative experiences in SOCE had themes of Emotionally-Related, None, Social-Related, and others. Finally, the themes most commonly reported for positive experiences in change efforts were Personal Growth, Relationship Development, and Therapeutic. Implications for practices and limitations are discussed.

Keywords: sexual orientation change efforts, mixed-method, attitudes, identity, same-sex attraction

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[1] Gary Bondy, M.S., is a recent graduate student from Azusa Pacific University, who studied Research Psychology and Data Analysis. He is currently an entry level Qualitative Research Associate for MarketCast residing in La Crescenta, CA. He is actively seeking higher opportunities in market or user experience research.
Correspondence concerning this article should be directed to Gary Bondy at bondy.g.j@gmail.com

Sexual orientation change efforts (SOCE) are practices that attempt to modify or address possible alternatives to a person's sexual orientation. These attempts can be either self-administered or performed by counselors, therapists, pastors, religious leaders, or other facilitators. Specifically, a same-sex or bisexual orientation is targeted to switch to a heterosexual orientation (McCormick, 2015). These efforts were given a casual label known as "conversion therapy"; however, this term does not encapsulate the entire spectrum of categories including the types that are not associated with licensed psychological or therapeutic care. These can include pastoral counseling, religious activities, life-coaching, weekend retreats, and other non-professional attempts.

In the early 20th century, homosexuality was pathologized as a mental illness. Medical and psychoanalytic clinicians would try to decrease homosexual attractions and develop heterosexual attractions in people using methods ranging from harmful medical and surgical procedures (e.g., lobotomies, hormone therapy, electroshock therapy) to behavioral and psychotherapeutic efforts (Murphy, 1992; Powell & Stein, 2014; Satira, 2016; Walker, 2013; Yoshino, 2004). However, the professional stance shifted rapidly after 1973, when homosexuality was removed from the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM; Drescher, 2015). Subsequently, nearly all scientific and medical associations changed their stance on homosexuality from pathological to normative.

The American Psychological Association (APA, 2009) developed a task force which concluded that there remains insufficient evidence to come to any defining conclusions about SOCE's effectiveness or harm. They also cautioned people to refrain from SOCE on the grounds that homosexuality is a natural part of the human sexuality spectrum. The APA's task force and other articles report (1) little to no successful changes in attractions as a result of SOCE and (2) the widespread use of inconsistent, unreliable, and invalid measures of sexual orientation (Haldeman, 1994; Satira, 2016; Sell, 1997; Walker, 2013).

Despite the relative ambiguities from the APA's task force, some are fervently fighting against SOCE socio-politically. At the time of this writing, any practice that seeks to change sexual orientation is formally illegal for minors in 16 states (Movement Advancement Project [MAP], 2019). More recently, AB 2943 was a bill proposed in California where it was already illegal for SOCE to be imposed on minors. This new bill attempted to illegalize the exchange of SOCE resources for profit, this time, from consenting adults. It would have allowed SOCE participants to sue paid practitioners or therapists for consumer fraud, on the basis that SSA is immutable and cannot change. The bill passed multiple hearings until it was shelved by the senator who introduced it after conversations with religious leaders who felt it to be a threat to freedom of faith and free speech (Mason, 2018). SOCE has also gained negative attention from media arts. Recent films like *Boy Erased* (Edgerton, 2018) and *The Miseducation of Cameron Post* (Akhaven, 2018) and others have raised SOCE, along with the potential associated harms, into public awareness.

Nevertheless, SOCE is prevalent among people looking to change, manage, or explore feelings of SSA, and some research has argued for its potential efficacy (Byrd et al., 2008; Jones & Yarhouse, 2011; Karten & Wade, 2010; Nicolosi et al., 2000; Sullins et al., 2021). There is a growing need to better understand the history of SOCE as well as the experiences of individuals who have participated in it either by their will or against their will.

Summary of Recent Findings

Past research trying to identify conclusions about SOCE has been unclear at best. Recent studies on religious persons found that very few participants reported any sexual identity, orientation, or attraction shifts after engaging in SOCE ranging from personal righteousness (e.g., prayer, fasting, Bible devotions, etc.), ministries (e.g., EXODUS, Evergreen, North Star, etc.), pastoral counseling, individual therapy, family therapy, and much more within large samples (Bradshaw et al., 2014; Dehlin et al., 2015). Spitzer (2003) claimed to show evidence of sexual orientation change within 200 people but later changed his stance on his own findings saying there was no way to prove his participant's claims were valid (2012). Spitzer also made an apology to the lesbian, gay, and bisexual (LGB) community for thinking that non-heterosexual orientations could be changed. Two qualitative studies within the last decade found that the change process for most of their SOCE experiencers were negative in the long-term, but some short-term helpful aspects were reported like therapeutic support and less loneliness (Flentje et al., 2014; Weiss et al., 2010).

Gamboni et al. (2018) encouraged all mental health organizations to establish an ethical code against the practice entirely. However, their conclusions may have been based in part on false premises, as they misread Nicolosi et al.'s study (2000). Gamboni et al. (2018) claimed that 89.7% of their participants felt more lesbian, gay, or bisexual *after* SOCE treatment. In actuality, the article states that 89.7% of the participants felt this way *before* therapy while 35.1% of those participants *remained* in these orientations (Nicolosi et al., 2000, p. 1071), suggesting that the rest did experience some change. Gamboni and colleagues (2018) also made the claim that Nicolosi et al.'s (2000) participants were dissatisfied with their services, but the qualitative evidence from this article and Byrd and colleagues' study (2008) suggests otherwise.

A small number of studies demonstrated positive outcomes from SOCE. Karten and Wade (2010), using a sample of men from private psychotherapy, the National Association for the Research and Therapy of Homosexuality (NARTH), and ex-gay ministries, found that some participants' sexual identity and attraction changed during treatment. They also experienced perceived benefits of SOCE like decreased uncomfortable feelings regarding physical intimacy with men, improved psychological functioning, and other dynamics. Similarly, two separate qualitative studies of patients in SOCE psychotherapy found common themes such as diminishing SSA and similar familial relationships (Byrd et al., 2008; Nicolosi et al., 2000). In therapy, most patients discussed how they had a distant, hostile relationship with same-sex parents and emotionally manipulative, boundaryless relationships with opposite-sex parents. Recently, 68% of 125 men (mostly White and religious) involved with SOCE reported change in their SSA along with increased self-esteem, social functioning, along with lessening in suicidality, depression, and substance use (Sullins et al., 2021). Jones & Yarhouse (2011) found changes in sexual orientation and did not find any increases in psychological distress as a result of their longitudinal study on SOCE ministry participants. It is important to note that social desirability, self-presentation bias toward heteronormative desires, demand characteristics, and limited sample demographics may have impacted these results, warranting careful interpretation. Despite these possibilities, these studies offer some insight into why some types of SOCE may be beneficial to some individuals experiencing complicated feelings about SSA.

Differentiating Between Types of SOCE

SOCE might classify as an umbrella term holding a broad range of methods. Therefore, it could be desirable to understand the details within different types of SOCE. Differentiating between types of SOCE may be useful in understanding which practices are more commonly associated with experiences of perceived or actual harm and which are associated with experiences of perceived or actual benefit.

There is little research addressing SOCE type. Dehlin et al. (2015) included type of SOCE as a variable and found the most harmful and most commonly undertaken type of SOCE was personal righteousness (i.e., religious activities), while group retreats were labeled as the most effective and support groups were rated the least harmful. This suggests that not *all* methods to change, explore, or manage SSA are detrimental. To a specific population, there may be some beneficial elements that are misunderstood. Additionally, although Dehlin et al. (2015) offered useful insight into experiences of SOCE, their sample was almost all Latter-Day Saints (or Mormon) individuals. The authors expressed openness and excitement for more research with individuals from different religions. The current study further addresses possible variable differences across the array of SOCE types.

Internalized Homonegativity and SOCE

Internalized homonegativity (IH), also called internalized homophobia, is the combined negative feelings and attitudes toward non-heterosexuality that are felt by non-heterosexuals themselves (Shidlo, 1994 and Sophie, 1987 as cited in Szymanski & Chung, 2001). It was hypothesized that these feelings may derive from a societal heterosexism that contributes to minority stress and shame regarding unwanted SSA in religiously or culturally conservative people (Walker, 2013). IH may serve as a motivational factor for why some individuals would choose to seek SOCE. Some prior research attempted to assess IH demographically or as an independent or dependent variable paired with other psychological constructs and correlates (e.g., Costa et al., 2013; Davidson et al., 2017; Huang et al., 2020; Morandini et al., 2015). It is crucial to note that most of these authors found significant connections between IH and psychological symptoms like depression using an array of statistical analyses from correlation to structural equation modeling. IH was also studied psychometrically (Flebus & Montano, 2012; Ross & Rosser, 1996; Smolenski et al., 2010; for a review, see Szymanski et al., 2008).

Still, there is a surprising dearth in literature addressing IH in the context of SOCE. A literature search across five databases (i.e., Academic Search Premiere, PsycInfo, PsycArticles, PsycExtra, and Atla Religion) with the terms “internalized homophobia,” “internalized homonegativity,” “sexual orientation change efforts,” “conversion therapy,” and “reorientation therapy” yielded zero relevant articles. This highlights the need for more research to understand the widely unknown relationship between IH and SOCE. It is reasonable to assume that accepting heteronormative and homonegative ideals from conservative social, cultural, or religious upbringings may influence feelings of discontent and shame regarding one’s own SSA. In this paper, IH will be referred to as SSA shame to pinpoint objective negative feelings about oneself due to attractions. Internalized homonegativity has a theoretical connotation which suggests that these feelings only come from outside factors, hence the need to be *internalized* from the outside.

The Need for Qualitative or Mixed-Method Research on SOCE

In reviewing the ethical considerations for research with non-heterosexual populations, qualitative or mixed-method research has demonstrated to be the most favorable. In this research style, participants are given free permission to express themselves and tell their stories. Some quantitative approaches could possibly carry with it the negative connotation of "homosexuality research," implying offensive, pathological attributions to their identity (Bettinger, 2010). There remains little mixed-method research with a geographically, ethnically, religiously, culturally, and ideologically diverse, non-heterosexual sample on the specific subject of SOCE. This research method will help the public understand perceived feelings of both harm and benefit associated with SOCE in a holistic, personal fashion.

SOCE and Etiological Beliefs About SSA

Investigating the beliefs of those who have complicated feelings about SSA can be informative regarding the virtually unknown cognitive or contextual reasons why some still seek, continue to engage in, and report benefits from SOCE (Byrd et al., 2008; Jones & Yarhouse, 2011; Karten & Wade, 2010; Nicolosi et al., 2000; Sullins et al., 2021). Documented psychotherapeutic practice literature with men and women struggling with SSA have revealed some common themes within their parental and peer relationships and negative beliefs or shame about their gender (Hallman, 2008; Nicolosi, 2016). Providing open-ended questions that document etiological beliefs about their SSA may help to further explain why some would and would not benefit from SOCE. Theoretically, if one adheres to the triadic-narcissistic narrative regarding SSA etiology (Nicolosi, 2016) due to a perceived concordance within their own familial experience, SOCE would be a viable option. In contrast, if one adheres to a natural or innate narrative for SSA etiology, SOCE might be viewed as a cruel or futile option.

Broadening the "Effectiveness" Definition for SOCE

Additionally, the stories that come from qualitative or mixed-method research may provide insight on which SOCE programs or industries are harmful and which of them are subjectively beneficial. In doing so, this study aims to use short-answer questions to collect insights on positive and negative SOCE experiences.

Instead of operationally defining SOCE effectiveness as the degree to which participants' experience change in their sexual orientation, qualitative or mixed-method research may give researchers in this field the ability to expand, and not oversimplify, this notion of effectiveness. Reducing the complex nature of effectiveness to "change" is not sufficient to capture the essence of SOCE seekers' experiences, whether the experience was overall positive or not. Reported SOCE beneficiaries may have participated in subjectively beneficial types of SOCE. In these types of SOCE, they may have explored deeper dynamics of the client's psyche, identity, and values within a nonjudgmental environment with a client-directed tactic (Yarhouse, 2019) not so heavily oriented toward attraction change. In fact, Dehlin et al. (2015) revealed that if participants expressed that orientation change was the goal of the process, it was more likely that the participant would also rate it as harmful. Conversely, if participants did not report change as a goal, they were more likely to rate it as effective.

Even the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI; 2018), a leading proponent of SOCE, stated in their

sixth therapeutic guideline that the strict therapeutic focus on sexual orientation change is an unfavorable and unrecommended goal for mental health professionals to promote. Thus, in their fifth and sixth guidelines for therapists, they mentioned that the informed consent process should make clients aware that there is no guarantee of attraction change (ATCSI, 2018). This therapeutic oversimplification to merely focus on changing attractions could cause harm via immense feelings of frustration, failure, or despair when clients do not feel change. The ramifications of such tempting and often broken promises made by mental health professionals could be costly to the patient, possibly resulting in shame, drastically low self-esteem, and depression (Cates, 2007; Dehlin et al., 2015).

Exploratory, mixed-method work has the ability to expand SOCE research's knowledge on the meaning of effectiveness. Ideally, SOCE effectiveness can be measured either as (1) a reductionist approach in how often the intervention has changed sexual orientation or (2) a holistic approach in the overall positive qualities that have enhanced participant well-being, intrapersonal and interpersonal connectedness, sense of community or belonging, identity, or other outcomes. The latter definition of effectiveness is what this study targets.

Culture, Congruence, and Identity: Theories Expanding the SOCE Topic

Spirituality, religiosity, or lack thereof, learned through a given culture in which one is raised all have been shown to be influential in the neurobiological development of identity. This process was coined as culture ontogeny (Milstein & Manierre, 2012). The theory of culture ontogeny suggests that values engendered by the culture that one develops in may dramatically shape the way humans think about their identities and see the world around them.

With mixed and ambiguous reports regarding the harmfulness, effectiveness, and benefits of SOCE, it is important for researchers and clinicians to know the unique, undergirding cultural and religious values of those who would, and would not, benefit from SOCE. Perhaps those who are religiously inclined or those who assign conservative values to their own cognitive sense of identity would benefit from SOCE. Simultaneously, perhaps those who do not place a high salience on religion or assign more progressive values to their cognitive sense of identity may not benefit from any type of SOCE. To these individuals, changing sexual orientation would be considered a violation to their personhood, or as previously mentioned, their culture ontogeny.

The theory of organismic verses telic congruence may help in understanding reasons why certain people would report harm or benefit from SOCE. Both types of congruences concern different emphases for different values. Someone with an inclination toward an organismic congruence may find wholeness by integrating one's sense of self with what they experience (APA, 2009; Jones et al., 2011). Organismic congruence may explain negative experiences in SOCE, especially if the person was attending any type of SOCE against their own will (e.g., a teenager forced by parents to attend SOCE). In contrast, an inclination toward a telic congruence describes people that place a higher value on a purpose or calling from a higher power to form their sense of self (APA, 2009; Jones et al., 2011). Such people with a telic understanding of self may have contracted strong feelings of well-being or wholeness from SOCE.

The late psychologist Joseph Nicolosi referred to his male clinical population as "non-gay homosexuals" to describe them as men who experience SSA but have complex

feelings about their attractions. Most of his clients had common, deep feelings such as being uncomfortable or disillusioned with attractions, not feeling whole, or just feeling uneasy about accepting sexual identification labels for themselves (1991, 2016). Yarhouse (2005) outlined a three-tier distinction for assessing the client's current thought process surrounding their (a) SSA, (b) homosexual or bisexual orientation, and (c) their own personal sense of sexual identity. Some clients may dis-identify with being gay or bisexual (sexual identity) while maintaining that they have been attracted to the same sex for quite some time (same-sex or bisexual attractions) but feel that their SSA may not be central to who they are, contrasting with an LGB identity (Rosik et al., 2021). Still, there are those who may subscribe to an LGB identity but remain celibate and think of it as a mere label, similar to ethnic labels like Caucasian, Black, or others. Contrarily, there are many individuals who integrate their non-heterosexual orientation into an LGB identity, are affiliated with the corresponding community, and have same-sex romantic partners. Given that experiences of sexual attraction can be dissimilar to sexual identity, clinicians, researchers, and clergy must be careful to not use any language that assumes anything about the client's, participant's, or counselee's identity just because they experience SSA (Cates, 2007; Yarhouse, 2005, 2019). Schumm's (2020) "anti-identity" theory emphasizes the possibility that assuming a fixed central identity could hinder avenues of continued identity development.

SSA-Identity Congruence

In light of the theories of differing congruence emphases and culture ontogeny, one factor that could explain disparities in SOCE experiences and other variables could be the individual's sense of SSA-identity congruence. Mohr and Kendra's (2011) concept of identity centrality, or the perceived sense of centeredness or importance of the LGB identity, was helpful for this current study. The term "SSA-identity congruence" will be used in centrality's place due to "congruence's" conceptual denotation of two ideas coming together (i.e., feelings of SSA and identity) depending on the individual's perception. Identity centrality may hold with it a connotation that presupposes an LGB identity. Those with higher SSA-identity congruence may describe themselves as being part of the broader LGBTQ+ community and feel that their SSA is a trait that significantly contributes to who they are. These individuals may feel that SSA is a normal variant of human sexuality and that the notion of willfully trying to change it is offensive or harmful. Those with lower SSA-identity congruence may describe themselves as being attracted to the same sex to various degrees but have a different source for their sense of self. These individuals may or may not identify as LGB but the lower SSA-identity congruence may account for the belief that their SSA may be a result of sociological, familial, or other environmental sources.

Purposes and Hypotheses of Study

Although homosexuality does not fit the criteria of a mental disorder, to some individuals with SSA, it can be distressing to their identity, especially for those with conservative values, the religiously orthodox, those who believe in external SSA etiologies (i.e., familial) (Byrd et al., 2008; Karten & Wade, 2010; Sullins et al., 2021). The ultimate goal for this study was to gain a richer understanding of SOCE by determining if the SOCE topic can be expanded through other variables and more qualitative accounts.

Heteronormative social-desirability, effort justification, and change expectancy are common biases that act as limitations in SOCE research (APA, 2009). To test this with the current sample, my second hypothesis was that increases in shame regarding SSA feelings would be related to decreases in SSA feelings as well as SSA-identity congruence. In theory, the more shame one has about being attracted to the same sex, the more they might report changes toward heterosexuality and they may identify less with their SSA.

Another purpose of this study was to explore for any significant differences between attitudes, SSA-identity congruence, shame, external motivations, moral beliefs, attractions, and religious importance between SOCE type. Certain types of SOCE were found to be helpful like group retreats (Dehlin et al., 2015; Karten & Wade, 2010), but some were associated with harm or more shame like religious practices, personal righteousness, and counseling from a religious leader (Blosnich et al., 2020; Dehlin et al., 2015).

The final purpose of this study was to obtain an information-rich understanding on SSA etiological beliefs and experiences within SOCE. Differing etiological beliefs of SSA may provide insight as to why some individuals would willingly engage in SOCE. Information about experiences can aid in forming a holistic and inclusive picture of SOCE. Qualitative data in this regard can aid future researchers in theory and model building about why some willingly or unwillingly engage in SOCE and why some report positive or negative outcomes. This study attempts to uncover possibly unknown complexities within SOCE and the people that seek them that have not been studied.

Method

Participants

A total of 168 participants initiated the survey. Twelve participants' data were removed due to them failing to answer at least 60% of the questions, yielding a final total of 156 participants. Most of the sample identified as cisgender male (82.1%) followed by cisgender female (8.3%), Other (1.3%), and Prefer not to say (0.6%). Twelve participants (7.7%) did not report a gender. Current sexual identities ranged from heterosexual (or straight; 26.9%), followed by "These terms do not fit in my identity" (26.3%), homosexual (gay/lesbian; 23.7%), sexually fluid (my sexual attraction changes from time to time; 7.7%), bisexual (equally attracted to both sexes; 7.1%), questioning/unsure (4.5%), not listed (3.2%), and decline to answer (0.6%). Ages ranged from 18–76 years with a mean of 44.77 (SD = 14.77). Most participants were White (71.2%) followed by Hispanic/Latino (8.3%), Black/African American (4.5%), Other (1.8%), Asian (1.3%), Biracial (1.3%), and Multiracial (1.3%). Twelve participants did not report an ethnicity.

Religious affiliations included Protestant/Evangelical (60.3%), Other (12.8%), Catholic (9.6%), Latter-day Saints/Mormon (5.8%), Islam (1.3%), Jewish (0.6%), Agnostic (0.6%), Atheist (0.6%), and No Preference (0.6%). Twelve individuals (7.7%) did not select a religion. Most of the participants lived in the United States (83.3%) followed by the European Union (6.3%), Canada (3.8%), Australia (2.6%), Mexico (1.9%), and the United Kingdom (0.6%). Two individuals (1.3%) did not select a country.

Measures

Multiple-item measures. ***Attitudes towards Change Efforts.*** Participants rated their

attitudes towards their SOCE twice in the course of the survey, but due to unitary factor loadings, these items were combined into one scale. First, three semantic differential items beginning with "Trying to change my sexual orientation was . . ." were provided that assessed the following three attitudes on a 6-point scale: Unproductive (0) to Productive (5), Worthless (0) to Worthwhile (5), and Meaningless (0) to Meaningful (5). For the second set of attitude items, participants rated their attitudes on a 5-point Likert basis with seven items answering the question, "In my experience, trying to change my same-sex attraction was . . . ." Items were "something I regret," "a fulfilling process," and others. The scale points were labeled Strongly disagree (1) to Strongly agree (5). An exploratory factor analysis with principal axis factoring and promax rotation found that both scales loaded on one factor. Cronbach's alpha for both scales together was .95 suggesting very good reliability. Both attitude scaling systems were then standardized and averaged to account for differences in scaling (i.e., 6-point and 5-point). To view all multiple-item measures, please see Appendix C.

SSA-identity congruence. Each participant completed a scale that attempted to measure their own subjective sense of congruence between feelings of SSA and their identity. This scale was inspired by the 5-item Identity Centrality subscale from the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011). Four of them were used in this scale and the language was changed from "gay/lesbian identity" to "SSA" language for the purposes of including those who may not identify as LGB. The author added six other original items, creating a 10-item scale measuring the degree to which certain statements describe them on a 5-point system from 1 (Does not describe me) to 5 (Describes me extremely well). Item examples include "When I think about myself, my same-sex attraction immediately comes to mind" (original item) and "My same-sex attraction is a central part of my identity" (item inspired from Mohr & Kendra, 2011). An exploratory factor analysis (EFA) with principal axis factoring and a varimax rotation yielded two factors. Three items were removed due to cross-loadings and a theoretical incongruence. Two additional items were removed to increase the Cronbach's α to .85. A final EFA revealed another two-factor solution with 4 items representing "Congruence" and one reverse-coded item representing "Non-Congruence." The final scale comprised of five items which were averaged together for analyses.

SSA shame. Using inspiration from the 9-item Internalized Homophobia Scale (IHI; Herek, Cogan, Gillis, & Glunt, 1997) and the 8-item Sexual Identity Distress scale (SID; Wright & Perry, 2006), an 8-item scale was developed to measure shame or feelings of unworthiness related to their SSA. Two items were adapted from Herek and colleagues (1997) while only one was adapted from Wright and Perry (2006). The remaining five items were original. Items in the original scales were considered conceptually vague in the sense that they may not be attributed to homophobia or distress. For example, statements like "I wish that I could develop more erotic feelings [toward the opposite sex]" could theoretically be indicative of either internalized homophobia or personal, religious, or moral convictions without entailing notions of self-hatred or phobia toward non-heterosexuality (Rosik et al., 2021). Two items were taken from the IHS and the language was changed from "gay/lesbian identity" language to "SSA feelings" language to include those who may not subscribe to an LGB identity. Scores on this variable were averaged.

External motivations toward change efforts. The reasons for pursuing SOCE were assessed using seven items developed for this study that addressed the degree to which

certain persons may have pressured or encouraged the SOCE (e.g., "My family pressured me to change."). These items were measured on a 7-point Likert scale from 1 (Strongly disagree) to 7 (Strongly agree). One item was reverse coded, which read, "I was self-motivated to change." Scores on these seven items were averaged into a single scale score. This scale had a Cronbach's alpha of .81, suggesting above sufficient reliability.

Single Item Measures. ***Pre- and post-SOCE attractions.*** Sexual attractions prior to and after SOCE methods were assessed using a scale inspired by the 7-point Kinsey Scale (Kinsey, Pomeroy, & Martin, 1998). For the purposes of this study, the language was changed from the more direct "heterosexual to homosexual" to specifically target the direction of sexual *attractions* to the same, opposite, and both sexes. The scale was arranged from 1 (*Exclusively attracted to the opposite sex*) to 7 (*Exclusively attracted to the same sex*). Kinsey Attraction Change was computed by subtracting pre-SOCE Kinsey attraction from current Kinsey attraction.

Religious importance (RI). One item measured the participants' level of religion or spirituality importance on a 5-point basis from 1 (*Not at all important*) to 5 (*Extremely important*).

Moral beliefs. In two separate items, participants were asked to rate the degree to which they believed (a) same-sex behavior was immoral and (b) changing sexual orientations was immoral on a 7-point Likert scale from 1 (*Strongly disagree*) to 7 (*Strongly agree*) with more agreeing equating stronger moral beliefs against it.

Categorical measures. ***SOCE methods and duration.*** Participants were presented with various SOCE methods and asked to check off one or more SOCE methods that they had participated in. One additional "Other" choice had a textbox for alternative methods. Respondents also indicated the degree of time they spent trying to change, manage, or explore their SSA on an ordinal scale from *Less than one year* to *More than 20 years.*

Pre- and post-SOCE sexual identities. Participants were asked to report their sexual identity self-labels for both prior to engaging in SOCE and at present. Choices were heterosexual (or straight), homosexual (or gay/lesbian), bisexual (*I am equally attracted to both sexes*), sexually fluid (*my sexual attraction changes from time to time*), questioning/unsure, these terms do not (or would not) fit in my identity, not listed, and decline to answer.

Qualitative questions. Three short-answer, open-ended questions were analyzed to gather qualitative data on each participant's (1) SSA etiology beliefs, (2) positive experiences with SOCE, and (3) negative experiences with SOCE. Each question had an accompanying text box where participants wrote as much as they wanted about their SSA-related etiology beliefs and SOCE experiences.

Procedure

Upon approval from Azusa Pacific University's Institutional Review Board, links to the online survey developed on Qualtrics were disseminated through convenience and snowball methods to the following: (1) eight private, relevant Facebook groups containing mostly men and some women who have complex feelings about their SSA (comprising 74.3% of the sample); (2) a general Twitter post with relevant hashtags (e.g., #SexualOrientationChangeEfforts, #ConversionTherapy, #survey, #giftcard, etc.; 10.3%), (3) an e-mail list from a large former SSA-related support group (8.3%); (4) a general Facebook post advertised with hashtags (5.1%); (5) a general Instagram post advertised with hashtags (1.3%). Although

74.3% of the sample arrived at the survey from one of the eight Facebook groups, it should be noted that these groups are somewhat different demographically and culturally (e.g., age, ideology, theology, occupation, etc.). In an attempt to attain diverse perspectives, groups that are either (a) known to raise awareness about the potentially negative effects of SOCE, (b) contain SOCE survivors and activists, or (c) general LGBTQ+ Christians were contacted to disseminate the survey, but only one group responded and declined. Only one participant (0.6%) reached the survey from one of these groups somehow even though this group did not respond. Readers should be aware that the author personally knows some of the participants.

Participants who clicked on the link were given an opportunity for informed consent with information about the personal nature of the survey along with resources for mental health care should the survey trigger any psychological discomfort. They were made aware that participation was strictly voluntary and that they could skip ahead to enter the gift card raffle to prevent possible feelings of coercion. Next, they proceeded to the screening questionnaire. To be included in the survey, participants had to (1) have felt SSA at least some time in their lives, (2) experience some sort of SOCE currently or in the past, (3) be 18 years of age or older, and (4) live within the United States, Canada, Mexico, United Kingdom, European Union, Australia, or New Zealand. The fourth inclusion criteria was enforced to ensure participant safety because certain countries criminalize non-heterosexual identities and sexual behavior. After the screening, participants responded to the quantitative measures and items, with qualitative open-response prompts provided at the end of the survey. Participants were then taken to a separate page where they were given the option to enter their e-mail for the chance to win one of two gift cards of their choice between Target, Amazon, or Visa.

Data Analyses

Psychometrics. Exploratory factor analyses with principal axis factoring and a promax rotation were conducted on the multiple-item measures to ensure appropriate factor structure. Cronbach's alpha reliability were computed for identity congruence, shame, external motivations, and attitudes toward change efforts scales.

Correlation analyses. Bivariate correlation analyses were conducted to identify relationships between variables. The relationships between identity congruence, shame, and attitudes were of particular interest to understand possible connections between subjective feelings of identity, shame, and SOCE attitudes.

Attitudes regression. A multiple regression analysis was conducted to determine if SSA-identity congruence, shame, external motivations toward change efforts, Kinsey attraction change, religious importance, moral beliefs about same-sex sexual behavior (SSSB), and moral beliefs about changing SSA predicted attitudes toward change efforts.

SOCE type MANOVA. A multivariate analysis of variance (MANOVA) was conducted to understand possible differences in identity congruence, shame, external motivations, Kinsey attraction change, religious importance, moral beliefs about SSSB, and moral beliefs about changing SSA across the categorical variable of SOCE type (e.g., licensed therapist, weekend retreats, personal righteousness, etc.). Types that were selected by less than 15% of the sample were excluded due to issues in data analysis comparing small groups with larger groups.

Qualitative content analyses. Responses to the three open-ended questions were individually read and coded using a

content analysis technique analyzing words and taking tone and context into consideration. Words were analyzed and codes were produced, informed from previous research and/or documented clinical experience with this population (Hallman, 2008; Nicolosi, 1991, 2016). A faculty adviser guided this process with weekly meetings of exploration and discussion, as well as process journaling.

Results

Descriptive Statistics

Table 1 displays all means and standard deviations for the variables in question. Descriptive results highlighted certain notable traits of the sample. Attitudes were negatively skewed showing higher frequencies of more positive attitudes toward their SOCE experience. There was a high frequency of higher scores in moral beliefs against SSSB while there was a high frequency of lower scores in moral beliefs against changing SSA. There was a high frequency of zero Kinsey attraction change while some participants experienced change toward opposite-sex attraction and still others who experienced a shift to more SSA. The identity congruence histogram showed positive skewness revealing a high frequency of lower scores on congruence between SSA and identity.

Table 1

Means & Standard Deviations of Variables

	Mean	SD
SOCE Attitudes (6-point)[a]	4.43	1.57
SOCE Attitudes (5-point)[a]	4.02	1.05
SSA-Identity Congruence	2.15	1.00
SSA Shame	2.95	1.16
External Motivation towards Change Efforts	2.98	1.31
Moral Belie–s - Same-Sex Sexual Activity	6.08	1.76
Moral Belie–s - Changing Same-Sex Attraction	2.23	1.94
Prior to SOCE Kinsey Attraction	5.24	1.97
Current Kinsey Attraction	4.97	1.87
Kinsey Attraction Change	.24	2.24
Religious Importance	4.56	.88

Note: a = These scales were standardized then averaged together for analyses to account for differences in scaling.

Associations with Attitudes Toward SOCE

A bivariate correlation matrix between all continuous variables is presented in Table 2. There were many significant associations between attitudes toward SOCE, SSA-identity congruence, external motivations, and more. Additionally, a multiple regression analysis was conducted to understand the possible predictive influence the other variables (i.e., shame, external motivations, SSA-identity congruence, moral beliefs, attractions, and religious importance) had on attitudes toward SOCE. The overall model was significant with 65.9% of the variance in attitudes towards SOCE accounted for by the other variables; $F(8,131) = 31.60$, $p < .001$. There were four significant, negative predictors, or predictors of more negative attitudes toward SOCE. The strongest was believing that attempts to change SSA were immoral ($\beta = -.46$, $B = -1.97$, $p < .001$) followed by external motivations toward change efforts ($\beta = -.22$, $B = -1.43$, $p = .001$), current Kinsey attraction ($\beta = -.16$, $B = -.70$, $p = .017$), and SSA-identity congruence ($\beta = -.15$, $B = -1.29$, $p = .017$). Increases in these four variables predicted decreases in overall attitudes toward the participants' experiences in SOCE.

Table 2

Correlation Matrix of all Variables

	1	2	3	4	5	6	7	8	9	10
1. Attitudes towards Change Efforts	-									
2. SSA-Identity Congruence	-.55**	-								
3. SSA Shame	-.10	.16*	-							
4. External Motivation towards Change Efforts	-.63**	.54**	.12	-						
5. Moral Belie–s - Same-Sex Sexual Activity	.31**	-.20*	.17*	-.30**	-					
6. Moral Belie–s - Changing SSA	-.70**	.35**	.00	.48**	-.20*	-				
7. Prior to SOCE Kinsey Attraction	-.09	.09	.12	.02	.06	-.03	-			
8. Current Kinsey Attraction	-.49**	.41**	.35**	.35**	-.07	.37**	.32**	-		
9. Kinsey Attraction Change	.33**	-.26**	-.20*	-.27**	.12	-.33**	.61**	-.55**	-	
10. Religious Importance	.23**	-.10	.04	-.18*	.50**	-.06	.07	-.00	.06	-

Note: "" = Significant at the .05 level, "**" = Significant at the .01 level.*

Variable Differences Across SOCE Types

A multivariate analysis of variance (MANOVA) was conducted to understand any possible differences in all of the variables across the SOCE types. The groups were dummy coded as selected (1) and did not select (0). First, the descriptive percentages in both groups 1 and 0 for each SOCE type were analyzed. Types that had less than 15% of the sample in either 1 or 0 were not used for analysis due to concerns about outliers or overrepresenting types that were rarely selected. Due to this "15% or more" criteria, five SOCE types were not included as

grouping variables for the MANOVA (i.e., family therapy with licensed practitioner, family therapy with non-licensed practitioner, intensive impatient programs, aversion therapy, and other). The remaining eight types were included in the MANOVA (i.e., individual therapy with licensed counselor, individual therapy with non-licensed counselor, religious ministries, religious or spiritual activities, support groups, 12-step groups, weekend retreats, and other self-guided practices).

There were ten significant effects. First, those who selected therapy with a non-licensed counselor held significantly stronger moral beliefs against SSSB (*M* = 6.31, *SE* = .33) than those who did not select therapy with non-licensed counselor (*M* = 5.58, *SE* = .28); $F(1, 131) = 4.57$, $p = .034$. Next, those who selected change-related ministries (e.g., EXODUS, Love in Action, JONAH, etc.) reported significantly less shame (*M* = 2.45, *SE* = .20) than those who did not select change ministries (*M* = 2.97, *SE* = .19), $F(1, 131) = 6.09$, $p = .015$.

The next two findings were involved with religious or spiritual activities (e.g., praying, reading religious texts, meditation, etc.). First, the data suggested that those who reported use of religious or spiritual activities had stronger moral beliefs against SSSB (*M* = 6.49, *SE* = .23) compared to those who did not select religious or spiritual activities (*M* = 5.41, *SE* = .41), $F(1, 131) = 6.62$, $p = .011$. Those who selected this type also significantly viewed their religion as more important (*M* = 4.74, *SE* = .11) when compared to those who did not select this type (*M* = 3.87, *SE* = .20), $F(1, 131) = 17.79$, $p < .001$. The fifth finding entailed that those who selected support groups significantly identified with their SSA (*M* = 2.10, *SE* = .15) more than those who did not select support groups (*M* = 1.69, *SE* = .20), $F(1, 131) = 4.03$, $p = .047$.

Weekend retreats had the five remaining significant effects. Specifically, those who selected weekend retreats (1) had significantly more positive attitudes towards change efforts (*M* = 4.25, *SE* = 1.56 vs. *M* = -1.49, *SE* = 1.32), $F(1, 131) = 11.66$, $p = .001$, (2) reported significantly less shame (*M* = 2.33, *SE* = .22 vs. *M* = 3.09, *SE* = .18), $F(1, 131) = 10.67$, $p = .001$, (3) identified significantly less with their SSA (*M* = 1.69, *SE* = .19 vs. *M* = 2.11, *SE* = .17), $F(1, 131) = 4.00$, *p* .047 (4) had significantly less strong moral beliefs against changing same-sex attraction (*M* = 1.66, *SE* = .38 vs. *M* = 2.61, *SE* = .32), $F(1, 131) = 5.49$, $p = .021$ and (5) had less current SSA (*M* = 4.11, *SE* = .36 vs. *M* = 4.98, *SE* = .31), $F(1, 131) = 4.90$, $p = .029$ than those who did not select weekend retreats. There were no other significant effects in the MANOVA.

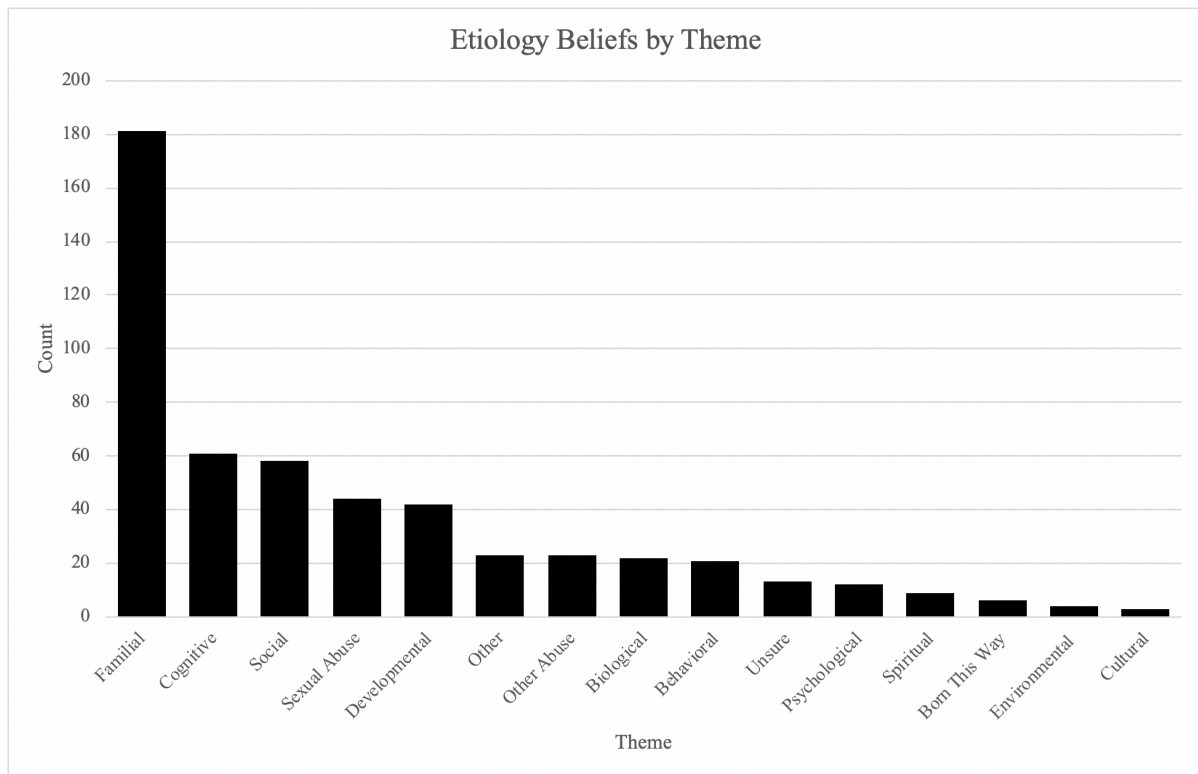
Qualitative Themes

SSA etiological beliefs. The first open-ended question asked the participants, “What do you believe were the factors that led to your same-sex attraction?” to understand their thinking about the origins of their SSA. The most popular themes were Familial, followed by Cognitive, Social, and Sexual Abuse. Same-sex parent issues and opposite-sex parent issues were the two most common Familial codes. Participants frequently attributed their same sex attraction to problems in their relationship with their same-sex parents (most of them fathers), who they often described as distant, abusive, or just a general estranged relationship or lack of relationship entirely. Relationships with opposite-sex parents (usually mothers) were described as emotionally overinvolved, needy, or enmeshed. These relationships were usually coupled together within the same response. Additional familial issues were unmet needs, same-sex sibling issues (usually brothers), and lack of male

affirmation, influence, or involvement within and outside of the home. Cognitive issues were spread out amongst various different types of codes like sexualization of unmet needs, body image issues, preceding childhood shame, fear of the opposite sex, among others. The most common Social code was same-sex peer issues (usually boys) in the form of bullying, estrangement, same-sex peer associated anxiety, or feeling like the opposite of other boys, followed by general lack of same-sex connection within the general social community. Forty-four instances of sexual abuse were reported with 44% of them perpetrated by adult males while 42.5% did not specify the sex of the perpetrator. Figure 1 shows the count of all the themes that emerged from their response to this question.

Figure 1

Count of Instances in SSA Etiological Beliefs Sorted by Theme

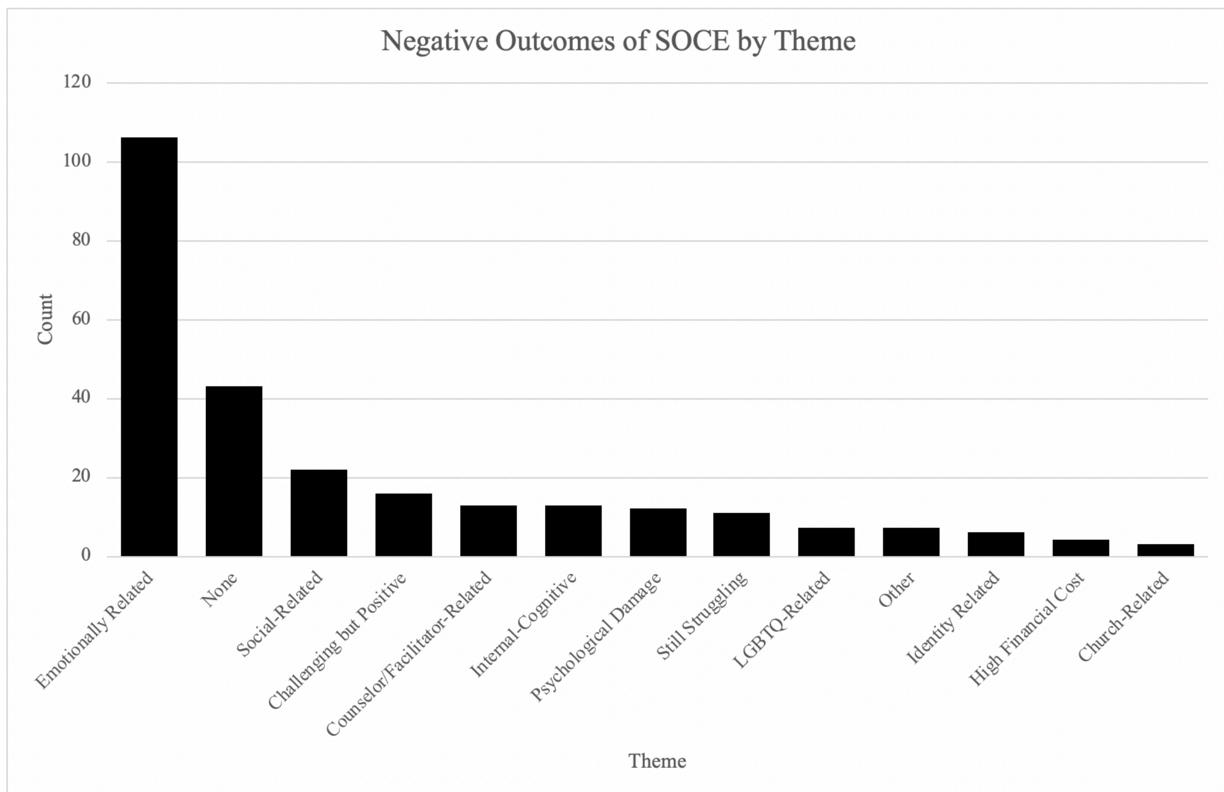


Negative experiences within SOCE. One other open-ended question asked the participants, “Please describe any negative experiences or outcomes in your efforts to change same-sex attraction. If you feel there was nothing negative, please feel free to write, ‘None.’” The purpose of this question was to gain some qualitative understanding as to how they might have been negatively impacted by their SOCE experience. There were 263 instances of 84 different codes that belonged within one of 13 major themes. The most common was Emotional problems related to SOCE. This was a broad umbrella term that entailed feelings of sadness, disappointment from not changing or ineffectiveness of interventions, feelings of being overwhelmed with the process itself, discouragement, self-hatred, hopelessness, shame, among others. The second most

common theme was None where participants felt like there was nothing negative to say about their SOCE experience. Social Related was the third most common theme entailing tensions with those who disagreed with their disidentifying with the LGB community, rejection felt from people on all sides, feelings of rejection, and unhelpful opposite-sex attracted friends and/or acquaintances. Figure 2 displays the frequency of codes for each theme within Negative Experiences.

Figure 2

Count of Instances in Negative SOCE Outcomes Sorted by Theme

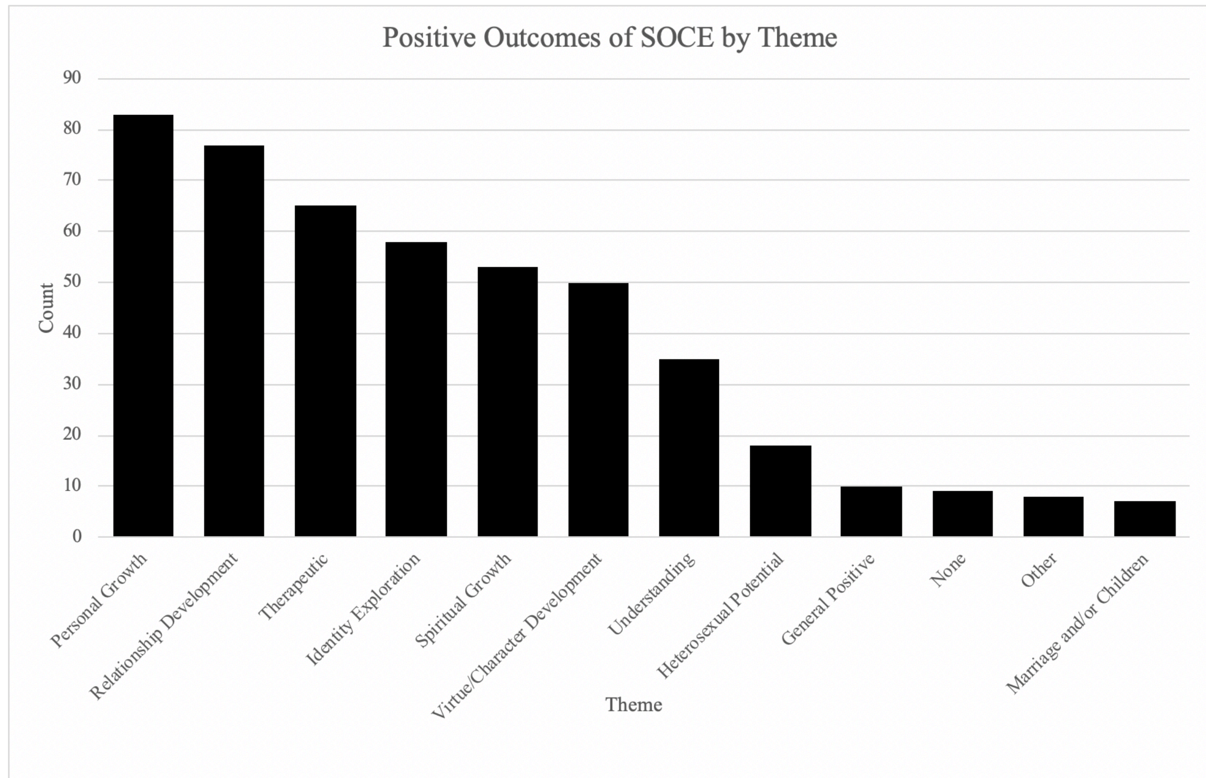


Positive experiences within SOCE. Lastly, another open-ended question asked the participants, "Please describe any positive experiences or outcomes in your efforts to change same-sex attraction. If you feel there was nothing positive, please feel free to write, 'None.'" The purpose of this question was to gain qualitative insight into any perceived positive benefits from their SOCE experience. There were 470 instances of 126 different codes that belonged within one of 12 major themes. The most common theme was Personal Growth, where participants provided sentences expressing newfound confidence, self-acceptance, less acting out with addictive behaviors, less male objectification, and so on. The second most popular theme was relationship development with popular codes including close same-sex friendships, connection and community with people that have similar struggles, positive vulnerability, among others. The third most popular positive experience outcome theme was Therapeutic, which was identified as the lessening of adverse psychological symptoms. Examples include shame, anxiety,

and blame release, less depression, processing past hurts, healing, freedom, decreased social fear regarding men, among others. Figure 3 displays the counts of these codes organized by theme.

Figure 3

Count of Instances in Positive SOCE Outcomes Sorted by Theme



Discussion

This study had one overarching aim, which was to contribute to the literature on attitudes and experiences related to SOCE. This was pursued through quantitative and qualitative methodologies (i.e., a mixed-method approach). The quantitative portion of this project was conducted to investigate relationships between SOCEs and various related attitudes toward and experiences with the change effort process. The qualitative components of this study were designed to gain a holistic participant-led understanding of (a) etiological beliefs, which were expected to be commonly shared among participants (Byrd et al., 2008; Hallman, 2008; Nicolosi, 1991, 2016), and (b) positive and negative experiences and outcomes of SOCE.

This study also aimed to address some unanswered ideas within this field. First, the idea that shame, or internalized homonegativity, is one of the main reasons why people seek and report perceived well-being from SOCE (Walker, 2013). This study included an unvalidated measure of shame to begin to explore this possibility. Additionally, it seemed intuitive that there may be differences in SOCE experiences and attitudes between those who were self-motivated to engage in SOCE versus those who engaged in SOCE against their will or to appease some outside factor (i.e., parents, a

pastor, God, etc.). This study assessed for these external motivations and explored their relationships with the study variables. Lastly, the study investigated an idea, also supported by Yarhouse (2019), that SSA-identity congruence may play a vital role in the engagement of SOCE. This study investigated whether SOCE may be perceived to be more beneficial if the person does not believe their SSA defines their identity.

The qualitative portion of this study obtained first-hand subjective responses to gather information-rich data. Bettinger (2010) recommended doing qualitative or mixed method work due to the favorable quality of giving LGB, and other people who feel SSA, an opportunity to tell their stories without feeling judged and their experiences being oversimplified.

All readers of this report must understand that this was a cross-sectional, retrospective study under which no causal or universal implications can be drawn about SOCE. There are other limitations that will be discussed later in this section. This study addressed a sensitive topic with a population that has been discriminated against for their SSA. The complicating factor was that many in this sample reported experiencing discrimination by those in their lives that affirmed sexual diversity and who disagreed with their choice to seek SOCE. The author was mindful to consider issues of beneficence and justice for the study participants throughout the data analysis.

Quantitative Findings

Retrospective perceptions of change in SSA. Attraction change was calculated by subtracting their current Kinsey attraction score from their pre-SOCE attraction score. Although this was a retrospective, one-item, narrow view of a sexual attraction spectrum measurement, this gives some insight into how participants currently conceptualize their change in SSA. Like recent previous research, most (41%) reported no change in attractions (Bradshaw et al., 2014; Dehlin et al., 2015; Flentje et al., 2014; Weiss et al., 2010) and some reported even further shifts toward stronger same-sex attraction (19.8%); however, this was not as many as those who reported some level of change to the opposite-sex end (37.2%). Still, retrospective measurements are open to various kinds of biases including everything from cognitive recall distortions to impression management, social desirability, and effort justification, especially in the case of research on SOCE in the past (for a review, see APA, 2009). For this very reason, attraction change was not a key variable in this study. Instead, a host of other quantitative and qualitative variables were studied to inherit a richer understanding of SOCE and the people who seek them.

Implications for attitudes. Attitudes toward change efforts was considered one of the more important dependent variables because this study's purpose was to assess the possible connected facets that may influence or support how different participants perceive their SOCE experience. The regression pointed to four significant and negative predictors. Increases in moral beliefs against changing SSA, external motivations for SOCE, current Kinsey attraction, and identity congruence with SSA predicted decreases in positive attitudes (i.e., more negative attitudes toward SOCE).

Although it is difficult to come to conclusions on what came first, moral beliefs and attitudes about SOCE are logically linked because when someone has a negative experience in SOCE (e.g., shame-inducing), they may feel like it is an immoral act for anyone else to experience that same hurt. Likewise, they could have felt that SOCE were immoral before participating. External motivations may lead to experiences that are unfavorable because they suggest that the

person is not participating from their own will and could emotionally react to the experience out of being forced to be there, forced to feel like something is wrong with them while they may not feel there is a problem. Still having SSA or not experiencing change after the SOCE could understandably lower attitudes toward SOCE especially if they had high expectations of change going in. Finally, one's sense of identity and how it relates to SSA can influence attitudes. Those who identify more with SSA, or who feel less dissonance, may think of SOCE as offensive or shaming to one's identity. Those who identify less with SSA and more with other values, who feel more dissonance, may favor SOCE because their identity may not be perceived as threatened, but subjectively enhanced, by SOCE.

Positive attitudes towards SOCE were strongly and negatively associated with identifying more with SSA (i.e., greater identity congruence with SSA). This suggests that those who identify more with their SSA likely viewed their SOCE experience as mostly negative (i.e., unproductive, worthless, meaningless, psychologically harmful, regrettable, shame-inducing according to items). Conversely, positive attitudes toward SOCE were associated with not identifying as much with their SSA feelings (i.e., less congruence). Those who place less cognitive or ideological "identity weight" (Yarhouse, 2019) onto their SSA likely perceived the SOCE experience to be more positive (i.e., fulfilling, enlightening, eye-opening, meaningful, productive, worthwhile). Although this nonexperimental and retrospective study does not warrant causal inferences, one possibility is that SOCE was more beneficial for those with lower identity congruence at the onset of their SOCE. Identity perspectives may explain why some still seek and report perceived benefit from SOCE. This could also suggest that the degree to which one perceives their subjective identity as defined by same sex attraction could moderate outcomes for SOCE. Implications of this finding will be discussed in a later section.

Attitudes toward SOCE were also strongly and negatively related to external motivations toward change efforts. Those who found themselves in SOCE because they were simply appeasing something or someone external (i.e., parents, pastors, friends, religion, bullying experiences, etc.) were likely to have negative attitudes about change efforts when compared to those who were self-motivated to be there. For the respondents with more positive attitudes, there may have been something perceived within the individual, maybe their identity, values, or spiritual relations, or a combination of the three among other intrapersonal factors, that could have been motivating them to actively participate in SOCE. To the knowledge of this author, this was the first study of its kind to quantitatively measure motivations and other variables like identity in the topic of SOCE (cf. Bradshaw et al., 2014; Byrd et al., 2008; Dehlin et al., 2015; Flentje et al., 2014; Nicolosi et al., 2000; Weiss et al., 2010). This finding suggests that perceived outcomes of SOCE can depend, in part, on the motivational factors that influence participation. Those who are participating for themselves and their inherent values may appreciate the process more. Those who are participating due to pressure from someone else may not appreciate the process and the outcomes could be negative or highly unfavorable for them.

Shame about attractions. Correlations with shame are addressed here for exploratory purposes. It may be considered important to understand what may influence or be related to feelings of shame. There was a significant, small, positive correlation between SSA shame and moral beliefs

against SSSB (Pearson's r = .17). Conceptually, it is logical to suggest that same-sex attracted individuals who believe that SSSB is immoral may struggle with shame. For this reason, it was surprising that this association was not stronger. More research is needed to examine this relationship in a more diverse, random sample. Other possible explanations for having shame about one's SSA could be the fact that this sample probably contained a moderate number of men who grew up in the 20th century given the demographic differences between some Facebook groups. The 20th century was a time known for LGB- and SSA-related stigma generally fostered within the older generations (Herek, 2015). Experiences of bullying and feeling strong inadequacy among same-sex peers (see qualitative section below) could possibly attribute to shame.

Shame was moderately associated with current Kinsey attraction in this sample, suggesting the more attracted to the same sex they were, the more feelings of shame they probably experienced. This study contained participants who were almost all Protestant or Evangelical, which are subgroups of Christianity that typically view SSSB as immoral. In turn, some of these individuals also could struggle with internalized heterosexism along with religious stigma; both simultaneously can lead to various mental health challenges and suicidality within young people according to some recent studies (Lytle et al., 2018; Wolff et al., 2016). Szymanski and Carretta (2019) found that the effect of religious-based sexual stigma on psychological well-being and stress was indirectly mediated by internalized heterosexism and religious struggle. Furthermore, medium and high levels of religiosity within the participants were found to be significant moderators of this mediation effect. It is clear through this study and other recent, more rigorous research, that shame, SSA, and religiosity are related in some way. Despite the modest correlation, clinicians and practitioners need to be aware that some clients or participants with SSA, including those who have previously engaged in SOCE, may come in with feelings of shame and inadequacy.

SSA-identity congruence. Bivariate correlations provided some insight to better understand the factors associated with identity congruence. Equating more of one's identity to feelings of SSA was strongly and positively associated with having external motivations toward change efforts. Although speculative, there is some conceptual validity in thinking that those who identify more with SSA may have participated in SOCE to appease someone else, a higher power, or other reasons uninvolved with self-motivation (e.g., wanting to change to decrease stigmatization from others). Additional possibilities include entering the SOCE process after forming an SSA-integrated identity or emotional reactance against the therapist and/or parents, pastors, etc. who suggested they be there. Identity congruence with SSA may be an unstudied and unknown link between the motivations undergirding SOCE and resulting attitudes/outcomes.

There was a significant, yet small, positive correlation between SSA-identity congruence and shame regarding attractions (Pearson's r = .16). Walker (2013) suggested that shame or internalized homonegativity could contribute to the rationality behind seeking such SOCE and reaping perceived benefits, but this data does not confirm that suggestion. If homonegativity underpinned a rejection that one's identity is defined by sexual attractions, then the correlation between shame about SSA and identity congruence would be negative. This finding tentatively suggests that disidentifying with SSA could serve as a very minor protective factor against shame. However, this finding

may be specific to this population. More research is needed to understand this relationship in studies with rigorous and longitudinal sampling methods. As mentioned in the introduction, there remains a dearth of research assessing internalized homonegativity and SOCE together.

Another interesting but more expected finding was that stronger moral beliefs against changing SSA were significantly and moderately related with SSA-identity congruence, meaning that those who identified more with their SSA were more likely to have stronger beliefs that SOCE was immoral. One way to interpret this finding from a theoretical perspective is by considering how moral systems might affect views on SOCE. Depending on the weight a person may place on different moral categories (e.g., care vs. sanctity; Koleva et al., 2012; Monroe & Plant, 2019), the person might form their identity accordingly. One who experiences SSA and identifies with it more could hold care morality (i.e., treating others with respect or making sure to refrain from causing interpersonal harm) to a stronger emphasis. Conversely, a conservative person experiencing SSA may uphold sanctity (i.e., being against certain prohibited behaviors or thoughts) as the more important field of morality. Thus, those who emphasize care morality may be against changing SSA on the basis that the SSA itself is subjectively natural and changing it could equate to a shame-based personal violation. Simultaneously, those who emphasize sanctity may see SOCE as a means of achieving sanctity and not feel any strong moral beliefs against it. This reasoning is entirely theoretical, so more studies are needed to add to this theory of possible morality and identity connections within SOCE.

Like Sullins et al. (2021), current Kinsey attraction was also moderately related to SSA-identity congruence, suggesting that an increased attraction to the same sex, as opposed to opposite sex, may lead a person to express that their SSA plays an important role in who they are. Those who are predominately attracted to the same sex may feel more dichotomous and establish a stronger sense of self-differentiation from the "norm" when compared to being attracted to both sexes or the opposite sex. Attractions with more same-sex salience may influence identity perceptions by including sexuality as an important aspect. Depending on needed recent updates, the number of people reporting to be LGBT in America was 4.5% in 2017 (McCarthy, 2019) suggesting that around 95.5% of the U.S. population is opposite-sex attracted. Since experiencing SSA is not as common as OSA, SSA can be much more noticeable both to the individual and others around them. Such a distinction can feel like an identity differentiation as well, which may be a theoretical reason why those with SSA could place more emphasis on sexual orientation for their identity than opposite-sex attracted people. It could be that many opposite-sex attracted individuals hold a "democratic" (Martinez & Smith, 2019; Mohr, 2002) sense of a heterosexual identity, which does not place emphasis on sexual orientation, probably because they felt little to no reason to analyze it in great detail (Mohr, 2002).

External motivations toward change efforts. Participating in SOCE on the basis of something or someone external was also significantly and moderately correlated with both moral beliefs (i.e., changing SSA and SSSB). The correlation with the moral belief of changing SSA was positive, suggesting that external motivations were associated with stronger beliefs that changing SSA was immoral. It may be that those who extrinsically participated in SOCE had subjectively negative experiences which influenced their later moral beliefs about trying to change. Another possibility is that

they were already externally motivated and had strong moral beliefs against changing SSA going into the SOCE process. There are many possibilities, but there is no causal implication that can be drawn from the data, only a suggestive association. Similarly, the negative, moderate correlation between external motivations and moral beliefs about SSSB suggests that those who were externally motivated to participate in SOCE may have not believed that SSSB was immoral.

On SOCE type differences. Types of SOCE were added into a MANOVA analysis as an independent, grouping variable to discover any possible differences within attitudes, shame external motivation, and others. Therapy with unlicensed counselor and religious practices categories was associated with significantly stronger moral attitudes against SSSB. Also, those who chose religious practices had significantly stronger religious importance scores. The surprising finding was that there were no differences in shame between those who did and did not engage in religious or non-licensed counseling for SOCE given that religiously motivated change efforts were associated with higher odds of mental health adversities and other perceived mental health effects in past studies (Blosnich et al., 2020; Salway et al., 2020; Weiss et al., 2010). Even more unexpected, shame about SSA was lower for those who engaged in religious ministries like Exodus, Love in Action, and so on than those who did not. Even though a longitudinal analysis of people who engaged in these ministries suggested no significant changes in psychological distress (Jones & Yarhouse, 2011), with the anecdotal media attention (e.g., Edgerton, 2018), and the disbanding of some of these ministries, it was expected that more shame, not less, would be associated with these processes. The fact that support groups were connected to more SSA-identity congruence warrants more research into the details of support groups that may lead to more of an SSA-emphasized identity. Vice versa, the participants could have entered the support group seeking help with respect to their already determined SSA-emphasized identity. The nature of this survey lends itself to careful interpretation about causality.

Weekend retreats were associated with several significant outcomes. Specifically, those who engaged in weekend-long retreats reported less shame, less identity congruence with SSA, more positive attitudes, less current Kinsey attraction to the same sex, and less strong immoral attitudes against changing attractions when compared to people who have not been on a weekend retreat. Karten and Wade (2010) found similar results in that their male participants reported one of the most helpful SOCE types were weekend retreats. Future research should further investigate the content of these retreats to better understand whether these findings represent actual changes associated with weekend retreats or other possible factors.

The qualitative responses gave some indication that weekend retreats provided positive benefits to certain participants. When asked about positive experiences in the qualitative portion of this study, one participant explained his weekend retreat experience in this way: ". . . [At the weekend retreat,] I learned to stop identify[ing] myself as gay or homosexual but as a man. There, I forgave my grandmother for her abuse and I felt peace about her after she died." For this participant, his response indicated that disidentifying with his sexuality and identifying more with his gender identity, as well as forgiveness, were both important processes for his positive experience with the weekend retreat. The weekend process also likely introduced people who have similar struggles to each other who can connect and maintain relationships for a long time after

the weekend ends, fostering a sense of connection and community. Another participant who no longer wished to change his attractions still experienced connection and community in his weekend experience: "I attended [the retreat] to understand my SSA issues. I have discovered that I don't wish to be a straight male. Although I appreciate the closeness of being around [retreat] brothers. Knowing that some of them understand my journey." This response suggested that social support seemed to be an important factor in weekend retreats.

Qualitative Findings

Etiological beliefs. Participants were asked about what factors they thought might have led to the onset of their SSA. Familial themes were more frequent, which suggests that there may be some familial reasons for seeking SOCE. The most popular code in the entire qualitative section itself across the three questions was within the Familial theme as "same-sex parent issues" (78 instances). Also popular within Familial were "opposite-sex parent issues" and "unmet needs." Participants expressed estranged, hostile, or uninvolved relationships between the same-sex parent and overinvolved, emotionally boundaryless relationships with opposite-sex parents (Nicolosi, 1991, 2016). A great deal of participants confided that they felt like they missed out on something or were needing something from their same-sex parents and peers. One participant described the family dynamic in this way and how he perceived it to influence SSA:

> Dad never hugged me. He was an alcoholic sex addict and workaholic. Mom used me as a husband as she couldn't get her needs met. She suppressed my masculinity as she hated it. No supports from any male figure. I remember dreaming about hugging my uncle who lived in a different country. I remember thinking, I cannot wait to fall asleep to dream of us hugging. Nobody noticed my emotional needs until I was told that it was normal to love men.

Another respondent put his story in this way:

> [W]hen I was very young, [I had] a busy father with little involvement plus an emotionally needy mother. Then a lack of [socializing] with the same sex due to insecurity and no confidence doing things like sports. My masculine insecurity therefore increased. I ignored the need for masculine connection. At puberty, my need for masculine connection strengthened tenfold, because I was ashamed of my developing sexuality and masturbation, and I wanted to relieve the shame, by comparing myself to males and them admiring/accepting/affirming me in both body and sexual behavior, as they were what I had attached sexuality too from observing my own body, and not being educated well on the topic. I sought out nude male images. I created erotic fantasies and the internet provided adult pornography.

Cognitive was another common theme in etiological opinions, though it was often mixed with Familial, Social, and other codes. Cognitive entailed the childhood and adolescent thought processes that they believed influenced the onset of SSA. The most popular code within Cognitive was "sexualization of unmet same-sex needs." Although similar to "unmet needs" coded into Familial, this code describes a perceived connection or thought process between the

unmet needs from childhood/adolescence being a catalyst for SSA and SSSB. Basically, this code describes feelings of wanting to be close, intimate, platonic with the same sex. There was a sense of a desire or longing to belong and associate with people of the same sex; such a need was perceived by many to be unmet and lacking, which they claimed drove some of the SSA. This would lead to sexual behaviors both with oneself and others. The responses often contained many factors that fit within multiple themes (e.g., Familial, Cognitive, and Social). The other Cognitive codes were quite varied and spread out with many codes only having one- or two-time instances but other slightly more common ones included "body image issues," "childhood shame," "feeling general rejection," "envy of same sex," etc.

The third most common theme within etiological beliefs was Social, describing feelings of rejection, bullying, alienation, disillusionment, discouragement, and other similar feelings regarding peers and other people of the same sex. Under Social, the most common code was "same-sex peer issues" in which participants described experiences of bullying or a childhood shameful feeling of perceived differentiation from peers of the same sex. Another participant describes his combination in this way:

> [. . .] [I had] sex-atypical interests that lead me to be too scared to socialize with other boys. [An] extreme same-sex social anxiety. [I had a] need for same sex affirmation and acceptance, and affection as a result, which got ignored but then intensified during puberty […]

Another respondent described his thoughts on how his dad's lack of fathering and same-sex peer disconnection may have fostered SSA later on:

> […] Also, because my father wasn't around when I needed a man to help me decipher gender roles, my gender identity became a formidable challenge. I was never able to develop necessary friendships with people of the same sex. I always longed for this unreachable male companionship, "belongingship" and intimacy. So, boys became exotic to me, while attraction to girls became shameful and taboo. [. . .]

Another common code within Social was "lack of same-sex connection" also described by the two previous examples above. The other Social codes were scattered with a low frequency of instances (e.g., "LGB labeling during childhood," "lack of masculine affirmation," etc.). For other themes within the etiological beliefs, see Figure 1.

Many of the responses related potential causes of SSA to external issues with only six participants reporting they were born that way. This is one of the factors that make this sample ideologically homogeneous. The author attempted to contact groups that were known to raise awareness about negative SOCE effects to attain diverse perspectives but only one responded and declined to allow the survey. It is impossible to generalize these findings to the general LGB or SSA populations. Nonetheless, it brings insight as to how some people in SOCE discover common shared experiences that are most likely brought up in the SOCE process itself. There are overarching themes within familial, cognitive, and social origins to which many SOCE subjective beneficiaries relate.

Perceived negative experiences or outcomes in SOCE. Participants were asked to describe anything negative about experiences or outcomes of SOCE. By far, the most common and broad theme was Emotionally Related, which was an umbrella

term that encompassed various feeling codes like "shame," "self-blame," "couldn't change," "disappointment," "unproductive or ineffective," and other codes with low numbers of instances. One participant expressed some anger toward his therapist and SOCE as a whole for their overemphasis on attraction change:

> At their core, SOCE are theologically invalid. The shame I felt because of my sexual orientation was only magnified by them. Instead of treating my same-sex attraction, my therapist instead should have pointed me to the biblical reality that same-sex attraction is not a cause for shame. [. . .]

Responses for negative experiences were overall difficult to code because, while reading them, they were hard to decipher between those who would say the pain and "hard work" of SOCE was worth it and those who would say they regretted it, left, and would never go back; not to mention the responses in between this dichotomy. The following response is an example of this difficult and complex nature between some aspects being positively challenging versus regrettable and borderline harmful:

> Nouthetic-style biblical counseling was devastating. They made it feel like all of it was my fault and that it was possible for me to just repent and follow spiritual disciplines and leave it all in the past. They made me feel like it was the worst possible thing and that there was something wrong with me and that all of my life was tainted in some way. And it was all my fault. It has taken me years to restore trust in the Church and in church leadership. Men's weekends have been great and have provided much healing. I think that the damaging part was over promising on change. Also there is a lot of innate homophobia in some of the weekends for men with unwanted SSA. That has not been helpful and has created inner turmoil for me. I think that homophobia runs against the spirit of God as much or more than homosexual behavior. I have found that it is much easier to live life and talk about myself as a celibate gay man than as a same-sex attracted man. There is less social isolation and inner stress. It's a tough call. All of the labels have their flaws.

One can see from this response that there were many aspects that were negative in both the counseling and weekend retreats, but weekend retreats were still described as "great" and "healing." Still, one participant described their whole process with the only words, "mentally scarring and emotionally draining." Another said, "I hate myself with the rejection of these SSA feelings that I experience practically every day. Often struggle with suicidal thoughts."

The second most common theme was "None," entailing that there was nothing negative in their SOCE experience. Many other participants had differing perceptions on what "negative" meant and explained that the SOCE process was hard but worth it. "It has been painful but well worth it," one respondent replied, Another simply said, "Having to deal with past trauma," entailing the emotional reaction of facing one's past.

The third most common theme within negative experiences was Social-Related with most instances belonging to the code "rejection." Although, not the most common code, one participant described the rejection felt from friends and family who did not support his choice to pursue SOCE:

> Many of my old friends shunned me and told me that I would never change. I lost a lot of friends and fell out of favor with family members as well who either [thought] it won't last, or that I was going through "a phase" in the first place. They see the sexuality instead of seeing me.

From a subjective standpoint, the last example provided here represents one of the most unfavorable outcomes of SOCE in that it harmed the relationships the person had with their family members and their sense of God, plus the onset of troubling psychological symptoms:

> I started to believe that I had a bad relationship with my father, and this "father-wound" made me attracted to the same sex, which is untrue. I started to believe that God loved me less for being attracted to the same sex, which is also untrue. I began to hide things from my family and friends for fear it would lead them to guess about my sexuality. I began to feel like God was distant or uninvolved in my life, or worse, that he hated me or was disappointed in me. I think a lot of my shame surrounding my sexuality and efforts to change had an impact on my mental health; specifically, I developed obsessive-compulsive tendencies like washing my hands until they bled, frequently cleaning with bleach, avoiding certain foods because they were "too dirty." I became deeply germaphobic.

Clearly there are some negative outcomes and experiences within SOCE. The quantitative portion of this study suggested that one's identity perspective, level of SSA, and a host of other variables could be predictive of or related to attitudes towards SOCE. The next section will highlight some of the positive aspects that the participants perceived to be from SOCE.

Perceived positive experiences or outcomes in SOCE. Participants were also asked about any positive experiences or outcomes in SOCE. The most popular theme was Personal Growth as an umbrella term for many codes with only a handful of instances, but some of the most common codes within this theme was "less self-medication" (i.e., less subjectively addictive behaviors, mostly pornography), "self-acceptance," "confidence," and "emotionally healthy." Essentially, any positive trait that had a perceived connotation of non-clinical beneficial outcomes were coded into Personal Growth. As stated in the SSA etiological beliefs section, many of the responses in the positive outcomes were also multifaceted containing many instances of various codes. One example of a response with "less self-medication" was accompanied by other positive traits within Personal Growth:

> It made me confident in who I am as a man. I stopped medicating my guilt and shame with porn, drinking, drugs, anger, and depression. I'm at peace with God. I'm confident in my sexuality and being around women. I am no longer filled with anxiety and fear. I love who I am. I no longer live for lust and being obsessed with other men.

The second most popular theme was Relationship Development, which contained codes like "developing close same-sex relationships," "making friends with similar struggles," "positive vulnerability," "community," and others. Having close non-sexual relationships with the same sex seemed to be a common benefit of SOCE, suggesting that some SOCE types could

foster an environment where they can learn how to relate to the same sex in the confines of their own boundaries and values and still feel platonic and intimate, meeting the needs that were perceived to be lacking. One participant put it this way:

> [. . .] Feeling of being a male, not "other" but actually a man—self-esteem improved, my value comes from God, not what other people say. Relating in a healthy and intimate way with men—deep bonding with male friends in healthy way congruent with moral beliefs, feeling "one of the guys." [. . .].

Another respondent also addressed his relationship benefits in a similar way:

> I have become more authentic in all my relationships, trying to be open and honest with everyone. I feel much more at peace with who I am, and I have released much of the shame. I have begun to step out of my comfort zone and seek to meet my needs in healthy non-sexual ways. I know I need more connectedness with other men, which includes healthy male friendships, and I am working toward that goal.

The next most popular theme was Therapeutic, in which participants described connotations of any kind of dissipation of clinically troubling issues or words that reflected therapeutic actions in general. Common examples of codes included "shame release" and "dealt with past hurts" among other codes with low frequencies (e.g., "healing," "freedom," "blame and guilt release," etc.). The following respondent anecdote is an eloquent example of what most of the "shame release" responses communicated:

> I learned a huge deal about how my childhood contributed to me being ashamed all the time and became [aware] of my deep masculine insecurity, and discovered the need for same sex connection in my life, as well as emotional vulnerability and healing from the pain in my childhood that stopped me from connecting. [. . .] I learned to let go of some of the shame of my same sex attractions.

Another participant claimed that some of the most positive things for him were a therapeutic combination of dealing with past hurts, releasing of shame, closeness with his higher power, vulnerability, among others:

> An incredibly deeper understanding of why it developed, getting help for the extreme traumas of my early years, being able to release feelings of shame and inferiority, being able to allow myself to be vulnerable and let people in versus keeping everyone away, growing much closer to God, learning important truths about myself and others, learning more compassion for others, being able to let my guard down. Overall, it was a hugely cathartic and beneficial and healing process for me.

One response entailed a great deal of perceived positive change whereby this person discovered a sense of identity and compassion for everyone around him:

> I have come to the point where my efforts to change my same-sex attraction have become part of my positive personal development. Even though I wouldn't describe my same-sex attraction as having diminished, I

> have developed a new framework of meaning whereby my same-sex attraction is no longer something I experience with shame. Additionally, I have learned how my same-sex attraction has allowed me to develop a certain sensitivity to men's souls, whether gay or straight or in between. [. . .]

Although it did not belong to any of the most common themes, the most popular code collectively chosen was "spiritual connection" with 46 instances. Many times, this code was accompanied by other Personal Growth, Relationship Development, and Therapeutic codes. Subjectively, the following story summarizes what many of them felt they gained from SOCE:

> Early on in my journey to deal with my SSA, I learned that "change" was not a useful goal. Instead, my goal became developing an intimate relationship with Jesus and God. Through this, God began working in my life to address the wounds and issues that—in part—led to my SSA.

Concluding remarks on qualitative findings. Although personal anecdotes are not the always reliable sources of information, they can be quite beneficial for future research in terms of theory and model building. Additionally, they help researchers and lay people understand complex experiences and perspectives that are otherwise not as well understood. These anecdotes have provided content which suggests that SOCE can be brutally damaging for some, ineffective and forgettable to others, and yet still, to a minority, subjectively fulfilling, healing, and enlightening. Many of the participants, whose attitudes toward SOCE were mostly positive, pointed out a crucial notion: Their sexual orientation "change" efforts were really not so much about *"changing" attractions and identity to be "straight"* but actually working on entrenched issues of preceding shame that were there likely there long before any SSA occurred. For this reason, the author believes some of these practices are undeserving of the label, sexual orientation "change" efforts. Instead, maybe the label, attraction reframing processes (ARP) fits better due to their nature that does not overemphasize change. Rather these certain types simply extensively focus on working with the client to mine for cognitive, spiritual, and identity explorative ways in which the client can reframe or reshape their narrative of SSA that fits within their identity and value system. Still, there are interventions that do emphasize change and should rightly be labeled as SOCE. There is just a confusion that this report points to in mistaking all ARPs as SOCE.

Implications for Clinicians, Practitioners, and Researchers

This study, with its plethora of variables and written accounts, supports the notion that therapists or practitioners should assess their clients or participants in their complex perspective of identity before engaging in any type of effort to explore, manage, cope with, or especially "change" feelings of SSA. The following questions are important to consider: Where are the clients in terms of *how* they think about their SSA? Do they place more weight or emphasis on their feelings of SSA for their notion of identity or do they place more weight on something else?

Yarhouse (2019) recently suggested a new approach he coined as "client-affirmative" therapy, different from both SOCE and gay-affirmative therapy. It starts with assessments that guide clients on a path toward their own identity exploration. For those experiencing a discontinuity between

their religion and same-sex sexual feelings, a possible solution may be to carefully incorporate themes from both affirmative and "change" related therapies for the custom needs of the recipient (Cates, 2007). Ideally, a therapist might be able to help these individuals cope by accepting *the presence* of the SSA while maintaining the notion that the client has the choice to decide what aspect of their life holds the most value in determining identity.

On the topic of external motivations, therapists, practitioners, and facilitators of SOCE may do well by carefully asking their clients or participants why they are seeking services. If the client speaks about more external motivations, they may likely not respond very well to attempts at helping them discover their "heterosexual potential" (Nicolosi, 2000, 2016). It is important that therapists and practitioners do not express anger, force interventions, or infer anything about the client's character when facing clients who do not want to be in their service, especially teenagers that may be there according to their parents will and not theirs (Ryan et al., 2018). Instead of focusing on attractions, the therapist, practitioner, or facilitator can focus on something else like their anger or annoyance toward the therapist or possible feelings of anger, hurt, betrayal, and embarrassment associated with parents sending them to such practices. Parents need to be properly informed that no therapist or other professional can simply change attractions directly; however, they can be discussed and framed within the teen's identity exploration process. Parental, religious, and therapeutic efforts to change teenagers' sexual orientations were recently associated with a host of negative effects such as depression, suicidal thoughts and attempts, and health risks (Ryan et al., 2018).

According to guideline six of the ATSCI's (2018) guidelines for researchers and therapists who practice with the SOCE seeking population, it is of utmost importance to never promise or overemphasize sexual attraction change. Focusing less on change and more on underlying issues addressed in most typical therapy sessions may help to prevent such disappointments. Clients and participants of SOCE need help to cognitively reframe the issue around their own sense of identity in such a way where they (a) do not feel pressured to subscribe to an identity label *and* (b) so that they do not feel shame from interacting with the therapist or other practitioner or facilitator. The ARP concept presented in this aligns with the qualitative findings of positive benefits being much less about orientation change and much more about identity exploration, working through shame associated with gender, people of the same-sex, familial wounds, etc. The negative accounts reported here help to inform this as well as many negative reports pointed to a frustration with some SOCEs "hyper-focus" on turning the client to be heteronormative in attractions, behavior, and style. Those engaged in facilitating SOCEs through various professional and other services should exercise considerable caution in light of potential harms.

Limitations and Future Directions

Many limitations in this study have already been addressed throughout this discussion. To summarize, I will begin with issues related to sampling and participants. This was a convenience sample of mostly Facebook groups which housed many people, mostly men, who are still actively engaging in SOCE or another related process. Thus, this sample is ideologically homogeneous. Other groups that might have disagreed with this population were contacted but as previously stated, only one responded and declined. This sample was mostly made up of White men and had a low proportion of females and people of color. This study cannot be

generalized to the full population of people with SSA who have experienced SOCE.

Secondly, none of the measures used in this study have been psychometrically established or validated. Due to the rarity of assessing people with SSA who have engaged in SOCE, not many scales have been developed. The ones that were the most related presupposed an LGB identity and a measure like that simply would not be suitable for such a sample who may or may not identify in that manner. Many of the single-item measures used in this study may not be reliable or complex enough to capture the construct in question. This is especially true of the Kinsey attraction scales where only one facet of sexual orientation was measured (i.e., sexual attraction) as opposed to a more complex measure assessing other areas of attraction (e.g., specifically romantic verses friendship versus sexual attractions). Nevertheless, the author performed exploratory factor analyses and Cronbach's α on all scales, and most had acceptable factor structure and above sufficient reliability scores when edited.

Third, this study's cross-sectional, retrospective design cannot warrant any causal attributions between any variables. Also, error in human memory recall may be selective and highly biased due to the controversial nature of the questions. The APA (2009) has eloquently established that retrospective questions about SOCE can be prone to many biases. The data, especially in terms of pre-SOCE Kinsey attraction may be prone to recall bias, change expectancy, and effort justification to name a few.

Despite these limitations, this study is one of the more rigorous ones that have explored SOCE with its mixed-method nature introducing new, possibly highly relevant quantitative variables and providing in-depth qualitative details on etiological opinions and positive and negative outcomes and experiences. Future research should aim toward taking more time in seeking out SOCE providers via stratified or multistage sampling methods. Also, utilization of a psychometric study on SSA-identity congruence, attitudes, and shame about attractions would be critical to more reliably and validly understanding this community. Future qualitative studies should conduct in-depth focus groups and interviews with people on why they sought SOCE, what their perceived causes of SSA were, and if that has any relationship with motivations for SOCE. The possibilities are widespread due to the scarcity of research in this subject.

Concluding Remarks

For some individuals, SOCE could have been damaging, inducing shame and self-blame. Consequently, it is recommended to be wary of SOCE, especially when proponents offer strong promises of sexual orientation change that may not be fulfilled. At the same time, however, certain SOCE could have been quite therapeutic, fostering personal growth, or as promoting fulfilling and protective factors in peoples' lives. A minority of practices may be deserving of a label change to "attraction reframing processes" (ARP) because the attractions were not suppressed nor forced to adapt into heteronormative "rules"; instead the attractions were non-judgmentally accepted and explored in relation to one's identity. These ARP seemed to allow people to decide whether their attractions would be internalized as an integral part of an identity, or not (e.g., a perceived result of family or social issues). Culture ontogeny (Milstein & Manierre, 2012) has plenty to offer in terms of values and spirituality being an integral part of the brain and identity. There should be room for anyone to decipher the meaning of their attractions. This project brought new variables and insights to light and hopefully

broadened and complexified the SOCE topic for further study.

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APPENDIX: MULTIPLE-ITEM SCALES

The scales and their items were as follows. An asterisk (*) indicates a recoded item.

Attitudes Towards Change Efforts (7-item, 5-point Likert, [1] Strongly disagree – [5] Strongly agree)

How much do you agree with the following statements?

In my experience, trying to change my same-sex attraction was…

Something I regret. *
A fulfilling process.

Psychologically harmful. *
Eye-opening or enlightening.
Shame-inducing. *
A positive experience.
A negative experience. *

Attitudes Towards Change Efforts (three 6-point semantic differential items [0-6])

Trying to change my same-sex attraction was

Unproductive (0) – Productive (5)
Worthless (0) – Worthwhile (5)
Meaningless (0) – Meaningful (5)

SSA-Identity Congruence Scale (10-item, 5-poing Likert; [1] Does not describe me – [5] Describes me extremely well)

Think about yourself or your identity. How well would these statements describe you?

When I think about myself, my attraction to the same sex immediately comes to mind.
I might be attracted to the same sex, but I don't identify as LGBTQ+. *
Because of my same-sex attraction, I am an LGBTQ+ person.
There is a strong connection between my same-sex attraction and identity.
I feel uncomfortable when others try to label my identity as LGBTQ+. *
I feel uncomfortable when others tell me I can change my LGBTQ+ identity.
My attraction to the same sex is an insignificant part of who I am. *
My same-sex attraction is a central part of my identity.
To understand who I am as a person, you have to know that I am attracted to the same sex.
Being attracted to the same sex is an important part of me.

SSA Shame (8-item, 5-poing Likert; [1] Strongly disagree – [5] Strongly agree)

How much do you agree with the following statements?

I feel inferior because of my attraction to the same sex.
I feel like people who are attracted to the opposite sex are superior to me.
I feel like my attraction to the same sex is a personal shortcoming for me.
I feel alienated from myself because of my same-sex attraction.
I often feel ashamed about my attraction to the same sex.
I worry that people perceive me as a person who is attracted to the same sex.
I feel like I am a disappointment because of my attraction to the same sex.
I would be a much more lovable person if my attraction to the same sex went away.

External Motivations Toward Change Efforts (7-item, 7-point Likert scale; [1] Strongly disagree – [7] Strongly agree)

What motivated you to start trying to change or manage your same-sex attraction?

I was being bullied for being a sexual minority.
My family pressured me to change.
My friends pressured me to change.
My pastor or religious/spiritual leader pressured me to change.
I felt social or cultural pressure to change.
I felt religious pressure to change.
I was self-motivated to change. *