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Editor's Comments

In 2009, the *Journal of Human Sexuality (JHS)* was founded as a way of presenting, encouraging, and producing quality clinical and scientific scholarship on topics related to various aspects of sexual minority issues and on human sexuality in general. Since that time issues of biological sex and gender identity have also become topics of interest for our editors, authors, and readers.

The journal is a publication of The Alliance for Therapeutic Choice and Scientific Integrity, a multi-disciplinary educational, professional, and scientific organization dedicated to preserving the right of individuals to obtain the services of a therapist who honors their values, advocating for integrity and objectivity in social science research, and ensuring that competent licensed, professional assistance is available for persons who experience unwanted homosexual attractions or biological sex dysphoria.

We express our sincere appreciation to Christopher Rosik, PhD, for his careful and dedicated stewardship as the Editor of Volume 13 of the *JHS*. This edition offers a lineup of papers, case studies, and literature reviews. All of these reflect our commitment to the responsible conduct, dissemination, and use of science by professionals, public policymakers, legislators, and other non-mental health professionals involved in promoting medical and mental health on both a personal and public level.

In an era where opinion-based experts are dominating professional societies, influential conferences, and mental health publications this monopoly of intellectual power centers by an ever-narrowing prospective must be challenged by evidence-based alternatives. The *Journal of Human Sexuality* aspires to provide a home for such scholarly options. We truly embrace our mission to champion scientific integrity.

Just as essential, the concept of therapeutic choice is foundational to the inherent dignity of the human person. For a civilization to thrive, social institutions must first recognize the importance of human agency and provide a community of understanding and trust. This fundamental concept of client self-determination must be rejuvenated in the mental health professions.

Authors of *JHS* articles and reviews are held to the criteria that what is written needs to be based on a fair reading and the responsible reporting of scientific data and demonstrable professional experience. Authors interested in submitting papers for future volumes should contact the editor at 1-385-296-1617 or via e-mail at contactus@therapeuticchoice.com.

David Clarke Pruden, M.S.
Managing Editor, *Journal of Human Sexuality*

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A Comprehensive Critical Review of the “2021 [American Psychological Association] APA Resolution on Sexual Orientation Change Efforts”

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A Comprehensive Critical Review of the “2021 [American Psychological Association] APA Resolution on Sexual Orientation Change Efforts”

This is a comprehensive version of a shorter report by the same authors (Phelan et al., in press). We have examined the “*APA [American Psychological Association] Resolution on Sexual Orientation Change Efforts*” (APA, 2021) and while doing so have noted several problems. The APA (2021) Resolution report is largely flawed in terms of theory, logic, and science. The APA's position features several examples of non-sequiturs for which we respond. It relies almost exclusively on sexual minority theory when many other theories might be useful. It relies upon seriously flawed logic, treating SOCE as unchanged and unimproved over the past six decades. In addition, it relies upon very weak and limited science, overlooking recent reports on SOCE outcomes, not considering effect sizes for SOCE treatments, treating correlational results as causal, and often overlooking ways of testing more complex models of SOCE. The same limitations apply to much of the material reported in APA's book edited by Haldeman (2022a), therefore not deserving a separate review. As such, we concluded that readers of the APA (2021) resolution report or Haldeman (2022a) for that matter, would walk away with unequivocal, one-sided, and misguided information about the topic of SOCE, and therefore a fact-checked critical analysis is presented. We address the report's main sections, respond to non-sequiturs, and we present summary results from several more recent SOCE studies.

Keywords: sexual orientation change efforts (SOCE), sexual orientation, sexual minority stress, conversion therapy, therapeutic harm, LGBT

In this comprehensive version of our shorter report (Phelan et al., in press), we have thoroughly examined the “*APA Resolution on Sexual Orientation Change Efforts*” (APA, 2021) and Haldeman's (2022a) APA book; while doing so we have noted several problems. As such, we provide a comprehensive fact-checked critical analysis of these reports. This effort is important because readers of the original reports would walk away with unequivocal or one-sided information about the topic of Sexual Orientation Change Efforts (SOCE). The scope of our comment is limited, as it does not mainly apply to issues related to transgenderism or attempts to deal with gender identity change, even though the APA (2021, p. 1) considers them to be part of SOCE, which is of interest because Przeworski et al. (2021) stated that “as there are currently no data examining the impact of therapies seeking to alter the gender identity of transgender and gender-nonconforming individuals” (p. 82) and likewise “virtually no research regarding potential harmful

effects of attempts to alter gender identity” (p. 95), a situation also acknowledged by Fish and Russell (2020). Since Przeworski et al. (2021) is likely the most recent review of SOCE, we include comments with respect to it.

This critical review is important because APA considers this “policy” to be based on sound evidence (p. 4) and to be more conclusive than their 2009 resolution on SOCE (APA, 2009). “Resolutions” generally are precursors to laws and ordinances. It should be recognized that we are not the first to present a critique of similar APA (2009) past resolutions as there have been older (Phelan, Whitehead, & Sutton, 2009) and more recent (Freedman, 2020; Sprigg, 2021) critiques of APA (2009). Among the more recent reports, Freedman noted numerous examples of ways in which the APA had misrepresented the results of previous SOCE evaluations, thereby engaging in many cases of unethical research misconduct. Furthermore, the 2009 APA report omitted inclusion of many other SOCE evaluations

and appeared to have relied only on older literature reviews (Adams & Sturgis, 1977) for 29 of the 37 studies. We address the report's main sections, respond to non-sequiturs, and we present summary results from several recent SOCE studies.

Sexual Orientation Change Efforts (SOCE)

The APA starts out their report discussing sexual orientation and SOCE. We agree with them that sexual orientation is multidimensional. As in their earlier report APA (2009), they identify sexual orientation in terms of patterns of attraction, behavior, and identity. They furthered this by saying it was associated with experiences such as fantasy. In their earlier 2009 report, they discussed that sexual orientation also encompassed how persons label themselves. Interestingly, they even include value as a dimension of sexuality.

Defining and measuring sexual orientation presents significant challenges, however such as a lack of consensus, narrow interpretations, and lack of construct validity. Researchers who've attempted to measure "sexual orientation" and its presumed components typically have relied on a few instruments which have been criticized as inconclusive, oversimplified, loose, and imprecise (Phelan, 2019). Because of this, it would be unfair for them to claim any or all dimensions of sexual orientation, are immutable. In fact, that leaves a monocultural option that forces people into one choice in the matter.

According to the APA, "Sexual Orientation Change Efforts (SOCE) includes a range of techniques used by a variety of mental health professionals and non-professionals with the goal of changing sexual orientation or any (APA, 2009) of its parts" (APA, 2021, p. 1). SOCE is said to include one *or* more of the following:

- non-scientific explanations of sexual orientation diversity
- claims that sexual attraction can be changed through therapy
- predetermined outcomes
- information that same-gender orientations are caused by childhood events or family dysfunction

The APA explains that SOCE takes on a variety of interventions including "... using religious practices such as prayer, [or] scripture study ..." and "... exorcism ..." [or] implementing aversive conditioning ...". They also point out that the National Association of Social Workers (NASW) refers to them as "reparative therapy, conversion therapy, or transformational ministries" and says they are "supported by Focus on the Family and affiliates" (NASW, 2015). For professional organizations (see also, Plante, 2022) to link illegitimate therapeutic practices with religion in general is most inappropriate and unfortunate.

In the opening section that explains SOCE, the APA only describes horrid-like interventions; even Haldeman (2022b) focuses on past unethical types of interventions, admitting that "*more recent*" forms of SOCE are *not* included in the critiques in his APA book (p. 8). Indeed, Haldeman's (2022a) book did not address more recent SOCE research, much of which will be discussed here, below. The APA report does not mention SOCE as using standard talk therapies, for example interpersonal psychotherapy (Byrd, 2009), even though Glassgold (2022) has recognized that today's SOCE are mainly verbal or "talk" therapies. While aversion therapies were used experimentally, predominantly in the 1970's for many types of behavior reductions including homosexuality, the practice is seldom used to try to change

sexual orientation (even though such practices are often recalled, Boulos and Gonzalez-Canton, 2022), and the facts are often ignored and many myths exist (Byrd & Phelan, 2010). Rosik and Popper (2014) have presented an unbiased and detailed comparison of gay-affirmative, sexual identity, and change-oriented approaches, with different goals, methods, advantages, and disadvantages for different clients.

The APA asserts, "Because of the social stigma they experience, individuals with same- and multiple-gender attractions and behaviors may be referred to collectively as sexual minorities" (p. 1). When one hears the term "sexual minority" one probably thinks that members of such groups are oppressed by the "sexual majority" and accordingly suffer lower levels of education, income, per capita family income, etc. However, research (Elwood, et al., 2017; Elwood et al., 2020) has found that sexual minorities in at least one state (California) have reported higher levels of education, higher levels of income, fewer children per household, and higher levels of per capita income, as well as lower rates of racial minority statuses, than sexual majorities (Schumm, in press, p. 3). While results from California may not generalize to other states or countries, citing former President Obama as an exception to blacks being poor is clearly not the same situation as an entire state of millions in which thousands of sexual minorities are of higher socioeconomic status than millions of other (heterosexual) residents.

The term "sexual minority" may bring to mind concepts such as poverty, poor housing, and welfare, but in reality, sexual "minorities" are in many cases more educated, with higher income, and wealthier than many other minorities, even some majorities. It is even possible that their greater socioeconomic status may be a driver in their success in terms of political objectives, outspending their opponents.

Heterosexism and Monosexism

This statement is found in the APA (2021) report: "Heterosexism and monosexism are social stigmas and societal inequalities that denigrate, discredit, and disadvantage those with same- and multiple-gender attractions, behaviors, and associated identities" (p. 1). The APA is being accusatory and demeaning to individuals and groups with deeply held religious beliefs who hold heterosexual patterns and unitary sexuality (within marriage between one man and one woman) as sacredly valued and as a requirement of their faith. Furthermore, the APA's underlying assumptions are weak, i.e., that if you experience same-sex attractions or attractions to multiple persons, the only possible legitimate authentic response would be to identify with those as part of a group and to act on those attractions and engage in sexual activity accordingly with that group's support and encouragement, as well as that of society at large. Ignored is the reality that feelings or attractions are derived from underlying mental thoughts and working hypotheses and are usually derived from observations of one's total sensory environment over time.

Furthermore, heterosexism and monosexism accusations are pejorative with respect to even non-religious persons who want to engage in mixed-gender marriages that involve sexual fidelity. Because cisgender, heterosexual women can ill afford to have husbands who engage in same-sex relationships or opposite-sex relationships outside of their marriage, considering heterosexism and monosexism as "stigmas and societal inequalities" is inherently demeaning and stigmatizing towards such women. We must note that while same-sex and opposite-sex infidelity would both involve emotional pain, only the woman whose male partner cheats with another woman might lead to an extra-relational

pregnancy that can be ill afforded (i.e., if a woman has a lesbian partner who is only same-sex attracted, that partner would be unlikely to cheat with a man and thereby risk becoming pregnant).

However, any person can make observations that happen to be incorrect. Even if observations are correct, the interpretations from them can be incorrect. Even if feelings are deemed acceptable no matter what, they can be inappropriate in the sense of a response to incorrect perceptions or interpretations. Given a feeling, one should not be “locked in” to one set response but be free to find and select from multiple alternatives of possible actions in response. The theory of reasoned action and social exchange theory should remind us that individuals make decisions based on a host of perceived rewards, costs, alternatives, and the perceived views of important significant others, including society at large.

In contrast to such complexity, it seems that the APA report (2021) and Hendricks (2022) assume that if a person experiences same-sex attractions (SSA) then there can be no other option than to adopt a gay, lesbian, or bisexual identity and behave accordingly sexually, as well as joining an LGBT community. However, many people who have had same-sex behavior do not identify as gay or lesbian, but rather heterosexual (Geary, et al., 2018). Likewise, sexual minority theory seems to argue that if a sexual minority person perceives a microaggression from someone else that it could not possibly have any other origin other than intentional stigma against them. In contrast, we think there are many other, alternative possibilities and other useful theories regarding human behavior (Schumm, 2020b; Vrangalova & Savin-Williams, 2014) and that humans should count themselves as free to discount and reject assumptions that limit their own

freedoms (so far as they do not harm others directly or indirectly).

The APA document seems to forget that much of what makes humanity noble is the ability to reject the felt power of feelings for the good of others; so, just because I am really hungry, does not justify or should not justify my cutting in a lunch line in front of other hungry people. Being noble would in contrast be my allowing others to reach the food before myself even if my “feelings” object or if the food runs out before I get to it. In particular, sexual feelings can so easily lead to selfish and exploitive behaviors that can be harmful to others for decades afterwards that it has traditionally been useful for societies to regulate the behavioral expression of sexual feelings, regardless of sexual orientations.

The APA dismisses other minority groups that do not support their agendas. For example, Brothers on a Road Less Traveled, who identify as a *voluntary* non-profit, multi-faith, international fellowship primarily of men from bisexual or same-sex-attracted backgrounds who—for their own, deeply personal reasons—typically *do not accept or identify* with the label “gay” and prefer instead to explore and address underlying issues, and for some, seek out change efforts. According to their own website (www.BrothersRoad.org): “many of us in the Brothers Road community have found that the nature of our sexual attractions has shifted over time—sometimes profoundly—as a result of our personal-growth and inner-healing work.”

Contexts with Multiple Stigmas and Vulnerabilities

The APA Resolution (2021) report tells readers that they are “. . . concerned about the significant risk of harm to minors from SOCE,” (p. 2) and that “LGBTQ+ individuals are exposed to individual, social,

and institutional levels of stigma, which negatively affect multiple health domains (Hatzenbuehler & Pachankis, 2016; Robinson, 2017)" (p. 2). Hendricks (2022, p. 8) has presented similar conclusions. Reading this at surface might lead the reader to gasp and think about SOCE as a culprit causing LGBTQ+ health problems. But, if you fact check the two reports they cite, you will see the first citation, Hatzenbuehler & Pachankis (2016) is not research, but rather a review article of theoretical and clinical reports. That paper does nothing to prove that harm has been done on large-scale researched populations. In addition, Robinson (2017) is also not research; in fact, the author makes clear that research on black LGBTQ and gender nonconforming youth in juvenile detention in the United States has not been performed on a large-scale and knowledge about these youth ". . . under detention or incarceration is speculative . . ." (p. 12). However, the APA uses these two reports to suggest that some sexual minorities who seek SOCE do so because of stigma and because they "typically" come from "religiously orthodox backgrounds" (p. 2).

The premise of the APA report is that multiple stigmas are responsible for LGBTQ vulnerabilities. Using primarily one theory, sexual minority theory, to interpret and explain such situations, is very limiting. For example, since sexual minority status can be invisible, might it not be more likely that microaggressions, if they are indeed real, originate from a perception of others that the individual was rude, or was gender-nonconforming, or using drugs, for example? As far as we can tell, such alternative explanations have seldom been empirically evaluated. Without more complex theories, such more complex explanations may never come to a scientific test. Might not the assumption that an experience of same-sex attraction (SSA) *has* to lead to same-sex identity (SSI) and *has* to lead to same-sex

behavior (SSB) be itself a form of stigma, a form of internalized homophobia? If a social organization such as the APA demands that individuals with SSA must adopt SSI and engage in SSB—and that all others must think and act likewise—is that not oppressive and freedom-limiting in its own way, as well as arrogant? We agree with the APA that therapists should not be determining the goals of clients regarding their sexuality. However, we also assert professional organizations such as the APA likewise should not be determining these goals for clients nor should others assume that some goals are inherently wrong, even if no harm can be shown (Boulos and Gonzalez-Canton, 2022).

Science and SOCE

In this brief section the APA says that ". . . sexual orientation can evolve and change for some" (p. 3), but they do not think it can be altered through intervention and they advise against it. Haldeman (2022b, p. 8) makes the same argument. They say SOCE studies have methodological and statistical issues that have rendered many of the reports "invalid." This statement is not based on a new appraisal, but rather on their own earlier review of SOCE reports (APA, 2009). The other reason they are against SOCE use is because they feel it distorts others' "valid research" which says homosexuality is innate and immutable.

But, what about heritability? Current large-scale research by Ganna et al. (2019), which provided so-called insights into the "genetic architecture of same-sex sexual behavior" is problematic. For example, Hamer et al. (2021) noted that the researchers used overly simplistic behavioral phenotypes which ". . . led to widespread public confusion about the meaning of their study. Most accounts of the research, both in the scientific and mass media, focused on the

research's implications for 'gay genes,' 'sources of same-sex attraction,' and 'causes of homosexuality,' even though the study did not in fact investigate attraction or sexual orientation" (p. 2). Hamer et al. also pointed out that their use of binary measures has not been tested for reliability or validity.

Furthermore, the APA denies that childhood experiences, even adverse childhood experiences (ACEs) have anything to do with the development of sexual orientation. Some treat sexual abuse as having nothing to do with the development of homosexuality in all cases (e.g., Fjelstrom, 2013, p. 812). A previous review of this literature found numerous studies that identified an association between early childhood sexual abuse and the later development of homosexuality in both men and women (Schumm, 2013). Nicolosi et al. (2000, p. 1077; Byrd et al., 2008) reported that 60% of their sample of those surveyed about SOCE had experienced homosexual contact as a child at a median age of 10 years, with older persons (median age of 14). Even the APA's own handbook of human sexuality found the same association; some studies have used longitudinal data so that the early abuse clearly precedes the sexual development, although there are multiple possible explanations yet to be tested (Mustanski, Kuper, & Greene, 2014, pp. 609–610). In addition, male gender non-conformity is often associated with parental and peer rejection in childhood (Landolt, et al., 2004). While the APA Resolution claims the idea that "negative childhood events" might cause "same-gender orientation" has been discredited, that is simply not the case.

And what about immutability? The APA has admitted that research has obscured "what actually can or cannot change in human sexuality" (APA, 2009, p. 3). What exists on both sides are self-reports of change and reports of others saying they tried to change their sexual orientation but failed;

therefore, they concluded that it is impossible for all. It is likely the reason why many behavioral efforts alone have failed is they had been aimed at redirecting sexual urges rather than the multidimensions of sexual orientation. The APA's own multidimensional definition of sexual orientation would indicate that at least some dimensions are indeed mutable. For example, clearly individuals can choose not to identify as LGBTQ in the same way some biologically born men and women choose not to identify with their sex assigned at birth. Ironically, the APA has no problems helping individuals with those change efforts.

SOCE proponents did not suggest categorical change was the goal of therapy in the first place (NARTH Board of Directors, 2012). Finally, the APA's essentialist view that homosexuality is innate and immutable is more ideological than scientific.

Ethical and Professional Concerns

The APA is concerned that SOCE is associated with stigma and might be used coercively. The occurrence of stigma and the use of coercive methods are indeed concerning. What the APA fails to discuss is that many individuals who have suggested they have been coerced and to a lesser degree tortured, have provided stories which have not been verified, and in some cases were fabricated, but nevertheless remain influential to lawmakers (Constantine, 2021). We agree with the APA's opposition to things like prejudice and the need for respecting the dignity and worth of all people. However, this resolution is troubling:

WHEREAS minors who have been subjected to SOCE have reported more suicide attempts than those who have not (Green et al., 2020; Ryan et al., 2018), and these SOCE have been deemed "degrading, inhuman and

cruel” creating “a significant risk of torture” by the UN HRC. (2020, p. 21)

In doing our fact-checking we found that the UN report relies on several failed notions. For example, in their summary they say, SOCE results in “long-lasting psychological and physical damage” (UN HRC, 2020, Summary). However, there is no research that specifically studies long-term damage. In fact, longitudinal studies have not revealed significant long-term damage (Jones & Yarhouse, 2007, 2011; Pela & Sutton, 2021). The risk of harm behaviors for those who have experienced SOCE is no different than it is for those who have not experienced SOCE. SOCE experience was found to have no statistically discernible effect on the risk of any present harm measured in terms of suicide ideation, suicide planning, suicide intention, and attempting suicide (Sullins, 2022). Other research is based on self-reports which is the same type of method they accuse as invalid for supporting SOCE.

As we will explore in more detail later, researchers can easily find reported “harms” from SOCE by advertising for those who might have been harmed and looking for study participants at sites likely to be populated with persons who are not very religious and who are currently and probably were, before SOCE, strong in an LGB identity, that is, persons much less likely to experience sexual orientation change from SOCE (e.g. Shidlo & Schroeder, 2002; McGraw et al., 2021). As Sullins et al. (2021) observed regarding the disparate findings in the SOCE literature, *“we propose a plausible explanation to harmonize this literature: Researchers are studying very different subpopulations of sexual minorities, distinguished in large part by their different experiences of contemporary, speech-based forms of SOCE, which should not be generalized to all sexual minorities”*

[authors’ emphasis] (“Harmonizing the SOCE Literature” section, para. 1). In other words, results can largely be determined by sampling bias in this area (e.g., Shidlo & Schroeder, 2002; McGraw et al., 2021), as well as other areas of social science (Schumm et al., 2021).

Current Contexts

In this section the APA makes several following points. After each, we have added a fact-checked response:

- Several professional associations have signed on to the United States Joint Statement Against Conversion Efforts (n.d.), which aims to end SOCE and gender identity change efforts.

Our response: The fact that SOCE is opposed by several trade organizations and guilds appears more political than purely scientific. As only one of many examples that could be offered, consider that since 2014 the leadership of the NASW (who strongly appose SOCE) has endorsed 642 candidates for federal office (e.g., NASW, 2018). Political party affiliations of these endorsed candidates have been 642 Democrat, 0 Republican.

- The research on SOCE published since APA’s (2009) task force report and resolution has continued to support the conclusions that former participants in SOCE look back on those experiences as harmful to them and that there is no evidence of sexual orientation change.

Our response: While some participants have reported regret, others have reported satisfaction (Stanus, 2013). Both rely on self-reports, but the APA only chooses to take sides with those who provided negative reports and ignore those who discover positive accounts (Sullins et al., 2021; Rosik et al., 2021, 2022).

- The consensus panel at the Substance Abuse and Mental Health Services Administration (SAMHSA) found no credible evidence to support SOCE with children and adolescents and called for an end to SOCE (SAMHSA, 2015).

Our response: While that report was published by SAMHSA, many of the “experts” they used were partisan and had preset agendas against SOCE. In addition, the disclaimer section in that report clearly pointed out that: *“The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS”* (p. i).

- Decisions in cases that have challenged ordinances prohibiting licensed mental health professionals from providing SOCE to minors (Otto v. Boca Raton, 2019; Pickup v. Brown, 2013; Welch v. Brown, 2013) have upheld the authority of professional oversight bodies to regulate professional mental health care interactions and to prohibit SOCE by mental health professionals.

Our response: Those cases have been abrogated by the Supreme Court decision in National Institute of Family and Life Advocates (NIFLA). Moreover, the case from the Eleventh Circuit Court of Appeals out of Florida was struck down, and a request for an en banc (by all the appellate judges) review of this decision was denied on July 20, 2022.

- Persecution of LGBTQ+ people worldwide is an international humanitarian issue, including systematic abuse, imprisonment, and torture. The U.S. field of psychology is influential around the world, and an updated APA policy has the potential to support the rights and safety of LGBTQ+ persons worldwide.

Our response: We agree that persecution, including systematic abuse, imprisonment, and torture is unacceptable; however, there is no empirical evidence that SOCE supports these atrocities. It is the rhetoric of the APA that fuels certain entities to conduct bans and to eliminate rights and choices. For example, they take away rights to sell books (Ennis, 2019) and manipulate Google searches (GPAHE, n.d.). We have not heard similar reports from SOCE proponents advocating to ban gay-affirmative services and literature.

- APA supports policy on the federal level (e.g., Therapeutic Fraud Prevention Act, 2017) to:

- “dispel the distortions and inaccuracies favored by SOCE proponents”
- “prohibit SOCE with minors”
- “warn consumers that SOCE can be fraudulent”
- “advise professionals that SOCE are not ethical”

Our response: The APA’s position seems to feature several examples of non-sequiturs, identified in italics below. Among these are: *If some SOCE has been unprofessional, unethical, punitive, involuntary, etc. that automatically means that all forms of SOCE are such.*

The APA (2021) Resolution argues that SOCE have included “nonscientific explanations,” “claims that sexual attraction can be changed,” had “pre-determined outcomes,” or “dissemination of inaccurate information,” which might be true of *some* SOCE, but isn’t necessarily true of *all* SOCE, even though that is implied. The last claim is ironic in that the resolution itself is disseminating inaccurate information, as we are demonstrating here. We believe that the APA’s (2021) Resolution epitomizes confirmation bias and belief persistence (Schumm, 2015, p. 2), an example of insistence on obsolete science despite considerable scientific evidence to the contrary of the APA’s positions.

SOCE advocates are seen as being unscientific.

But consider this—do not psychologists think they can help people manage or change their drug abuse, alcoholism, marital problems, anxiety, depression, suicidality, social functioning, self-esteem, among many other things—but, suddenly when it comes to sexual orientation, the APA (2021) Resolution seems to say that we know

nothing about its etiology and must assume that even if it unfolds over time by itself, we cannot possibly help people consider how to respond to their own same-sex sexual attractions and manage change in that area if that is what they want to try. Those opposed to talk-based, voluntary SOCE acknowledge that naturalistic change of sexual desires occurs regularly (e.g., Diamond & Rosky, 2016), but they are trapped by their ideological commitments into the untenable assertion that the only environments where change can never occur are those facilitated within a therapy context.

The APA (2021) Resolution argues against psychologists harming their clients, with which we agree. However, if SOCE can reduce adolescent suicidality (see Sullins, 2022), then denying SOCE to clients *is* by itself harming them.

If research with some groups has found dissatisfaction with SOCE, that means research with any group will inevitably find similar levels of dissatisfaction with SOCE.

The APA (2021) Resolution cites research of persons who report dissatisfaction and harms from SOCE (see also, Drescher, 2022, p. xii) but did not consider contrary evidence from groups that have reported satisfaction and benefits, rather than harms, from SOCE. For example, Nicolosi et al. (2000) found that only 7.1% of their clients reported reductions in three or more of their 17 measures of mental health after SOCE, while significant ($p < .001$) gains in mean scores were recorded on all 17 measures with *t*-tests. They also found that approximately 3–4% of their clients reported having had bad experiences with affirmative therapies (p. 1082). Sullins (2022) found that sexual minority persons who had undergone failed SOCE therapy did not suffer higher psychological or social harm. SOCE exposure reduced the effect of minority stress and childhood adversity for suicide attempts.

While the APA report and Haldeman (2022a) frequently associate SOCE with higher suicidality, they seem to forget that correlation does not equal causation, as Sullins (2021, 2022) has demonstrated.

If research on types of SOCE that were punitive and involuntary or ill-informed by social science research or theory has found problems, then this automatically means all types of SOCE that were non-punitive, voluntary, and well-informed by social science research and theory would automatically have the same adverse consequences and harms.

The APA (2021) Resolution overlooks the possibility that where SOCE has had problems it was not intrinsic to SOCE but may have reflected SOCE that was punitive, aversive, involuntary, and ill-informed by social science research and theory. Similarly, Przeworski et al. (2021) describe SOCE practices as involving hypnosis, masturbatory reconditioning, aversion therapy, electric shock therapy, surgical removal of genitals, and threats of damnation (p. 82), even though they admit that such practices “are currently seldom used” (p. 82). However, readers of their paper might miss the “seldom used” phrase and assume the paragraphs dedicated to highly unethical practices tied to SOCE are still prevalent practices.

If SOCE in the past was conducted with ill-advised protocols, that automatically means that more recent SOCE will continue to be conducted with the same ill-advised protocols. Specifically, if SOCE was done improperly sixty years ago, it must logically continue to today with identical and improper protocols; it is not possible that SOCE might have changed over the past sixty years. A corollary would be that if one reviews the literature on SOCE, it is acceptable to overlook more recent examples

of SOCE (to be reviewed here subsequently) as if they have never existed, which is exactly what the APA (2021) Resolution has done.

For example, Przeworski et al. (2021) reviewed 35 articles that they believed represented evaluations of SOCE. However, 17 (48.6%) of those articles were at least 20 years old and another eight (22.9%) featured small samples ($N < 75$), such that only ten were both recent and involved larger samples. Thus, they were drawing conclusions about SOCE today largely (71.4%) based on methodologically weak or very old (or both) studies. They cited data (Shidlo & Schroeder, 2002) in which 25% of SOCE participants had been coerced into attending; in the past that may have been the case, but that does not mean that twenty years later, coercion is desired by today's SOCE therapists, since coercion is generally associated with poor results from therapy. For example, suppose that neuroses were treated in unethical ways fifty years ago (e.g., Skinner boxes). Would that mean that today's better treatments of neuroses remain unethical? Other comments from Przeworski et al. (2021) about clients not pretending, not pleasing the therapist, and creating goals collaboratively probably apply not only to affirmative therapies but also to professional SOCE therapists today. While it is nice to consider archival data for historical purposes, one would expect that more recent studies would be methodologically stronger and therefore more important for drawing conclusions.

Research should be judged by different standards rather than by commonly held scientific standards, especially when political or religious values are at stake; that is, if it is acceptable for my favored studies to have a certain set of limitations that might but are not allowed to generate caution when drawing specific policy implications, but it is not acceptable for someone else whose

studies have the same limitations to draw any specific policy implications, especially if the policy results might contradict mine.

The APA (2021) Resolution cites several cross-sectional survey studies that have found associations between suicidality and SOCE experience but does not cite contrary studies or more recent research that indicates that suicidality may occur prior to SOCE and may be reduced by SOCE rather than enhanced by it. How hard would it be to propose alternative theories to the simplistic idea that SOCE directly causes suicide and nothing else much contributes; just get rid of SOCE and LGBT persons will never again express suicidality? Scientific theory needs to be much more complex! The suicide/SOCE connection is drawn in several places in the APA (2021) Resolution and by recent articles using only cross-sectional surveys (Dehlin et al., 2015; Goodyear et al., 2021; Green et al., 2020; Salway et al., 2020, 2021; also see Rosik, 2020), so the APA must be expecting even lay persons to assume that the primary answer to LGBT suicidality lies in eliminating SOCE (i.e., simple theory, simple plan). In fact, sexual minority persons who had undergone failed SOCE therapy do not suffer higher psychological or social harm (Sullins, 2022). We will say more about the confounds here later.

If people or organizations with power do not like something, then it must be wrong, regardless of the facts. For all the apparent goodness of speaking truth to power, the APA (2021) Resolution appears to seek to impose its will on others by the sheer force of how many organizations do not like SOCE and does not see value in contrary viewpoints, presumably especially religious viewpoints.

One might expect the APA to recall what one of its former presidents, who was a lifelong champion of gay and lesbian rights, said: "Of the patients [at his clinic in San Francisco] who had sought to change their

sexual orientation, hundreds were successful" despite it being very difficult and that "Contending that all same-sex attraction is an unchangeable or immutable characteristic like race is a distortion of reality." He further stated that "Attempting to characterize all sexual reorientation therapy as 'unethical' violates patient choice and makes a third party the de facto determiner of therapeutic goals. Rather, it is unethical for a professional, or a professional organization like the APA, to prevent a patient from seeking help to change his or her sexual orientation if that is the psychotherapeutic treatment the patient desires after being informed of the difficulty of the work, the chances of success, and the possibility of recidivism. Accusing professionals who provide treatment for fully informed persons seeking to change their sexual orientation of perpetrating a fraud is not accurate. Such a tactic serves only to stigmatize the professional and shame the patient. A political agenda should not be permitted to prevent gays and lesbians who desire to undertake sexual orientation change efforts from exercising their right to self-determination" (Cummings, 2013, pp. 6–7).

It is acceptable for me to disparage the research of others without much scientific basis, but it is not acceptable for others to disagree with my research even if there is scientific basis for that disagreement.

The APA (2021) Resolution argues that people would not be concerned about changing their sexual orientation if SOCE did not exist. The idea is to blame the therapist for the client having needs, so if the therapist would just disappear, personal or marital problems would disappear. If there was no SOCE, then no one would ever feel unwanted same-sex sexual attraction. If the message is unwelcome, is it the fault of the messenger?

Another problem is that asymmetrical (biased) standards are implicitly used when

evaluating SOCE research. Using some raw data drawn up by Schumm in a few minutes, let’s suppose that a therapist was running a marriage therapy program, using the scores from one spouse to assess change. The data here used five 1’s, four 2’s, four 3’s, four 4’s, three 5’s, and four 6’s at pre-test, with the

following sets of scores for pretest 1’s (7, 2, 3, 4, 5); 2’s (1, 1, 5, 5); 3’s (6, 6, 5, 4); 4’s (5, 3, 5, 6); 5’s (6, 5, 6); and 6’s (7, 6, 6, 7), so anyone is welcome to replicate our analyses. This data is presented graphically in Table 1.

Table 1

Hypothetical distribution of post-test scores based on pre-test scores (ranging from 1 to 7)

| Pre-test scores below; Post-test scores to the right | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Remarks: Cells contain the number of cases |
|---|----------|----------|----------|----------|----------|----------|----------|--|
| Extremely Dissatisfied (1) N = 5 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | Only one person changed from a pre-test score of 1 to a post-test score of 7 |
| Very Dissatisfied (2) N = 4 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | Two scored lower at post-test |
| Somewhat Dissatisfied (3) N = 4 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | One did not change |
| Mixed/Not Sure (4) N = 4 | 0 | 0 | 1 | 0 | 2 | 1 | 0 | One scored lower at post-test |
| Somewhat Satisfied (5) N = 3 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | One did not change |
| Very Satisfied (6) N = 4 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | Two did not change |
| Extremely Satisfied (7) N = 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | No cases in this pre-test group |

There were 24 spouses assessed at pre-test and post-test on an item whose score ranged between 1 and 7, with higher scores indicating greater marital satisfaction. With the data used, the pre-test mean was 3.33 ($SD = 1.79$) and the post-test mean was 4.83 ($SD = 1.74$). The mean difference was 1.50 and the standard deviation of the difference was 1.69. Depending on which website calculator is used, Cohen’s d was between 0.84 and 0.89, a large effect size. The results were very

significant, $t(23) = 4.23$ ($p < .001$). Using a Wilcoxin signed-ranks test, $z = 3.45$, $p = .001$, so the results would be similar using either parametric or nonparametric statistics. It is likely that most therapists would consider the results impressive, both substantial in effect size and very significant statistically.

However, SOCE critics would probably argue that in the raw data only one spouse changed from a 1 to a 7 and only three ended up at a 7 while three scored lower at post-test

and three more were unchanged at post-test with many ($n = 11$) changing by only one or two points in a positive direction (so that the majority of the clients ($n = 14$) either did not change at all or only changed a "little". One might claim that of the 24 clients, seven were divorced during or after the program, which might be taken as failure, harm, or success (Moxley et al., 1987). Both explanations of the results are technically correct.

While most scientists would present the first set of results and claim "success," SOCE critics are more likely to take issue with the results by focusing on the second set of results, assuming the outcome measured was sexual orientation (i.e., few ($n = 3$) clients became completely heterosexual (and most—two of three—of them started as "mostly" heterosexual so their change was small), only one changed from completely gay to completely heterosexual, and most remained more or less bisexual (i.e., started out as bisexual and ended up as bisexual), while three became "more" gay. SOCE critics would probably conclude from the data that SOCE was not effective, despite the "impressive" first set of results. Furthermore, SOCE critics could argue that the program was "harmful" because some clients got "worse," some did not change at all, and for all the time and expense lost to the participants, a majority got worse or got little benefit from the program. Perhaps marital therapy should be banned, given such poor results! It is also interesting that recent research has found a number of interventions (other than SOCE) to be ineffective (Williams et al., 2020), even more harmful than effective, and yet we are unaware of calls for their termination by major professional organizations, or at least not with the same fervor as for SOCE.

We believe that the same standards should be used for SOCE as for other types of therapeutic interventions rather than carving out a special set of standards for

SOCE not used elsewhere for evaluating therapeutic interventions. In other words, we do not think it is logically coherent to apply different standards statistically just because the outcome measure is different. In other words, SOCE critics are apt to use a double standard or special pleading when evaluating SOCE results.

APA Claims: "Sexual Orientation Diversity Is Normal and Healthy"

In this section the APA resolves that "diversity in orientation represents normal human variation." From the perspective of many religions, the original sexual diversity was mixed-gender; in some sense, same-gender sexuality is a retreat from diversity, even a regressive situation. Same-sex sexuality is not uncommon in human history (and "normal" in that sense) but seldom has it been deemed adequate as a total replacement for heterosexuality. The research that has linked adult homosexuality to childhood sexual abuse would seem to suggest that at least certain types of homosexuality are a result of developmental stresses or trauma and may not be healthy (Schumm, 2013; Tolman & Diamond, 2014).

The APA fails to consider the complexity of the many meanings of normal. Normal can be defined statistically (here heterosexual orientation and behavior could be considered normal by its sheer prevalence), psychologically, and morally. When combined with evaluative terms, such as "a normal and positive variant of human sexuality," the APA is making moral judgments about sexual behavior that are outside its scope of expertise and where they have no greater authority than religious organizations (if not less authority). Whatever meaning of normality one chooses as applied to sexual orientation, we do know that homosexuality as an identity is anomalous in the animal kingdom. As

Bancroft observed, “We should also keep in mind that whereas homosexual interactions are common across many species, exclusive homosexual involvement, with the rejection of opportunities for heterosexual activity, is exceedingly rare in nonhumans” (Jannini et al., 2010, p. 3252).

The APA (2021) argues that there is no scientific basis for regarding any sexual orientation as resulting from trauma or parenting. However, several studies have analyzed previous research and found a higher rate of nonheterosexuality among offspring of same-sex parents, including a recent meta-analysis (Schumm & Crawford, 2021a). Another meta-analysis found that same-sex parental approval of sexual diversity might be one among other variables linking higher rates of nonheterosexuality among the children of same-sex parents (Schumm & Crawford, 2021b). Same-sex parents appear to be more vulnerable to break-ups, which generally are not helpful to the children involved (Schumm, 2020a, 2020b).

The APA (2021) claims that a large percentage of sexual minorities are actually bisexual and not exclusively same-gender attracted individuals and that SOCE “protocols” oversimplify, misrepresent, or dismiss bisexuality. The APA is correct that, especially for women, a large percentage of LGBT persons are bisexuals. However, SOCE research as reported in several articles does recognize this situation (Bondy, 2021; Jones & Yarhouse, 2007, 2011; Spitzer, 2003), including the fact that men can also be bisexual (Sullins et al., 2021).

The APA (2021) claims that stigma against sexual minorities (heterosexism, monosexism) contributes to depression, suicidality, anxiety, and substance abuse. Sexual minority stress theory does argue in favor of the idea that stress imposed on sexual minorities contributes to depression, anxiety, substance abuse, and suicidality. However,

sexual minority theory is not without its critics (Bailey, 2020; Rosik, 2019, Schumm, 2020b, etc.). Research that tries to untangle relations among those variables is relatively scarce and is usually limited by the problem that current associations among those variables may be confounded by previous conditions prior to the time that the surveys were conducted (Sullins, 2022). Some research that has tried to control for stigma and discrimination has not been able to eliminate adverse outcomes (Schumm, 2013), suggesting that sexual minority stress cannot explain all of the adverse outcomes found among homosexuals. In fact, Schmitt et al.'s (2014) updated meta-analysis (which summarizes results of multiple studies) found LGB-related discrimination (i.e., heterosexism) explained less than 9% of the relationship between discrimination and well-being and discrimination and psychological distress. It appears minority stress is accounting for only a part, possibly a small part, of the causative influence on sexual orientation health disparities.

In fact, the best study of minority stress theory found that despite over 50 years of dramatically and progressively increasing societal affirmation of and civil rights for LGB-identified individuals, as well as the censoring of change-exploring therapy, the psychological stress of LGB-identified individuals has continually worsened. The originator of this minority stress theory, Meyer, and colleagues used the same Generations data set as Blosnich and colleagues (2020) and Sullins (in press) used. Meyer and colleagues noted their study of the minority stress theory was the first to use a nationally representative sample, a large-scale study, and questions and measures specific to this population. They concluded the findings did not support the minority stress theory (Meyer, Russell et al., 2021). In addition, Bailey's (2020) proposed genetic model to explain sexual minority disparities

in mental health outcomes is overly simplistic in its causal attributions and that the research evidence for such a model is weak (Meyer, Pachankis et al., 2021).

The APA (2021) claims that psychologists “do not misrepresent research” but don't they do this in some sense? Schumm has provided extensive evidence that psychologists and sociologists have misrepresented research by citing more often their own and the research of others that looks more favorably upon homosexuality than equally credible research that found otherwise (Schumm, 2015, p. 6; Schumm & Crawford, 2020; Schumm et al., 2020).

A paragraph in Przeworski et al. (2021) is worthy of consideration, entitled “LGBQ sexual orientation is not a form of psychopathology.” Most SOCE consumers are highly religious and view their same-sex behavior not as a problem of pathology but one of morality, a domain psychology has no unique authority to arbitrate. Furthermore, it is not clear that SOCE advocates see sexual orientation as necessarily pathological (Sutton, 2019), as Przeworski et al. claim. They cite one study that said the clients were told they could not live fulfilling lives as gay individuals, but on the other hand, some reports (Spitzer, 2003; Whitehead & Whitehead, 1999, pp. 219–223) have found that gay persons themselves have volunteered for SOCE because they felt that the gay life was “emotionally unsatisfying,” which raises the question of who was telling whom what. Przeworski et al. then claim that the view that homosexuality is problematic is “antiquated and has been refuted in recent literature” (p. 92).

Przeworski et al., as well as Hancock and Haldeman (2022, p. 131), cite Hooker's (1957) research, claiming she did not find any differences in the psychological functioning of gay men, even though that claim was not Hooker's (Schumm, 2015), as she *did* find significant differences between

her gay men and her heterosexual sample (Cameron & Cameron, 2012; Schumm, 2012). Przeworski et al. proceed to cite only six studies that are all 25 to 30 or more years old to support the idea that “Empirical research has since amassed demonstrating that same-sex attraction is not associated with poorer psychological functioning,” or that there were no differences in “psychological symptoms and self-esteem” (p. 92). Then they proceed to cite more recent research (although still more than ten years old) in at least seven studies that found increased rates of anxiety, mood disorders, substance use, and suicidality for LGB persons, which is explained away as a result of discrimination and minority stress. Thus, there are differences in psychological functioning—and were as far back as Hooker's research—but the causes remain in debate. Researchers should test not merely to see if discrimination might cause *some* of those differences (it probably does) but whether it causes *all* of any differences observed.

SOCE Reinforces Societal Stigma for Sexual Minorities

The APA argues that SOCE reinforces the idea homosexuality is disordered and that the idea treatment can change sexual orientation is contrary to scientific evidence and leads to stigma against sexual minorities. In other words, APA argues that stigma leads to bad things for LGBTQ people.

Again, we can agree that stigma is not good. But is it the intent of SOCE to stigmatize gays? First, one must consider whether anti-SOCE research itself stigmatizes LGBT persons. For example, Skerven et al. (2019) cite as evidence of harm to LGBT persons the idea that sexual minority stress shortens the lifespans of LGBT persons by 12 years; however, that idea was based entirely on an article (Hatzenbuehler et al., 2014) that was

retracted for statistical errors (Hatzenbuehler et al., 2018), which when corrected found no change in lifespans (Regnerus, 2017). Second, there is evidence that when persons are surveyed about previous SOCE that did not lead to changes in sexual orientation, they may feel that it was related in some ways to felt stigma (Skerven et al., 2019). However, one confounding factor that has not been studied so far is whether SOCE (as with other therapies) is voluntary or involuntary. Even premarital counseling or education that was not voluntary has been found to be less effective (Schumm & Denton, 1979). Parallel logic would suggest that when parents or others impose SOCE on children or adolescents or religions impose SOCE on adults, that it would be less effective, although some have claimed that SOCE is inherently involuntary because of societal discrimination (Maccio, 2011, p. 243).

In Schumm's (2022) recent re-analysis of Sullins et al. (2021), even when the SOCE participants increased in their same-sex sexual orientation, a majority rated the experience as favorable, which would seem to be unlikely if they had felt that the experience had been stigmatizing.

SOCE and Risks of Harm

Sprigg (2021) reviewed 79 studies listed in Doyle (2019), investigating whether SOCE programs were more harmful than other forms of counseling. Some of those 79 studies did not mention homosexuality, some did not report any new data, while others did not involve SOCE at all. Only six studies involved 50 or more human subjects. Spriggs reports that methodological weaknesses would support an idea that there is no definitive *proof* of the effectiveness of SOCE (p. 7), but yet there is considerable *evidence* of its effectiveness (p. 8). Furthermore, Sprigg argued that although it was true there has been anecdotal evidence of harm from

SOCE, research has not shown that "SOCE is more harmful than other forms of therapy, more harmful than other courses of action for those with unwanted SSA, or more likely to be harmful than helpful for the average client" (p. 30), while the methodologically stronger studies were among those most often providing positive evidence for the effectiveness of SOCE. The results of some of those studies, as well as more recent ones, will be discussed later in this report. Since recent advancements in psychology dictate less reliance on null hypothesis significance testing and more reliance on effect sizes, as well as concern for harms as well as benefits, we will consider treatment effect sizes as well as significance levels and will discuss harms found related to SOCE (McKay & Jensen-Doss, 2020; Williams et al., 2020).

The APA states that SOCE reinforces sexual minority stress and that "sexual minority youth and adults who have undergone SOCE are significantly more likely to experience suicidality and depression than those who have not undergone SOCE" (p. 5). There are indeed a number of studies that feature an apparent association between having experienced SOCE and mental health concerns (Haldeman, 2022a). However, in a reanalysis of Blosnich et al. (2020), one of those studies reporting such an association (utilizing a nationally representative sample), Sullins (in press) took into account the pre-"SOCE" distress levels of the study subjects. While the effect of controlling for pre-SOCE suicidality was larger for adults than for minors, Sullins reported that after controlling for pre-existing conditions, there no longer remained any positive associations of SOCE with suicidality. Far from increasing suicidality, recourse to SOCE generally reduced it. For the most part the observed reduction in suicidality is not small, especially for those who received SOCE treatment as adults. Following SOCE, the

odds of suicide ideation were reduced by two-thirds (AOR of .30) for adults and by one-third (AOR of .67) for minors. Furthermore, in Schumm's (2022) re-analysis of Sullins et al. (2021), he found that even among those currently in or who had already been in SOCE with a current age of 18–25 years, the reported positives experienced in self-esteem, social functioning, suicidality, and depression in general outweighed any negatives. A case-wise analysis of the relative positives and negatives found that for about 70% of the youth, the positives exceeded the negatives and the reverse was only the case for less than 6% of the SOCE-experienced youth.

Studies such as Turban et al. (2020), Green et al. (2020), Goodyear et al. (2021) are delivered in the mass media, and in gay prominent publications and social media outlets as decrying SOCE as harmful to LGBT people and that makes them suicidal. The fact that these studies used many study participants and were published in prestigious journals also makes them more attractive to SOCE opponents. Even still, such studies are purely politically driven and speculative. For example, Turban et al. (2020) touted that LGBT people have an "association" between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts; however, they admit that it is possible that conversion efforts themselves were *not* causative of these poor mental health outcomes. Furthermore, as Larzelere et al. (2004) noted, those who engage in psychotherapy concerning suicidal tendencies are far more likely to commit suicide after therapy than control groups, making it appear that psychotherapy causes suicides; however, the result is an artifact of intervention selection bias, the same bias that is often overlooked when reporting correlations between SOCE and suicidality. As Larzelere et al. (2004) stated, "The logical

error of affirming the consequent occurs when one observes the implied correlational pattern and concludes that the presumed causal pattern is therefore confirmed. This is a logical error because many other causal patterns could also generate the same correlational pattern" (p. 297). Furthermore, observed correlations can be due to other factors that obscure the true, underlying correlation (Rosenberg, 1968).

Furthermore, Sullins (2022) found that if pre-SOCE conditions were taken into account, SOCE reduced suicidality, showing that correlations between SOCE and suicidality were an artifact of higher suicidality before SOCE being a factor for entering into SOCE. In other words, observed correlations between SOCE experiences and mental health distress do not prove causation, least of all for SOCE conducted by well-trained professionals (Rosik, 2020). That fact is ignored often. As a recent example, Goodyear et al. (2021) stated that "Sexual Orientation and Gender Identity and Expression Change Efforts (SOGIECE) are known to contribute to significant psychosocial harms, including mental health morbidity" (p. 1). As evidence of that alleged causal effect, the next sentence says, "For example, recent national surveys of 2SLGBTQ+ people in Canada and the United States have indicated that exposure to SOGIECE is association with loneliness, regular illicit drug use, suicidal ideation, and attempted suicide (citations omitted). Despite these well documented harms . . ." (p. 1). In other words, some correlations were observed, and that by itself is assumed to be sufficient to "prove" causation. That sort of logic is simply not scientific. Rosik (2020) has discussed many other flaws of recent research intended to prove harm from SOCE.

APA suggests SOCE is harmful to youth, and that it does not work even though there is little outcome research on how SOCE actually affects youth, or the long-term

effects of SOCE on consumers. They reference Ryan et al. (2018) but fail to mention the use of this study in buttressing SOCE has been challenged on methodological grounds in the same journal (Rosik, 2021). Even affirmative therapies have garnered some reports of harm (Nicolosi et al., 2000). Psychotherapies in general have risks of deterioration, from 5–24% (Rosik & Popper, 2014). Again, Sullins et al. (2021) did not find much in the way of harm to youth in their assessment of SOCE. One factor overlooked is that adolescents may not have the authority to seek treatment for any condition or concern, so most often, it may be their parent(s) who send them—possibly against their wishes—for any kind of treatment, whether related to SOCE or not. This involuntary situation often bodes poorly for successful treatment outcomes, regardless of the type of intervention (Schumm & Denton, 1979).

The APA is correct that there have been no randomized control/treatment group longitudinal SOCE studies with pre-tests and post-tests. However, there have been studies that assessed SOCE outcomes for varying times since SOCE had occurred. As noted before, if SOCE was involuntary or assessed by persons who remained LGBT after SOCE or involved methods of torture, one would not anticipate positive evaluations, just as if one were to assess the effects of family therapy, one might obtain different results from samples of those who divorced after the therapy versus those whose marriages improved versus those who reported no change (Moxley et al., 1987). At the same time, when SOCE has been voluntary, non-punitive, and involved highly religious participants or participants who were anticipating heterosexual marriage, results have been positive (Bondy, 2021; Jones & Yarhouse, 2007, 2011; Karten & Wade, 2010; Spitzer, 2003; Stanus, 2013; Sullins et al., 2021). While results have been more

positive for those who reported changes in sexual orientation in a heterosexual direction, those who changed in a more homosexual direction have also reported positive evaluations of their SOCE experience.

For programs designed to foster change, evidence is often reported in terms of significant differences between pre- and post-test scores that also reflect small ($d = .20$) to medium ($d = .50$) to large ($d = 0.80$) effect sizes (Cohen, 1992). Ideally, randomized treatment and control groups would be used. The best we have to date for larger sample studies ($n > 70$) involves retrospective pre-SOCE scores and current post-SOCE or during-SOCE scores. The disadvantage of such studies is that observed changes might have occurred in the absence of treatment or been caused by factors outside the treatment protocols. However, if SOCE were ineffective, one might expect to find small, non-significant effect sizes across most measured outcomes. On the other hand, if SOCE were effective, one might find medium to large and statistically significant measured outcomes. With that in mind, we will present the summary results from several recent studies.

First, we will remind readers that Larzelere et al. (2004) found very small effect sizes for numerous psychotherapy programs, including delinquency interventions ($d = 0.12$) and sex offender therapies ($d = 0.24$), as well as what we have already noted, that therapies with suicidal youth appeared to increase their rates of attempting suicide. In contrast, one meta-analysis of SOCE found positive effect sizes between .72 and .89 (Byrd & Nicolosi, 2002). Nicolosi et al. (2000), in a study of 689 men and 193 women, found an effect size of 1.37 for homosexual orientation [means of 5.84 ($SD = 1.24$) before SOCE and 3.77 ($SD = 1.37$) after SOCE] and an effect size of 1.84 for frequency of homosexual behavior with a partner [means of 4.70 ($SD = 2.14$) before

SOCE and 1.54 ($SD = 1.15$) after SOCE]. Schaeffer et al. (1999, 2000) studied follow-up results from 102 men and 38 women, who were trying to change their sexual orientation due to their religious beliefs, recruited from Exodus International conferences in 1993, 1994, and 1995. The average ages of the participants ranged from 35–47 years while the average level of education was some college. More of the sample reported behavioral change (no homosexual behavior for a year, 63.6%) than reported having changed their sexual orientation (29.3%), a significant difference by our estimate, McNemar test ($df = 1$) of 46.02, $p < .001$. The more religious subsample reported more behavioral success ($p = .045$) (Schaeffer et al., 1999, p. 333). Overall, involvement in SOCE was not related to behavioral success, but those who had been in SOCE for at least 38 sessions ($n = 34$) compared to a shorter-term therapy group ($n = 52$) had more success, 70.6% versus 44.2% ($p = .02$) (Schaeffer et al., 1999, p. 336). Effect sizes for sexual orientation between the initial contact and follow-up were small (0.00 to 0.17 towards less homosexual) although much stronger for those not successful (0.24 to 0.51 towards more homosexual). Notably, all four groups of men and women were substantially less homosexually oriented at follow-up than at age 18 (successful men, -1.19; successful women, -1.11; other men, -0.33; other women, -0.21). The differences between men across the two groups (-0.50) and between the women (-1.65) at follow-up were both significant ($p < .05$). In general, the self-reported mental health of those in the successful group was better or had improved while, in comparison, it was worse or had declined in the other group: loneliness, -0.77; paranoia, -0.55; self-acceptance compared to a year ago, 0.50; guilt, -0.47; self-acceptance, 0.46; depression, -0.35, all significant, $p < .05$. Similar results, in many ways, were found in later studies.

Karten and Wade (2010) reported SOCE results for 117 men. They noted that there are men with SSA who “experience their homosexual orientation and behavior at odds with who they really are” (p. 86). Motivations for SOCE included conflict between religion and homosexuality (88%), belief that a gay lifestyle was not emotionally satisfying (85.5%), or family disapproval (34.2%). Effect sizes and significance levels for their outcomes included heterosexual self-identity ($d = 1.45, p < .001$), homosexual feelings and behavior ($d = -1.53, p < .001$), and heterosexual feelings and behavior ($d = 1.12, p < .001$). Marriage was associated with lower SSA/SSB after SOCE ($p < .05$). They noted that “highly religious homosexual men may feel alienated from the gay community” (p. 98). Without reporting significance levels or effect sizes, they reported that SOCE seemed associated with improvements in psychological functioning, including with respect to self-esteem, social functioning, depression, self-harmful behavior, suicidality, and alcohol and drug abuse (from most to least magnitude, respectively).

Jones and Yarhouse (2011) conducted a quasi-experimental longitudinal study examining changes in outcome measures over 6–7 years, involving 72 men and 26 women who had been involved in faith-based ministries for SSA. Nearly 92% reported having been “born again.” The retention rate over time was 64%. They found significant changes over time for SSA ($d = 3.21, p < .05$), and same-sex fantasy ($d = 3.47, p < .05$), but not same-sex infatuation ($d = 1.87$). Breaking down the changes in SSA from the first to last, of those who scored Kinsey 6, only one became completely heterosexual while four became mostly heterosexual; in contrast, two remained Kinsey 6 and 3 were Kinsey 5. Eight remained the same before and after SOCE. Twenty-two shifted in a more homosexual direction while 31 shifted toward heterosexuality. To assess

psychological harms, three parts of the SCL-90 scale were used, with effect sizes of -1.30 (n.s.), -2.14 ($p < .05$), and -3.68 ($p < .01$), indicating that overall, psychological health improved, despite or associated with SOCE. From year one to year six, 23% became more heterosexual, 30% engaged in chastity, 16% were continuing with SOCE, but 25% remained confused or kept a gay identity.

Bondy (2021) assessed SOCE among 128 men, 13 women, and 15 others. While SSA appeared to decrease with SOCE, Bondy claimed that "attraction change was not a key variable in this study" (p. 104); regardless, the effect size was small ($d = .14$) and not significant ($p > .05$). Bondy reported that many of the clients retained the same levels of SSA (41%) or became more homosexual after SOCE (19.8%) while 37.2% became more heterosexual. Over 28% of the clients reported childhood sexual abuse. There were more reports of positive SOCE experiences ($k = 470$) than negative ones ($k = 263$). It appeared that SOCE was seen more positively by those who entered it voluntarily rather than due to external pressures and those with lower initial SSA. SOCE was seen more negatively by those whose initial SSI was congruent with their initial SSA and by those who believed that changing SSA was immoral. Bondy concluded that "SOCE may be perceived to be more beneficial if the person does not believe their SSA defines their identity" (p. 104). He also found that congruence between SSA and SSI was related to having more external pressures to enter SOCE and stronger beliefs that SOCE was immoral. Several implications for clinicians were discussed, most notably the importance of respecting the client's feelings (especially regarding sexuality shame brought on before SSA by family or religion) and helping clients explore their SSA/SSI development process more than trying to alter it directly.

Pela and Sutton (2021) cite Diamond and Rosky (2016) as having claimed "unequivocally" that sexual attraction is "mutable" apart from SOCE (p. 63). They also cite research in which 5% to 24% of clients experience deterioration and up to 45% no change during general psychological therapy. They also noted that many studies that have found adverse effects of SOCE recruited those expected to have been unhappy with their SOCE experience or who had not changed from it. Some studies have relied so heavily on religious counseling that they should not have been described as psychotherapy. They reframed their counseling process as sexual attraction fluidity exploration (SAFE) therapy (SAFE-T) to minimize a direct focus on changing SSA/SSI/SSB. Their study was completed by 75 adult men. Most (75%) of the men attended church once or more a week. Some (36%) were between 18 and 25 years of age with another 33% under the age of 36. The study experienced considerable attrition as only 22 men did the 24-month follow-up measures. In terms of overall mental health, among those who were tested, well-being improved over two years with an effect size of 0.80 ($p < .001$), a substantial improvement larger than the scale's reliable change index. They claimed that 57% of their clients reported improvements in emotional well-being compared to an average of 37% for general psychotherapy. SSA decreased over time ($d = 0.28$, $p < .01$) as did SSI ($d = 0.52$, $p < .01$).

The authors claimed significant increases for OSA, although the effect sizes seemed small and changed considerably depending on the time of the measurement. Pela and Sutton (2021) concluded that "It is no longer true that there is no scientific evidence concerning whether SAFE-T is helpful or harmful" and that professional associations who warn against the use of SOCE are "misinformed, unprofessional, and even

unethical in terms of meeting the legitimate self-determination needs of clients” (p. 78).

Rosik et al. (2021) examined a sample of 192 sexual minorities to identify what characteristics might be related to perceiving five psychotherapy goals, four of which are associated with sexual orientation change efforts (SOCE), as being helpful or harmful. They also sought to determine whether these perceptions are associated with the health measures of depression, anxiety, life satisfaction, and physical health. They found that the goals of reducing same-sex attractions (SSA), feeling heterosexual attractions, and eliminating SSA were, on average, considered mildly to moderately harmful by the overall sample. The goal of not acting on SSA was rated between no effect and mildly helpful. However, a typically overlooked subgroup of participants who did not identify as LGBT and who were more traditionally religious tended to have greater perceptions of the helpfulness of goals associated with SOCE. Traditional religious belief, identity, and activity were associated with rating some goals of SOCE as at least mildly helpful. In fact, differences between participants who rejected an LGBT sexual identity and those who were LGBT-identified evidenced large effect sizes and median statistics for the non-LGBT participants were in the mildly to moderately helpful range for all change-oriented goals, with the exception of eliminating SSA, which obtained a no effect median. There was a heightened level of depression and anxiety among sample participants overall, but past pursuit of change-oriented goals did not appear to be a major explanation for current levels of distress.

Rosik et al. (2022) later utilized the same data set to examine 33 methods sexual minorities employed to address their sexual orientation distress, including some typically associated with SOCE (e.g., resisting or

trying to overcome sexual desires). Utilizing a sample of 281 participants, the authors examined participants' ratings of perceived helpfulness for each method. They examined these methods for the full sample, between those who did or did not identify as LGB+, and between those with conservative, nonconservative, and non-theological viewpoints. Findings from the full sample indicated 13 methods that promoted acceptance of or were neutral toward same-sex sexuality were consistently perceived to be helpful while two aversive cognitive and behavioral techniques were generally rated as somewhat to moderately harmful. Other methods displayed much greater variability in their ratings. These methods mostly reflected religiously motivated intentions to live in congruence with religious values by restricting and otherwise discouraging SSAs and behavior. However, an examination of group differences by theological orientation and between participants who were LGB+-identified and those who were not revealed these methods tended to be perceived as mildly to somewhat harmful for the LGB+-identified and non-theological groups but mildly to somewhat helpful for those not identified as LGB+ and who endorse conservative theological beliefs.

Sullins, Rosik, and Santero (2021) evaluated the effectiveness and harms of SOCE among 125 men. Sprigg (2021) cited this study as one of the two strongest studies methodologically” (p. 30) done regarding SOCE. Nearly all the men (96%) attended church at least a few times a month. Significant declines were found for SSA, SSB, and SSI. Full remission of unwanted SSA was achieved by 14% and by 26% for SSB, while nearly 43% achieved partial remission of some aspect of same-sex sexuality. Ten percent or less of the men experienced gains in same-sex sexuality with SOCE. Married men responded more positively to SOCE than unmarried men.

Positive changes in self-esteem, social functioning, depression, self-harm, suicidality, and alcohol/substance abuse outweighed parallel negative changes by substantial levels. No more than 5% of the men reported marked or extreme negative changes for any of the six items assessed for change. Between 12% and 61% of the men reported marked or extreme positive changes across the same six items. Sullins et al. (2021) argued that studies with highly religious groups have found better results for SOCE than studies that involved non-religious, highly LGB-identified groups, with research with either group alone yielding an incomplete picture of SOCE effectiveness and relative harms.

Schumm (2022) further analyzed the data from Sullins et al. (2021). Effect size changes for SSA, SSI, SSB, and OSB at pre-test were 0.94 ($p < .001$), 0.60 ($p < .001$), 0.56 ($p < .001$), and 0.24 ($p = .010$), respectively, using parametric statistics. Higher retrospective pre-SOCE SSI predicted less change, while higher retrospective pre-SOCE SSB predicted more change. When participants reported exact congruence between SSA and SSI both before and during/after SOCE, their evaluation of SOCE was strongly related to their sexual orientation with $r = -.70$ ($p < .001$), such that the more gay the men, the less satisfied they were with SOCE and vice versa. Przeworski et al. (2021) argued that persons who lacked "LGBQ identity development" were more likely to seek SOCE and to be "highly vulnerable" (p. 92). In contrast, the data here found that a number of men scoring at maximum levels of LGBQ identity development had sought SOCE, and while a few changed, many did not, but nevertheless even those who did not change rated SOCE highly. On the other hand, those lower in identity development seemed to be somewhat more likely to respond to SOCE and report a more heterosexual orientation after SOCE. Other combinations of

congruence yielded non-significant results. Those who became engaged or got married during SOCE had the largest gains in OSB compared to other marital situations. When results were evaluated for those currently between 18 and 25 years of age, positive reports regarding self-esteem, depression, suicidality, and social functioning (all $p < .01$) greatly exceeded negative reports about their SOCE experience. Reports of slight to moderate harms were rare, never exceeding 5.6%.

Ratings of SOCE did not vary as a function of time since beginning SOCE, suggesting that recall bias, if present, was not related to time, as Przeworski et al. (2021, pp. 90, 94) argued responses might be. Maccio (2011) surveyed former SOCE participants with an average time since SOCE of over 13 years, finding ineffective outcomes as recalled by 37 persons. Since that suggested an effect of time since SOCE on change, we conducted repeated measures analyses for each key outcome (SSA, SSI, SSB) using time since SOCE as a between subjects variable; however, none of the three interaction terms were significant, leading us to reject the hypothesis that time since SOCE was related to perceptions of change with SOCE. When perceived helpfulness with SOCE was recoded into three between subjects levels (none to slight, moderate/markedly, and extremely) and interactions were tested between helpfulness and change over time, there were three significant ($p < .001$) group by time interactions for SSI, SSA, and SSB (not for OSB) with effect sizes for change over time increasing linearly as a function of satisfaction: SSA (-0.53/0.74/1.41), SSI (-0.45/0.37/0.97), and SSB (-0.30/0.55/0.71). In other words, the more the clients changed, the more effective they rated the helpfulness of SOCE, so that from a client perspective, change did matter as something they seemed to have wanted from SOCE, rating SOCE as

more helpful when more change occurred and as less helpful when it did not. However, even when clients remained mostly or entirely gay, most rated SOCE as helpful, indicating that SOCE had benefits for many even when no change did occur.

What do these studies tell us? With groups of persons who are highly motivated and engaging in SOCE voluntarily, who are likely highly religious and who do not want their identity to be automatically determined by SSA, are probably experiencing sexual fluidity, especially those already married or anticipating a heterosexual marriage, results seem relatively good, with far more positive than negative results for their mental health. However, drastic shifts in SSA, SSI, or SSB are fairly rare, even though changes, on average, usually have involved medium to large effect sizes and are often statistically significant. Some SOCE clients may report stronger levels of SSA, SSI, and SSB after SOCE, of whom some will also report that SOCE was helpful for them. At the same time, if one were to study SOCE experience among non-religious persons who currently identify strongly as lesbian or gay and probably did so before or during SOCE, or who engaged in SOCE due to external pressures rather than on their own volition, one can expect to find far more negative results and more frequent reports of harm. The findings of these studies challenge assertions such as the “failure rate of SOCE has been estimated at $\geq 97\%$ ” (Salway et al., 2020, p. 503) or that SOCE have been associated with numerous adverse health outcomes. They also question the claims of “no meaningful evidence of reported SOCE effectiveness” or “considerable evidence of SOCE-related harm” (Dehlin et al., 2015, p. 104). These studies would question the assertion that all SOCE are necessarily “pseudoscientific practices” (Salway et al., 2020, p. 503) or inherently “harmful and unwarranted” (Salway, et al., 2021, p. 13).

Some research has found no differences in mental health between SOCE participants and non-SOCE participants (Sullins, 2022).

Alternatives to SOCE

There is certainly merit in some of the APA's suggestions; non-punitive and voluntary therapies probably work better regardless of the therapeutic goals for the client. When the client brings their goals to the therapy rather than the therapist determining the goals, that is probably best for the client, regardless of the type of therapy. But it is arbitrary for the APA to assume that in all cases of SOCE, the provider determined the goals for the clients or used punitive methods.

Research on more recent SOCE programs suggests that SOCE has been more voluntary, non-punitive, and open to clients, based on their own self-determination, reaching different goals other than changing one or more aspects of sexual orientation. Since different clients appear to have different results with SOCE, it is probably best to conceptualize therapy as exploration regarding change rather than having a solitary or “one and only” goal of change of all aspects of sexual orientation (SSA, SSI, SSB). This is part of the reason some professionals have coined the term sexual attraction fluidity exploration in therapy (SAFE-T; Rosik, 2016). SOCE therapists might be well advised to explain the many apparent, even if short-term, advantages of SSI and SSB (e.g. autonomous lived experiences), while also discussing possible long-term disadvantages (e.g. heightened levels of riskier health conditions). There may be new approaches for therapy with LGBT clients that might benefit SOCE therapists, such as dialectical behavior therapy (Skerven et al., 2019). Furthermore, given the long duration of SOCE interventions, and the fear of harm, SOCE providers should monitor for harm across a

variety of dimensions throughout the programs and revise treatments accordingly when/if harms are observed; harms may include deterioration of mental health, be reflected in drop-outs, effects on other family members, increased suicidality, or feelings of inauthenticity (Fjelstrom, 2013; Williams et al., 2020; McKay & Jensen-Doss, 2020). Social desirability, adapted to the SOCE environment (Schumm, 2015, p. 40, recommended that social desirability questions should be adapted to the nature of the research), should be assessed and monitored throughout treatment and controlled statistically or by design in assessment of SOCE outcomes lest artificially positive outcomes merely reflect various forms of social desirability, self-deception, or desire to please the therapist or other significant others.

Conclusion

We have examined the report, “*APA Resolution on Sexual Orientation Change Efforts*” (APA, 2021), and similar recent reviews of SOCE literature (Haldeman, 2022a; Przeworski et al., 2021), and addressed the reports’ main themes, responded to non-sequiturs, and we presented summary results from several recent SOCE studies. The APA Resolution features several illogical non-sequiturs as well as asymmetrical logic (it is good for me but not you) which are not recognized as limitations in that report. Readers of the “*APA Resolution on Sexual Orientation Change Efforts*” (APA, 2021), and similar recent reviews of SOCE literature, would walk away with unequivocal, one-sided information about the topic of SOCE.

The overarching proverbial messages made in the *APA Resolution on Sexual Orientation Change Efforts* report and others (Haldeman, 2022a, 2022b, 2022c; Przeworski et al., 2021) are that SOCE is

rooted in heterosexism and monosexism, supports a number of horrid-like interventions, does not work, and is inherently harmful. When corrected for methodological oversights, however, the research shows that change-oriented goals did not appear to be a major explanation for current levels of overall distress and following SOCE, and the odds of suicide ideation were reduced. While only portraying SOCE as supporting horrid-like interventions, they most often fail to mention SOCE as using standard talk therapies (excepting Glassgold, 2022), for example interpersonal psychotherapy, and omitted any discussion about consumers with positive narratives and have admitted that their critiques were not up-to-date enough to include recent SOCE research (Haldeman, 2022b). While Boulos and Gonzalez-Canton (2022) acknowledge that most SOCE today involves only “talk” therapy (p. 188), they continue to argue that even “talk” therapy inflicts “myriad and serious emotional harms” on its “victims” (p. 199), an argument that we believe is not based on most scientific evidence about recent SOCE programs involving voluntary, consensual participation by clients.

The APA (2021) Resolution, as well as other recent reviews (Haldeman, 2022a; Przeworski et al., 2021) is flawed in terms of theory, logic, and science. They rely almost exclusively on sexual minority theory, when many other theories might be useful, including social exchange theory, planned behavior/reasoned action theory, mediational theories, stress sensitization theory, and justification theory, among others. They rely upon seriously flawed logic, treating SOCE as unchanged and unimproved over the past six decades. They rely upon very weak and limited science, overlooking recent reports on SOCE outcomes, not considering effect sizes for SOCE treatments, treating correlational results as causal, and often

overlooking ways of testing more complex models of SOCE. Ultimately, they attempt to develop and promote public policy on SOCE based on all of those severe limitations and impose that policy on entire states and nations no matter the limitations, while seeking to discredit any scholars or groups who might disagree with the APA's false "science" or related attempts to impose its will on others.

Brief Summary Bullets

Introduction

The proverbial monocultural content of the APA Resolution report and similar reports misinforms readers and policymakers.

Minority Stress

The APA claims minority stress leads to health disparities among LGBTQ persons. However, minority stress accounts for only a small minority of the causative influence on sexual orientation health disparities. Research shows that changes in the social environment had limited impact on stress processes and mental health for sexual minority people. The APA report relies almost exclusively on sexual minority theory when many other theories might be useful.

Heterosexism and Monosexism

The APA says heterosexism and monosexism are social stigmas, yet in turn they marginalize individuals who want to engage in male-female marriage that involves sexual fidelity.

Stigma

The APA's claim that stigma is responsible for LGBTQ vulnerabilities relies solely on sexual minority theory whereas explanations of other theories are not considered. Taking a deeper dive into the facts, it appears minority stress accounts for

only a small minority of the causative influence on sexual orientation health disparities. The idea that sexual minority stress leads to reduced lifespans is an idea based entirely on an article that was retracted for statistical errors which, when corrected, found no change in lifespans.

Science and SOCE

The APA claims SOCE dismisses "valid research" that says homosexuality is innate and immutable, yet their claim is ideological rather than scientific. While the APA Resolution claims the idea that "negative childhood events" might cause "same-gender orientation" has been discredited, this is simply not the case.

Ethical and Professional Concerns

The APA's claim that SOCE is often used coercively and is potentially torturous is not supported by research, but often by deceptive reporting.

APA Claims, "Sexual Orientation Is Normal and Healthy"

The APA claims "diversity in sexual orientation represents normal human variation"; however, this is a moral judgment outside their scope of expertise whereas they have no greater authority than religious organizations (if not less authority). The research that has linked adult homosexuality to childhood sexual abuse would seem to suggest that at least certain types of homosexuality are causatively shaped by developmental stresses or trauma and may not be healthy.

APA Claims That "SOCE Reinforces Societal Stigma for Sexual Minorities"

Research has shown that voluntary participation in SOCE need not be a result of stigma. Research has also shown that even when SOCE participants increased their same-sex sexual orientation, a majority rated

the experience as favorable, which would seem to be unlikely if they had felt that the experience had been stigmatizing.

SOCE and Risk of Harm

The APA says sexual minority youth who undergo SOCE are more likely to experience suicide and depression; however, research finds that there is no positive association of SOCE with suicide and, in fact, recourse to SOCE generally reduces it. Further, observed correlations between SOCE experiences and mental health distress do not prove causation. When SOCE was voluntary, non-punitive, and involved highly religious participants or participants who were anticipating heterosexual marriage, results have been positive.

Alternatives to SOCE

We agree that any therapeutic effort should be voluntary and not coerced; however, the goals do not have to be “one and only” essentialism as the APA prescribes. Using sexual minority theory to explain everything squashes any other explanations to be tested.

Conclusion

The APA report attempts to develop and promote public policy on SOCE based on studies with severe limitations and impose that policy on entire states and nations, while seeking to impose its will on others and discredit any scholars or groups who might disagree with it.

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**Assessing the Legal Landscape
Regarding Therapy Bans:
Three Perspectives from Three Experts
from Three Continents**

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Assessing the Legal Landscape Regarding Therapy Bans: Three Perspectives from Three Experts from Three Continents

The legal environment regarding sexual attraction fluidity exploration in therapy (SAFE-T), often described less accurately as sexual orientation change efforts (SOCE), is rapidly evolving. How do the proponents of therapy bans view their cause and what is their ultimate aim? Are politicians supporting these bans out of conviction or fear? Is the faith community waking up to how such bans can impact them? Where is the legal landscape heading for therapists and religious counselors who engage in SAFE-T? To answer these and other questions, I interviewed three well known attorneys from three different continents who are deeply involved in challenging legal efforts to prohibit SAFE-T in their countries. John Steenhof is the Principal Lawyer with the Human Rights Law Alliance, a not-for-profit law firm based in Canberra, Australia, that specializes in religious liberty and freedom of speech, thought, and conscience. Andrea Minichiello Williams qualified as a barrister in 1988. She is founder and Chief Executive of Christian Concern and the Christian Legal Centre in London, England. Mat Staver is the Founder and Chairman of Liberty Counsel and the Chairman of Liberty Counsel Action. Liberty Counsel is an international nonprofit litigation, education, and policy organization, dedicated to advancing religious freedom, the sanctity of life, and the family since 1989 by providing pro bono assistance and representation on these and related topics. It maintains offices in Central Florida, Virginia and Washington, D.C.

Keywords: SOCE, SAFE-T, legal bans, religious liberty

First, let me thank you at the outset for your willingness to participate in this interview, which I trust will be of significant interest to the Alliance readership. I would like you to start with a basic introduction of yourself. Could you give readers a little sense of your personal life and background?

Steenhof: My name is John Steenhof, and I am the Principal Lawyer at the Human Rights Law Alliance. HRLA is an independent, not for profit, Christian law firm that specialises in litigation and advisory work concerning freedom of religion, speech, thought and conscience. We are based in Canberra, Australia. Since its founding, HRLA has been representing Christians, churches, schools and religious organisations to promote, protect and preserve their freedom to act in accordance with their convictions and to speak truth in the public square. Immediately prior to arriving in Canberra to set up HRLA in 2019, I was running my own law firm over in Western Australia. Before

that I worked in commercial law firms in Australia and New Zealand for over twenty years. I am a Christian and a member of a local evangelical Bible church in Canberra, Australia. I am a devoted husband to my wife, Lana. I am the proud father of six children—4 boys and 2 girls.

Williams: My father is Italian and my mother is English. I was raised in the southwest of England on a small peninsula called Portland. I studied Law and Italian at the Universities of Cardiff, Wales, and Pisa in Italy and the Bar Vocational Course to become a barrister at the Inns of Court School of Law, London. I was called to the Bar at the Inner Temple in 1988. I practised as a criminal and family law barrister. Alongside my legal practice I pioneered the student and policy work of the Lawyers' Christian Fellowship.

In 2007, I founded the Christian Legal Centre, which serves around 1,000 clients per year, where Christians, as a result of living out their faith, have faced some form of detriment. This includes street preachers

arrested for preaching the gospel in public, particularly when addressing issues of sexual morality and the uniqueness of Christ, doctors promoting life, Christians in the workplace losing their jobs for speaking about their faith and the moral imperative that flows from it. This also includes our work in challenging the ban on talking therapy to explore change, which is comprised of both individual client work and bigger picture policy and legal efforts.

We have also brought a number of public law challenges where government legislation undermines the Christian ethic.

In 2008 I founded Christian Concern, a campaign organization that advocates in public life for Christian Truth in law, media, politics and education. In 2010 I also founded the Wilberforce Academy to train up a next generation of leaders in public life and in 2013 a publishing house, Wilberforce Publications. I appear regularly on national media and speak at conference nationally and internationally.

I am married to Gareth, and we have four grown up children. The eldest has recently graduated from Berklee Music College, Boston. She has just received her green card and is trying to break into the music industry in LA! Check her out at LilyWilliams.com. We lived in Atlanta for two years in 1995 and fell in love with the USA—it certainly never left Lily.

Staver: I hold Bachelor, Master, and Juris Doctorate degrees and an honorary Doctorate of Law and Doctorate of Divinity. I have had the honor of arguing three landmark cases before the United States Supreme Court as lead counsel and written numerous briefs to the High Court as well as over 300 published legal opinions. My most recent oral argument before the U.S. Supreme Court resulted in a 9–0 win on May 2, 2022, involving the First Amendment Free Speech Clause in the case of *Shurtleff v. City of Boston*. I have also

authored hundreds of popular articles and eight scholarly law review publications. I have testified before Congress in the U.S. House and Senate and served on the Commission on Accountability and Policy for Religious Organizations.

My broadcast experiences include producing and hosting *Faith & Freedom*, an 11-minute daily radio program; *Freedom's Call*, a 60-second daily radio program; and *Freedom Alive*, a 30-minute weekly TV program. I am an ordained pastor, a constitutional litigation and appellate attorney, a board-certified specialist by the Florida Bar in Appellate Practice, and former Dean and tenured professor of Law at Liberty University School of Law. I have been privileged to frequently appear as a guest on national network and cable TV and radio programs and also appear in several hundred print articles each year. I am married to Anita, who is also an attorney, as well as President and General Counsel of Liberty Counsel.

How did you become interested in being an attorney? Please tell us about the journey you took to be willing to defend the personal and religious liberties of therapists and others.

Steenhof: I became a lawyer because my mother planted the idea in my head as a very young man. I watched Matlock as a child, and always wanted to have my own private investigator. Then I grew up. At school and university, I naturally tended towards critical thinking and an appreciation for theology, history, philosophy and politics—all of which intersect in the practice of law.

My father always encouraged me to use my gifts for Kingdom purposes and to look at my legal employment through the lens of my faith. When I started my own firm, I had the freedom to undertake pro bono work of my choosing, which is how I became involved in religious liberty work. Eventually, I was

asked to set up a not-for-profit law firm specializing in religious freedom and defending Christians who face hostility for their faith. I had always admired the courage of Christians like Wurmbrand and Bonhoeffer who stood up against oppression. It is now a privilege to represent and stand up for a new generation of Christians who are standing up to oppressive ideology and coercive governments and bureaucracies.

Williams: When I was 8 years old, I watched the first ‘legal’ television programme of its kind called Crown Court; a quintessentially English show with barristers in wigs and gowns in the Old Bailey. I said to my mother that when I grew up I wanted to be a barrister and nothing was going to change my mind.

And it didn’t.

I have a deep-rooted Christian faith, which has always been in me. I was taught to believe and have always believed. I can’t remember not believing. Therefore, I am passionate about God, passionate about people and their wellbeing and passionate about truth and justice. This is now why I am passionate to defend the personal and religious liberties of therapists to do their work to see the change in their clients.

Staver: After seminary, while a pastor in Kentucky, I was invited to watch a new documentary that was released in 1983 called *Assignment Life*. This documentary was about abortion. While I knew a lot about the Bible, including being able to read Greek, Hebrew, Aramaic, and Syriac, I knew nothing about abortion other than what I had briefly encountered in the media. Before watching this documentary, I did not realize that abortion involves the destruction of human life. I was shocked by what I saw on the documentary, which included fetal models, an actual first trimester abortion along with the assembly of body parts following the abortion to ensure all the parts

were removed from the uterus, and finally an overview of the 1973 Supreme Court abortion decision, *Roe v. Wade*.

I read everything I could on abortion, and I went to the University of Kentucky College of Law library to read *Roe v. Wade*. This is the first legal case I had ever read at that time. The case didn’t make sense because the information presented in the opinion did not support the conclusion that held abortion was a protected right somewhere in the Constitution, which the Court could not locate or specify. The conclusion that a constitutional right to abortion through all nine months of pregnancy for essentially any reason was contradicted by the body of the opinion. This experience caused me to see the importance of the intersection of faith, law, and policy. Arising out of that experience I entered law school at the University of Kentucky College of Law. My favorite courses in law school were constitutional law and moot court, which focused on legal research, writing, and oral advocacy.

What sorts of cases are you currently dealing with?

Steenhof: We assist Christians and other people of faith who are under attack for their beliefs in their workplace and in the public sphere. Details of our cases are on our website at www.hrla.org.au. Some examples of cases we are involved in are:

- HRLA successfully defended Katrina Tait, a Catholic mother, against a homosexual activist who sued her for vilification for saying Drag Queens are bad role models for kids and that Drag Queen Story Time is a bad idea.
- We ran a religious discrimination court case for Byron and Kiera Hordyk, Christian parents who were told by a foster care agency that they

were unsafe to foster infants and toddlers because they held orthodox Christian beliefs about homosexuality.

- We are currently fighting for GP Dr. Jereth Kok, a married father of two children, against the Medical Board suspending him from practicing medicine for being critical of gender-fluid ideology. He has been suspended for over 2 years without trial with no end in sight.
- We ran a successful case for Max (not his real name), a NSW Christian teacher who was fired for raising a conscientious objection to the transgenering of a vulnerable young girl at a school that he was teaching at. With our help, his termination was rescinded, he was given an apology and a letter of recommendation and was able to find work elsewhere.
- We helped Melissa (not her real name), a young university student, who was reported to their university disciplinary team for investigation because she had privately e-mailed her lecturer explaining that she was uncomfortable with her lecturer using class time to promote IDAHOBIT day (International Day Against Homophobia, Biphobia, Intersexism and Transphobia). With our help, Melissa successfully challenged the university discipline proceedings without sanction and was able to return to her studies without penalty.

Williams: Christian Legal Centre has been at the forefront of this issue in several ways, both directly and indirectly. We have very recently represented a Christian therapist accused by his professional body of conducting so-called ‘conversion therapy’, for which he was fully acquitted. The

therapist in question was brought before his professional body simply for recommending a link to another counselling group which engages in change exploring therapies. The Complainant, when providing testimony during the hearing, admitted having been in touch with activists. The case against the therapist quickly fell apart as it became clear that the complaint was campaign motivated and lacked any real substance. Sadly, the case is representative of the lengths activists will go in trying to destroy careers.

We have also successfully represented a number of therapists and pastors who were made subject to disciplinary procedures simply for having signed a public letter against the government adopting a new criminal law prohibition of ‘conversion therapy’. We have also challenged a counselling provider for discriminating against a counsellor in the belief that he performed ‘conversion therapy’. There was a positive settlement in the case. We have now expanded our efforts to challenge other counselling providers seeking to discriminate against change exploring therapists. We have also been actively challenging transgender affirming policies and practices in several schools through the courts. We were the first organisation in the UK to have done so.

We have also published an expert Legal Opinion condemning any proposed criminal law on conversion therapy and promoted that report in the *Times* and elsewhere. Work related to challenging violations and threats to the right of counsellors to engage in change exploring therapies makes up about 10% of our current workload. Historically, we were also responsible for setting an important legal precedent in the area of change exploring therapy, that being the recognition of ex-gay as a protected characteristic in equality law.

The Christian Legal Centre was also part of the European Court precedent setting victory in *Eweida and Others v the United Kingdom*, the first ever finding by the

European Court against the United Kingdom for violating religious freedom. One of the clients we represented in that case was Gary McFarlane, a relationships counsellor who was terminated from his job at Relate (a relationships counselling organization) for gross misconduct simply for asking the trainer a hypothetical question in a training session about whether it would be permissible not to engage in giving sex therapy to same-sex couples.

Staver: On May 2, we won a 9–0 victory at the U.S. Supreme Court in the case called *Shurtleff v. City of Boston*. This involves free speech in which the City of Boston unconstitutionally censored the Christian viewpoint of Hal Shurtleff and his organization, Camp Constitution. We have multiple cases involving the COVID shot mandates. We led the nation challenging the COVID restrictions on places of worship, and we received two victories at the U.S. Supreme Court, including a 5–4 and a 6–5 decision in our favor. We have filed several class action lawsuits on behalf of members of the military and various health care workers challenging the COVID shot mandates. We represent Sandra Merritt who through undercover investigation and videos exposed Planned Parenthood and other organ supply companies harvesting baby body parts. These are just a few of our many cases.

What is the current legal landscape for therapists, pastors, and other religious traditionalists in your country?

Steenhof: Australia is increasingly hostile for Christians. Over the past two years we have seen the rapid introduction of ‘conversion therapy’ laws in three of our seven States—Queensland, the Australian Capital Territory and Victoria. These laws were rushed through in each jurisdiction with little scrutiny or submissions.

The Victorian ‘conversion therapy’ law is particularly concerning. It is the worst of its kind in the world. The Victorian law introduced criminal sanctions for anyone trying to ‘change’ or ‘suppress’ someone’s sexuality or gender identity. For example, a pastor could be criminally prosecuted in Victoria if one of their congregants told them that they were struggling with same-sex attraction, asking them to pray with them to help them stand up under temptation. If that pastor followed through with counsel and prayer, they could be criminally charged. Counsellors and therapists also face possible prosecution if they have a child come to them who tells them they know they are a girl, and the therapist prescribes a ‘watchful waiting’ approach or seeks to explore underlying comorbidities or alternative therapies other than enthusiastic affirmation of a child’s rejection of biological reality.

There has also been an ongoing campaign to introduce a Religious Discrimination Bill into Australian Federal law. Australia does not have anything like a Bill of rights at a federal level, so the only way that important freedoms and human rights are protected are in anti-discrimination acts where activity that discriminates against someone because of their sex, race or religious belief is deemed unlawful. The Bill was subjected to a vociferous disinformation campaign that turned the conversation into how the legislation affected LGBT rights. This campaign succeeded and the Bill failed to pass the Parliament. The fact that the Bill failed shows that the culture and society in Australia has so shifted that religious Australians cannot even be given equal protection and treatment at law compared to other minority rights.

Williams: Poor. The UK has a Memorandum of Understanding (MOU) signed by all the main professional therapy bodies, and other organizations. This MOU essentially

prescribes a professional ban on engaging in ‘conversion therapy’. It is currently in its second version and now includes banning therapy for gender identity. The wording is overly broad and the consequences to counsellors who, in good faith, wish to provide Christian or secular counselling for people who genuinely and with legal capacity, wish to move away from same-sex attraction or gender incongruity has been significant.

The UK government has also carried out a public consultation on drafting a criminal law to ban so-called ‘conversion therapy’. The government was surprised by the level of opposition to the bill and appeared to understand the freedoms that would be put at risk should a ban be introduced. Their opposition to the ban was leaked to the press by an activist and the Prime Minister U-turned on his position within a couple of hours. On the occasion of the Queen’s Speech, which happened on 11 May 2022, the government set out its legislative proposal for a criminal ban. While the statute is yet to be drafted, it appears that it will allow some forms of talking therapy, but with cumbersome and unworkable consent requirements. We are monitoring this closely and, on the basis of what we have told will be its contents, intend to judicially review any forthcoming legislation.

It is hugely undermining that LGBT activists have infiltrated the church and taken leading positions within the infrastructure of various denominations. They are vocal and visible, muddying the Christian message on this issue. They are labelling talking therapy, pastoral care, preaching and prayer ministry which speaks of the possibility and hope of change for alleviating same-sex attraction or gender incongruity as ‘spiritual abuse’.

‘Sting journalism’ has also been rampant for well over a decade with activist journalists trying to ‘out’ ‘conversion therapists’. The media has largely joined in

the campaign for a ‘conversion therapy’ ban, creating inaccurate imagery of electroshock treatments, exorcisms and torture and shutting down the legitimacy of current talk therapy and testimonies of those who have left LGBT lifestyles.

Staver: Therapists are being targeted by unprecedented and unconstitutional laws that attempt to interfere with the client’s autonomy and right of self-determination to choose a counselor or therapist and set the objective of the counseling engagement. The fundamental rights of the client and counselor are under attack by laws in some states and local jurisdictions that seek to prevent a client from receiving, and a counselor from providing, any counsel regarding change of unwanted same-sex attractions, behavior, or identity confusion.

We filed the first two challenges to such laws in California and New Jersey. Both Courts of Appeals upheld the laws but for different reasons. The Supreme Court declined review. But then in 2018, the Supreme Court in a case involving California crisis pregnancy centers, which included one of our cases before the High Court, abrogated both the California and New Jersey cases based on the same arguments we made in those cases, namely that such a restriction is viewpoint-based and violates the First Amendment Free Speech Clause. We then secured two legal victories in Florida, including a decision at the Eleventh Circuit Court of Appeals, which struck down a counseling ban law passed in Boca Raton and Palm Beach Counties based on the First Amendment Free Speech Clause. We are working to get one of the cases to the Supreme Court to strike down these speech-restrictive laws across the country. There are now efforts being made by some who advocate these counseling bans to extend them beyond minors to all ages and beyond licensed therapists to unlicensed counselors.

At this time, the laws that are in existence apply to minors seeking such counsel by licensed therapists.

I believe it is good practice to understand how those you disagree with see the issue from their perspective. What is your sense of how those who want to ban speech-based counseling view their actions?

Steenhof: In my view, the proponents of laws to ban ‘conversion therapy’ have convinced themselves of spurious harm arguments—that anything short of enthusiastic affirmation of LGBT ideology causes severe and long-term mental health issues for vulnerable youth and adults who are same-sex attracted or gender-confused. Most conversion laws in Australia cite the Preventing Harm Promoting Justice report, as setting the basis for the laws. This report includes the following philosophical foundation for ‘conversion therapy’ laws including:

- Sexual orientation and gender identity are an immutable part of human identity and experience;
- Sexual orientation and gender identity are one of, if not the most, important part of what it means to be human and is the central aspect of someone’s identity;
- Sexual orientation and gender identity are more important to someone’s wellbeing and sense of self than religious belief;
- Any restraint on someone’s liberty to act on their sexual appetites or self-ideation about gender can be, and most likely will be, harmful to their mental health; and
- Anything short of complete affirmation of someone’s sexual orientation and gender identity can be harmful to them and is a direct assault

on their human dignity. It is the moral equivalent of racism.

These beliefs mean that banning speech, prayer, teaching and counselling practices is a way of protecting a vulnerable class of people from harm. The speech is harmful, the prayer is harmful, the biblical teaching is viewed as harmful. That’s why it must be eradicated.

Williams: Some of the leading forces for a ban come from people who call themselves Christians but believe that homosexual relationships and transgender identities are fully endorsed by God. Some, like Jayne Ozanne, on the General Synod of the Church of England, claim that they were pressured by the Church into trying to live a heterosexual life, that change was impossible and that attempts to do so were harmful. In their view, their LGBT identity is unchangeable and righteous.

Therefore, the existence of people who have seen change in their sexual desires or feelings of gender is a threat to their deeply held beliefs about themselves. The idea that there are people who are willing to help people pursue that change is perceived as an attack on who they are, their very identity. Even the desire to seek that change, or someone teaching the traditional Christian view is seen to be attacking who they are at a fundamental level. They take it all very personally. They view those that say change is possible as unkind and immoral when in fact, our motivation is always the opposite.

It is not surprising that many, though certainly not all, wish to radically change existing Christian doctrine to affirm their sexual attractions/behaviour or perceived gender identity. And they have had some measure of success in this. Anything that suggests that change is possible or might be desirable is assumed to be harmful.

We now see various ‘mainstream’ denominations blessing ‘same sex marriages’, not first because of theological arguments but because they talk of being a “welcoming”, “affirming”, “pastoral” church. They say that to do otherwise would be hateful or unwelcoming. This is happening, in practice, although not yet officially, within the Church of England. It is happening officially in the Church of Scotland, Church of Wales, the Methodist Church and various others. Within Conservative evangelical circles a strong narrative has emerged promoting the idea of ‘celibacy’; that people are ‘gay’ but choose to live a celibate life. A large part of the church that is faithful tends to just stay silent.

Staver: The historical practice of counseling, the law, and the research do not support these laws. Those who argue in support of these laws argue that change counsel, or what they erroneously refer to as “conversion therapy,” are harmed by any counseling that might help the client change or overcome or manage unwanted same-sex attraction, behavior or identity confusion. They use broad statements and rely on some statements from a task force report produced by the American Psychological Association, which when read in its totality does not support this position. In fact, the task force report states that there are no studies involving minors and thus no studies documenting harm to minors. The task force calls for study in this area and also reaffirms the core foundation of counseling, namely that the client has the right to self-determination.

How would you counter that point of view?

Steenhof: There are no legitimate clinical studies that support this view. The research used to support ‘conversion therapy’ laws is methodologically faulty, comes from

recruitment studies, relies mainly on anecdotes, and has a very limited sample size and no real longitudinal analysis. In short, the clinical evidence is awful.

In Australia, proponents of ‘conversion therapy’ laws completely ignored the multiple stories of vulnerable people who benefitted richly from spiritual and counselling therapy to help manage and, in some cases, overcome unwanted same-sex attraction and gender confusion. Advocates for freedom established a website called www.freetochange.org which documented dozens of stories of ex-gay and ex-trans identifying people. All these stories were ignored.

In 2017, after the same-sex-marriage vote here in Australia, the Government commissioned a review into the state of religious freedom in Australia. The result was the *Expert Panel Report: Religious Freedom Review*, also known as the ‘Ruddock Review’. This was an extremely important report, as it found that religious freedoms were not adequately protected in Australia.

The report made some key recommendations as to how State and Territory governments could better protect religious freedoms going forward:

- All human rights are equal, and no human right should be subordinated to another;
- New laws that affect religious freedoms should be drafted with regard to the *Siracusa Principles*.

The *Siracusa Principles* are a set of interpretive principles established by international legal experts, recognised by the UN. They specifically give guidance on the interpretation of the *International Covenant on Civil and Political Rights (ICCPR)*, which is a lynch-pin international treaty on human rights laws.

The ICCPR establishes that rights to religious belief and religious activity are extremely important rights. They cannot be detracted from, only religious activity can be qualified when necessary to do so in exceptional circumstances, such as to protect public safety. New ‘conversion therapy’ laws that suppress speech and important medical practice do not adequately balance or protect the rights of religious Australians. ‘Conversion therapy’ laws do not respect, nor follow, international legal norms set out in the ICCPR and the *Siracusa Principles*.

We need to push back on the overwhelming imbalance that these news laws introduce to human rights in Australia.

Williams: As a Christian Organization we believe that the truth sets us free. Since prominent campaigners for a conversion therapy ban are within the Church, significant effort needs to be aimed at other Christians to help them see how strange it is to believe that God can do anything, but not change our sexual desires or gender confusion. It is also important to teach and educate Christians to understand this issue; not to fear it and to speak about it.

In wider society, many people don’t believe in such a God. But most people do believe that anyone should be free to live their life the way they want to; including being able to talk to a counsellor or therapist to achieve their goals. So, our challenge is first to correct public perception about what so called ‘conversion therapy’ is; what a ‘conversion therapy ban’ would achieve—that painful and degrading treatments aren’t practiced anyway and that a ban would only restrict conversations.

And second, it is to point out the many fundamental human rights that a ban would break. Support for a ban is based mostly on feelings, not facts; if people realize they are being emotionally manipulated into

supporting a harmful policy, I hope the tide can turn.

Staver: These laws unconstitutionally restrict only one viewpoint (change) on the subject matter of same-sex attractions, behavior or identity. The U.S. Supreme Court has never upheld viewpoint discrimination. In fact, in a case involving viewpoint discrimination, we won a 9–0 victory at the U.S. Supreme Court in our case, *Shurtleff v. City of Boston* on May 2, 2022. Such viewpoint discrimination violates both First Amendment rights of the client and the counselor.

To determine if the targeted speech is banned, the government must decide which viewpoint is expressed. If the viewpoint affirms that which the client rejects (when the client does not want affirmation of such unwanted attractions or behaviors or opposite sex identity), the speech is permitted. But if the viewpoint expressed is one of change (which the client has determined is the objective of the counseling engagement) regarding these unwanted attractions or behaviors or identity, the speech is banned.

To deny a client the right of self-determination is both unconstitutional and dangerous. Under such laws, a counselor must either tell the client (1) such change counsel the client seeks is not permitted, or (2) even though the client wants to change the counselor by law must override the client’s decision to change and counsel the client to accept such unwanted attractions or behaviors or identity. Either option is unprecedented in the field of counseling. Moreover, the research does not support these counseling bans. There are many stories of people who have benefited from such counsel. In fact, significant harm occurs when a client who is experiencing gender dysphoria is given only one biased view of the subject.

Do most politicians really believe in these bans or are many of them simply too afraid to or too ignorant to oppose them?

Steenhof: It is a mix in Australia. Members of more progressive political parties support these laws. Some members of our most conservative party are ‘moderates’ and are in support of these laws. Others are too afraid to oppose them for the political damage that it would do to them. Most of the time, the decision to support these laws (or not oppose them) is purely in deference to a powerful LGBT lobby.

Williams: Both. Sadly, politicians who hear the term ‘conversion therapy’ have a wrong understanding of it and are ignorant to the fact that peer regulated ethically frameworked counselling is what is actually taking place. But the flip-flopping the government has done over proposing criminal legislation does at least show that activists are playing an incredibly strong role in driving this. The consultation document, for example, relies on self-reported data, which is so subject to error and tampering that it is rarely ever used for justification to pass criminal legislation. In fact, I cannot recall any other instance where self-reported data has been the sole basis for passing criminal restrictions.

Our Parliament is made up of politicians in all parties who are mainly socially liberal, including the Conservative party. This means that the activists in all parties dominate this discourse; the rest do not really understand it and are in fear of standing against the might of the cultural tide.

Staver: Some politicians are ideologues and believe in these laws. Most who support them are completely uniformed and are frequently intimidated by the advocates of such laws.

I have heard some observers say the end goal of this movement to legally prohibit change-exploring therapies is the ultimate destruction of a Judeo-Christian sexual ethic. Would you agree with that? What is your sense of where this all is heading?

Steenhof: Yes. That seems to be the ultimate end point (whether or not all those involved in carrying it forward are expressly aware of it). The Apostle Paul said, “For who among men knows the thoughts of man except his own spirit within him?” I don’t think that all who support these laws are malignant and antagonistic, wanting to destroy the Judeo-Christian sexual ethic. Though there would be some who genuinely want to see the Judeo-Christian sexual ethic, and related Christian morality, expunged from the public sphere.

The opening introduction to “Preventing Harm, Promoting Justice” says,

This report addresses the vexed problem of the religious LGBT conversion therapy movement. Conversion therapy emerged in Australian conservative Christian communities in the early 1970s, and has been practiced in these and other communities ever since.

It is grounded in the belief that all people are born with the potential to develop into the heterosexual people whose gender identity accords with that assigned to them at birth. It views lesbian, gay, bisexual and transgender people as suffering from ‘sexual brokenness’, which can be cured. Full membership of faith communities can depend on the same-sex attracted and gender diverse people committing to live celibate lives and seeking ‘healing’ for their sexual brokenness.

There are many aspects of this perspective that are completely at odds with a Christian, biblically informed worldview. If this is a battle between competing beliefs about sex, sexuality and identity, the perspective represented by “Preventing Harm, Promoting Justice” is the moral, ethical and theological opposite of the Christian worldview.

This ethic cannot exist alongside a Judeo-Christian one. If society at large wants to embrace this new ethic, it will not be able to hold onto a Judeo-Christian one.

Williams: The impact of such a ban is the destruction of the Judeo-Christian ethic, which is catastrophic for the well-being of society. Such destruction has been happening incrementally as we have weakened laws on marriage and divorce, cohabitation, redefining of family and how to have children through fostering, adoption and fertility methods. It hugely damages our children, and we are seeing this played out certainly by some LGBT school curriculum providers, most notably ‘No Outsiders’ who have been public about their desire to ‘smash’ heteronormativity through the primary school classroom.

These goals were first mainstreamed in the Gay Liberation Front Manifesto, and some of those same activists, like Peter Tatchell, have become prevalent public figures in the UK. Campaigning groups like Stonewall, the UK’s largest and most influential LGBT campaigning organization, have actively sought to change religious attitudes towards Judeo-Christian sexual ethics. Their efforts have been mainstreamed in schools, businesses and government bodies (including law enforcement and Parliament) and are heavily funded by corporations and government.

These groups provide so called anti-discrimination training in schools and the Pride Flag flies across almost all public buildings during ‘Pride’ month in June. The

impact can now be seen on our children; their lived experience of confusion on gender, sexuality, identity and relationships.

Staver: I absolutely agree that the ultimate goal of this movement is to prohibit change-exploring therapies and counsel and to abolish the Judeo-Christian ethic regarding human sexuality and even the very understanding of God. None of this is new. This objective originated with Alfred Kinsey who promoted the false notion that human beings are sexual from birth and sought to abolish all moral norms, which included the abolition of gender.

A few years back the activists began to attach the T (transgender) to the LGB in their legislative bans. Did that make your task easier, harder, or have no impact? Why was that?

Steenhof: In many ways this change made the environment for Christians even more difficult and has accelerated the legislative changes we have been discussing. We noticed an increase in inquiries from parents whose children have been taken from them or are being influenced by transgender activists trying to transgenderise their children. We have even had people contact us saying that schools have allowed their child to socially transition at school without telling them, effectively going behind the backs of parents to achieve the transgendering of their child.

The inclusion of the T has also accelerated the difficulties for Christian schooling. Christian schools have had to come up with appropriate policy responses to the growing social contagion of children with gender dysphoria. This has presented a significant challenge for schools who hold to biblically orthodox teaching on sex and gender. It has exposed these schools to a new kind of discrimination claim under State laws that have included transgender identity as a

protected attribute. Christian schools are slowly being painted into a legislative corner where it will soon be unlawful to maintain a Christian stance on gender dysphoria in schools.

Williams: Until recently in Britain, many people were more willing to go along with people identifying as trans. Our culture prefers not to cause a fuss where possible. But within the last ten years, things changed.

Once same-sex marriage passed through parliament, campaigning LGBT groups lost much of their purpose. Stonewall, chief among them, quickly pivoted to focus nearly exclusively on trans rights and the idea that ‘trans women are women’. People were no longer being asked simply to tolerate and play along with someone’s trans identity but to believe that someone really is their acquired identity.

Meanwhile, the meteoric rise in child referrals to gender clinics showed the impact of these ideas as they were being taught and spread in schools. Gender confusion was everywhere, and very young children were being encouraged to go down life-changing, physically permanent treatment pathways. Nigel and Sally Rowe, clients of Christian Concern, were the first parents to publicly challenge transgender ideology and practices in schools (2017). They were met with significant hostility by the media back then. The very well publicized case of Kiera Bell helped as well, which involved a young woman with transgender regret suing the NHS and Tavistock for allowing her to go through the process of gender reassignment before she was old enough to really appreciate the consequences.

People also started to see the knock-on effects on people who didn’t believe in transgender identities. Teacher Joshua Sutcliffe was penalized for saying “well done girls” to a group of students that included a female who identified as a male. Similarly,

Dr David Mackereth lost his position as a medical assessor for the Department of Work and Pensions after stating that he would refuse to identify a hypothetical client by their chosen gender instead of their biological sex. We are currently awaiting judgment on this significant compelled speech case.

These cases helped Christians see the problems, but also led many others to embrace the gender critical movement which has exposed and opposed some of the worst excesses of the trans movement. Including the T element in the UK ban therefore engaged many of these politically active groups to oppose the ban. To some degree, politicians were able to see that a ban wasn’t the simple, uncontroversial and financially cheap vote winner it expected. Nevertheless, it was probably not enough, and with the government announcing that it will not seek to legislate on ‘gender identity conversion therapy’, it will be easier for a misguided ban to go through.

Staver: The transgender issue adds to our argument that the government must not censor the viewpoint of any subject matter the client wishes to receive and what the counselor or therapist may provide. It makes no sense that a person can think and therefore be the opposite, both, or neither sex, and that it is not harmful to take puberty blockers, opposite sex hormones, or undergo life-changing surgeries; but yet, it is harmful to assist a person in learning about the causes of gender confusion or dysphoria and becoming comfortable with the person’s birth sex. In fact, at least 80 percent or more who experience gender confusion or dysphoria as a minor come to accept and embrace their birth sex. Puberty blockers, opposite sex hormones, and reconstructive surgery that removes healthy body parts are fraught with significant physical and mental risks. Johns Hopkins University was the first institution in America to perform so-called sex

reassignment surgery. After determining that such surgery provided no benefit, and, in fact, that many of the patients continue to have significant stress with some even committing suicide following the surgeries, Johns Hopkins University ceased performing these surgeries. We don't give liposuction to an anorexic, so why remove healthy body parts from a person distressed over body image?

Many who go the route of medication and surgery later regret their decision. At this point they feel trapped because they are shunned by the community that encouraged them rather than counseled them. This shunning combined with having made an irreversible decision combined with the continuing health complications caused by these medications and surgeries increases the stress. To direct a minor down this path without raising red flags when the minor otherwise would naturally grow out of gender dysphoria is dangerous and wrong.

Since about 2019 there has been an emerging research literature that largely undercuts the narratives that have been developed to justify banning change exploring therapies. The problem we face is getting this information in front of the public, which can be quite difficult. Would you have any recommendations on how we can get the word out when we generally have neither the deep pockets of gay activist organizations nor the megaphone of the media?

Steenhof: This is a question that is better directed to political lobbyists rather than lawyers. Though, one of the things we have found important in raising awareness about religious freedom issues and religious discrimination cases is telling the real stories. We have a collection of our own cases that we share on our website: www.hrla.org.au/our-cases, as well as an

Australian Religious Freedom Cases website, www.australiawatch.com.au.

Real stories are compelling and are what capture people's attention. We suggest telling positive stories of people who have 'de-transitioned' or changed their sexual behavior, and how their lives have been changed for the better. As previously mentioned, <https://www.freetochange.org/>, documents stories of those who benefitted from therapeutic counselling. But these stories get little traction with legacy media and amongst politicians.

Williams: This is a difficult obstacle, primarily because new academic studies which prove the counter cultural arguments are rarely ever considered newsworthy. To place it with the media, there would need to be a hook to a live story (a legal case or public incident that would be of interest to readers).

In academia and public policy, there is such institutional bias at the moment that any new study will be viewed as suspicious and written off before anyone in a decision-making capacity has the opportunity to review its substance. Repetition of citation in academic work, op-eds, blogs, etc. is one way of getting the study into the collective conscience—albeit a tedious one which takes time. We must not grow weary of continuing it.

Active lobbying can also work, so long as you can highlight why the study is different, what makes it special and show its authenticity. Finding effective forums to do so is important. If the study is only being presented at events where the audience has significant buy-in, it will be difficult to grow it anywhere else beyond our existing supporter base.

Staver: Groups like the APA have abandoned science and have instead adopted and is blinded by a radical ideology. The censorship from the APA and social media

undermines the ability of people to obtain information and make informed decisions. However, there are many emerging social media platforms that do not censor viewpoints and which provide good opportunities to communicate with the public. I am confident that litigation will eventually doom these counseling bans. Our goal is to take one of our cases back to the Supreme Court and strike down these counseling bans across the country. Other forms of litigation will be necessary to protect counselors. And finally, legislation is needed to protect the rights of counselors and clients seeking counsel. Liberty Counsel is working in both the legal and the legislative policy arenas to accomplish this objective.

My impression is that the faith community was largely on the sidelines during the initial stages of the bans on therapy, perhaps not thinking it was particularly relevant to their mission. Do you agree and does that seem to be changing now?

Steenhof: This is partially true. Some faith communities have been alive to these issues from the beginning. The Australian Christian Lobby here in Australia has always been live to these issues, understanding that moves to change marriage laws were only the beginning.

On the other hand, many Christian churches and communities here in Australia are politically and legally illiterate and have not been aware of these changes. They also have not understood that the introduction of ‘conversion therapy’ laws, which seems to only be targeted at harmful aversion therapy practices, has changed tack, and started to target what these laws were really about all along, the suppression of Christian doctrine and practices concerning sexuality and gender identity.

Williams: Sadly, yes. This was also the case with same-sex marriage, which had churches intervened publicly, perhaps never would have passed into law.

We often have too small a view of the gospel and its place in public life. The Church has too often been ready to concede space in the public sphere. We have permitted our faith to be privatized when its truth and the moral truth that flows from it is public truth. Too many churches are worried about reputation and offending others, and so couch their reticence to preaching a genuine gospel and standing up for Christian doctrine by saying that it would hurt their overall evangelism efforts. They have also viewed these issues as ‘secondary’.

With the possible criminal ban on change-exploring therapy, and the knock-on effect that might have on churches and ministries, we have seen a much more active front among orthodox churches and congregations.

This is very late in the game, however.

I have hope because there is a young generation who are living with the fruit of generations who have abandoned the Christian ethic. They understand how so-called sexual liberation, exploration and freedom has caused so much destruction. They are looking for identity, purpose, beauty and peace. They are more radical and outspoken. They need and believe in change. I’m right by their side believing we will see the change.

Staver: Many in the faith community, particularly clergy, were on the sidelines in the early phase of this issue. However, that is beginning to change as more people begin to see and experience the coercive, mean and destructive LGBTQ agenda. Moreover, many people are now sharing horrible stories about the damage they experienced undergoing puberty blockers, opposite sex hormones, and surgery. Others are sharing experiences being

raised in a same-sex household. Children do best when they are raised with a mother and a father. Same-sex parenting not only permanently deprives a child of opposite sex parents but also the child is raised with a negative view of the missing gender in the family dynamic. The more these stories are told the more people will begin to see behind the veneer of the carefully crafted rhetoric.

What, if anything, can therapists, religious counselors, and everyday people do to make a difference in pushing back against this juggernaut?

Steenhof: Legally, we encourage therapists and religious counselors to obtain our advice on how they can be faithful to scripture, provide life-giving services to vulnerable people and avoid breaking these laws. We also stand ready to defend the liberty of vulnerable people to access the therapeutic services they want and need.

Advocacy is also necessary. Therapists, religious counselors and everyday people should make themselves heard to their local representatives and to the political process. Churches should be helping politicians understand the disastrous affects that these laws will have on their lives as communities of biblically faithful believers. Therapists and counsellors need to speak up about how these laws severely limit their ability to practice medicine and proactively seek what is best for their patient.

Williams: First, speak up. Do not be shamed into silence. It can be intimidating standing up as activists (often in the guise of ‘anonymous complainants’) who will seek to have you brought before your professional bodies, disciplined by your diocese or fired from your jobs. In every one of those instances where the Christian Legal Center (CLC) has assisted the individuals involved, we have been able to save their jobs and

careers each time. More importantly, the more people who speak up, the harder it will be to silence their voice and any complaints or threats will eventually become harmless.

Second, know what you are talking about. Have strong, coherent and reasonable messaging ready when you are challenged. Messaging like: “every person who wants to move away from same-sex attraction for their own personal reasons should have the same rights as everyone else to access quality counselling” or “do you really believe in banning talking therapy?”

Third, educate yourself. Read materials which will educate you on what the law says and what practices are actually taking place. CLC has recently published a helpful analysis of this kind which we highly recommend:

https://issuu.com/christianconcern/docs/cc_conversion-therapy-ban_report-artwork-220411

Staver: Therapists need to become informed and be ready to challenge these laws. Liberty Counsel is here to help. Clergy must become informed and address the issues of human sexuality, LGBTQ, and these laws. Clergy must undertake efforts to ensure that the community is taught about these critical issues of human sexuality. Churches can be a great resource providing help, guidance, and support.

Finally, do you have any encouragement you would like to leave with our readers?

Steenhof: Religious freedom and freedom of speech, thought and conscience are foundational human rights and crucial for a functioning and healthy liberal democracy. These new ‘conversion therapy’ laws are directly opposed to these fundamental rights, which are good for everyone.

We would encourage people who live in jurisdictions that don't yet have these laws to be vigilant and to speak up to their own political representatives, to contribute to the conversation about these inappropriate laws. In Australia, Christians are rapidly losing the opportunity to do this. Other countries still have time to see what is coming and be proactive. We would encourage you to do this and to get the lawyers, lobbyists, academics, teachers, preachers, politicians and mercy ministry people in your communities active and engaged on this issue.

We also would encourage you to approach this task with humility, kindness and gentleness. Though this can feel like an inherently combative situation, Christians should stand up for God's truth in love and work for His purposes with patience.

Christ is king, and His is the victory. We face challenges now, as he promised we would. But all authority in heaven and the cosmos is his. He will in the Father's timing judge all evil in perfect righteousness. We must not lose heart.

Williams: Have faith. Never give up. Keep speaking the truth. There's a new generation who want something different.

The gospel story is one where, at the darkest point, when Jesus had been handed over by the religious and legal authorities to a humiliating death, abandoned by his friends all looked lost, until the resurrection came.

Society has been working out the abandonment of the Christian sexual ethic for sixty or more years. The confusion we see right now is 'end stage' culture and brokenness. The new generation, grown in its midst, is looking for a resurrection dawn.

I'm praying it will come.

Staver: We will win these battles. I take comfort in the stories of the Bible where against all odds, God intervened and turned adversity into opportunity. We read about the heroic exploits of Moses, Esther, Daniel, and, of course, Jesus. History does not remember cowards. We know and can be assured that with God, ALL things are possible!

Ideological Gatekeeping or Quality Control?
One Author's Experience with Peer Review at the
American Psychologist

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Ideological Gatekeeping or Quality Control? One Author's Experience with Peer Review at the *American Psychologist*

In this article I utilize my recent experience with the peer review process at the American Psychological Association's flagship journal, the *American Psychologist*, to provide readers with an opportunity to evaluate for themselves the integrity of this practice. My colleague, Paul Sullins, Ph.D, and I submitted a short comment to the journal challenging the global characterization of sexual orientation change efforts (SOCE) as invariably harmful in a published summary of the APA's *Guidelines for Psychological Practice with Sexual Minority Persons*. We cited emerging research as the basis for rethinking this conventional wisdom. Here I present in full both the comment we submitted and the responses received from the reviewers that formed the basis for rejection of the comment. These are followed by a second rendering of the reviewers' feedback, but this time interspersed with my observations. Readers are encouraged to come to their own conclusions as to whether the basis given for the rejection best represents considerations aligning with either ideological gatekeeping or objective quality control.

Keywords: SOCE research, peer review, *American Psychologist*

Early in 2022, the *American Psychologist* published an executive summary of the American Psychological Association's (APA) *Guidelines for Psychological Practice with Sexual Minority Persons* (Nakamura et al., 2022). These Guidelines include an extensive discussion about sexual orientation change efforts (SOCE) with the unequivocal message that SOCE are harmful for sexual minority persons across the lifespan. However, being aware of an emerging literature that suggests much more uncertainty and lack of nuance is present in the SOCE research, I determined to see if reviewers at the *American Psychologist* would see fit to allow a professional exchange on this topic. This journal is the flagship journal of the APA, distributed to every dues-paying member. The authors' page of the journal specifically encourages submissions referred to as "comments," which must address an article published in the journal within three months of the target article's publication. A comment is limited to 1,000 words and 10 references and, if published, usually is responded to in a rejoinder by the authors of the target article. This means that space is very limited and

one's presentation and argumentation must be concise and tightly focused.

In a single afternoon, I wrote a draft of a comment, which was honed somewhat in subsequent weeks. I also pursued Dr. Paul Sullins to be a co-author with me since he is a prominent researcher in the emerging literature I would cite. He graciously reviewed the draft comment for his suggestions. Finally, on Friday, April 8, 2022, I submitted the manuscript to the *American Psychologist* and waited with what I confess was a degree of pessimism to see what would happen. Below is the full text of that submission:

Sociopolitical Diversity Can Improve Our Understanding of Sexual Orientation Change Efforts: Comment on Nakamura et al., 2022

In this comment we focus specific attention on Guideline 4 of the American Psychological Association's *Guidelines for Psychological Practice with Sexual Minority Persons* (Nakamura et al., 2022) as pertains to sexual orientation change efforts (SOCE). We organize our discussion by first outlining the gist of this guideline, then report on new research that bears importantly on the

conclusions of this guideline, and close with some recommendations for improving the future study of SOCE. We state at the outset our support for the APA mandate to promote client self-determination while not doing harm to clients. All psychologists who work with sexual minorities should be conversant with the *Guidelines*, and we particularly resonated with the admonition to “. . . be aware that important within-group differences exist and that there is not a universal sexual minority experience” (p. 2).

Guideline 4 emphatically affirms the definitiveness of universal SOCE harm. SOCE “. . . practices are ineffective and cause substantial harm . . .” (p. 4). The summary then goes on to assert that “. . . sexual minority persons who have undergone SOCE are twice as likely both to contemplate suicide and to report having attempted suicide compared to sexual minority peers who did not undergo SOCE” (p. 4). The research from which these findings were derived is that conducted by Blosnich et al. (2020), who utilized data from the Generations study, a national representative sample of 1518 sexual minorities. The findings were described by Blosnich and colleagues as supporting the conclusion, among similar others, “. . . that SOCE is a stressor with particularly insidious associations with suicide risk” (p. 1027), which “. . . may compound or create problems, such as . . . suicidal ideation and suicide attempts” (p. 1028). This study also features prominently in other APA publications (e.g., Glassgold, 2022).

Although psychologists should seek to alleviate the suffering of sexual minorities, we are concerned that guidance to achieve such aims needs to be based on robust empirical data that has been subjected to meaningful critique. We submit that this appears not to have been the case for Blosnich et al. Specifically, Sullins (2021) reanalyzed Blosnich, but unlike the original

study, controlled for pre-SOCE suicidality using information obtainable from the Generations dataset. Sullins’ reanalysis discovered SOCE was not positively associated with any form of suicidality. For example, whereas Blosnich et al. reported an adjusted odds ratio (AOR) of 1.92 (95% CI 1.01 – 3.64) for suicidal ideation between SOCE exposure and non-exposure groups, Sullins’ reanalysis revealed an AOR of .44 (.20 – .94). For suicide attempts, while Blosnich et al. reported an AOR of 1.75 (.99 – 3.08), Sullins found controlling for pre-SOCE suicidality reduced this AOR to .74 (.36 – 1.43). In a second study of the Generations data, Sullins (2022) also reported that, on average, sexual minority persons who had undergone failed SOCE therapy did not suffer higher psychological or social harm.

The attenuation of Blosnich et al.’s results is both striking and concerning. Most if not all of the SOCE research alleging harm fails to control for pre-SOCE levels of distress, a limitation that should encourage scientific humility in both conclusions from and applications of this literature. We have no doubt that certain SOCE practices are harmful to sexual minorities generally, and we have no interest in defending such activities. However, Sullins’ work along with other recent studies suggest there remains room for a much finer resolution in our understanding of SOCE beyond a simple harm versus no harm narrative. Sexual minorities are an incredibly heterogeneous group of people and SOCE covers an exceedingly broad and largely unspecified array of practices and beliefs. We believe there is value in research that can shed light on which SOCE methods are harmful for which sexual minorities rather than simply foreclosing access to all speech-based, voluntarily pursued practices that might be considered SOCE (e.g., MASKED FOR REVIEW).

Toward this end, we encourage SOCE researchers to attend to several emerging considerations in their work in order to more clearly discern which findings from this literature are reproducible and which are not. Sullins' work indicates that accounting for pre-SOCE levels of health and distress is an indispensable methodological requirement, even if assessed retrospectively. A movement away from reliance on simplistic SOCE exposure versus non-exposure dependent variables in favor of investigating specific varieties of SOCE methods under specific conditions (e.g., voluntary versus coercive) would also be highly recommended. SOCE research will also benefit from moving beyond recruiting only LGB+-identified sexual minorities to including those who do not identify as LGB+, who appear to represent a more politically and religiously conservatively sub-group that has been largely invisible within much of this literature (Lefevor et al., 2020; MASKED FOR REVIEW). Gaining access to networks inhabited by non-LGB+-identified sexual minorities will likely involve recruitment of and collaboration with sociopolitically conservative researchers and religious representatives in order to gain the trust and hence participation of these individuals.

Although challenging for a profession often not aligned with conservative social values, we think such "adversarial collaboration" among research psychologists is essential for mitigating the impact of confirmation bias and capturing the most ecologically valid and replicable picture of SOCE experiences (Duarte et al., 2015). The willingness to pursue sociopolitical diversity among research investigators and participants is an important marker of professional psychology's dedication to the pursuit of truth, even and especially when this involves an admittedly controversial and politically charged topic such as SOCE.

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Editorial Response

On April 27, 2022, I received an e-mail from an editor with the journal rejecting our submission. I present it here along with the reviewers' comments in their entirety. I reserve judgment on whether this rejection was justified, and whether it signified ideological gatekeeping around issues of sexual orientation or a defensible rejection of substandard scholarship. Instead, my preference is to provide readers with an intellectual exercise wherein they can decide what might have been the motives behind the editorial decision to dismiss the comment. I have no way of definitively knowing these motives, so I remain ultimately agnostic on the matter. However, after presenting the complete text of the editor's and reviewers' responses, I will then present a second version of these interspersed with my thoughts and observations. Before reading this latter version, my encouragement is for readers to pause and come to their own conclusions and, only after doing this, continue on to reading my commentary.

The Text of the Decision E-mail from the *American Psychologist*

Dear Dr. Rosik,

Thank you for submitting your manuscript Sociopolitical Diversity

Can Improve Our Understanding of Sexual Orientation Change Efforts: Comment on Nakamura et al., 2022, for review to the *American Psychologist*. Two reviewers, each an expert in the area of your work, have kindly provided reviews of your paper. I have also read your work. Based on the reviewers' comments and recommendations to me, and my own reading of the paper, I have reached an editorial decision. I regret to say that although the topic of the paper is important, the concerns about the paper preclude its publication in *American Psychologist*. The reviewers find the evidence for the position espoused in the comment is suspect and counter-evidence is not cited.

While it is always difficult to receive a negative outcome for a submission, I hope that you will find the reviews helpful in pursuing this work. Thanks again for letting us consider your paper.

Sincerely,

[Name withheld], [An] Editor,
American Psychologist

Reviewers' Comments:

Reviewer #1: Please evaluate the Comment on the basis of the following criteria:

1. Is the goal of the comment clear? Yes. The authors have a clear goal of supporting sexual orientation change efforts (SOCE) and disagree with the APA's Guidelines for Psychological Practice with Sexual Minority Persons. However, they cite as supporting evidence, several studies built on flawed logic.

2. Does the comment relate clearly to the original article?

Somewhat. The authors zero in on the specific “Guideline 4” of the APA document, ignoring other guidelines in the document. It is unclear if they support the other guidelines or object to the entire spirit of the document.

3. Does the comment add new information to the scholarly discussion of the topic? No. The evidence that the authors use to support their argument is potentially not peer-reviewed (as one citation of an article by Sullins 2021 had a footer that explicitly said the document was not peer-reviewed) or conducted to peer-review at open access journals that have questionable rigor.

4. Is the information provided important? No. The authors attempt to deride the APA’s stance against SOCE by suggesting previous peer-reviewed research on the topic is flawed while citing their own list of highly suspect, allegedly peer-reviewed research. They try to appeal that the science behind the harms of SOCE is equivocal and, therefore, the APA’s stance is mistaken. To uphold a practice that is condemned by multiple professional associations is not important information; it is information designed to obfuscate.

5. Is the Comment written clearly? Partially. It is clear that the authors are trying to achieve a publication in the American Psychologist to detract from the APA’s stance on SOCE. However, there are parts of the letter that are unclear. For instance, the authors write, “We have no doubt that certain SOCE practices are harmful to sexual minorities generally, and we have no interest in defending such activities.” The author should offer examples of what they deem as harmful SOCE

practices. It is unclear to the reader what kinds of practices they are referencing because all forms of SOCE are condemned by multiple professional associations. If the authors believe there are nuances of SOCE and some practices that are indefensible while others are defensible, then they should provide clear examples of what they mean. Additionally, the authors write, “However, Sullins’ work along with other recent studies suggest there remains . . .” The authors should supply citations of these other recent studies.

6. Is the tone of the Comment constructive and collegial? It is collegial, but I did not find it constructive. The authors do not suggest what they think the Guideline should be or whether the APA should reverse its stance on SOCE. Their suggestion of “sociopolitical diversity” is not constructive because it is unclear what journals are to do about this. The authors are using claims of “sociopolitical diversity” and “adversarial collaboration” to manufacture opportunities to peddle support of SOCE within journals that have actual rigorous peer review.

7. How likely is it that the Comment will be cited in future publications? I think it is likely this will be cited in future open access publications that seem to be the premier venues for publishing studies that support SOCE. I strongly believe this letter will find its way into the policy arena as well, as advocates of SOCE continue to fight against SOCE bans under the ruse of “patient choice.” They will undoubtedly trumpet a letter in the American Psychologist because it seems that

most of their other work cannot find homes except for paid open access journals.

Reviewer #2: *This article is a comment on the Nakamura et al. (2022) American Psychologist paper that provides an executive summary of the 2021 revision of the APA Guidelines for Psychological Practice with Sexual Minority Persons. The comment focuses on Guideline 4, which asserts that psychologists understand that sexual minority orientations are not mental illnesses and that efforts to change sexual orientations cause harm. It is the latter point that the authors challenge.*

The authors' argument that sexual orientation change efforts (SOCE) are not harmful rests on an unpublished article that has apparently not been peer-reviewed (Sullins, 2021). The authors' argument is therefore weakened.

Moreover, new research studies emerge every year documenting the harmful effects of conversion therapy. Here are several recent ones:

Forsythe, Anna et al. (2022). Humanistic and economic burden of conversion therapy among LGBTQ youths in the United States. JAMA Pediatrics, 176(5), 493–501. <https://doi.org/10.1001/jamapediatrics.2022.0042>.

Higbee, Madison et al. (2020). Conversion therapy in the Southern United States: Prevalence and experiences of the survivors. Journal of Homosexuality. Advance online publication. <https://doi.org/10.1080/00918369.2020.1840213>

Przeworski, Amy et al. (2021). A systematic review of the efficacy,

harmful effects, and ethical issues related to sexual orientation change effects. Clinical Psychology: Science and Practice, 28, 81–100. <https://doi.org/10.1111/cpsp.12377>

Overall, then, the authors of this comment use a single, unpublished study to challenge a single study supporting the assertion that SOCE are harmful. The evidence base, however, does not rely on that single study, but instead rests on multiple studies, all of which replicate the finding that SOCE are harmful.

Having read the entire text of this communication, I now encourage readers to reflect for a few moments on their reaction to both our original comment and the reviewers' feedback: To what extent does the feedback seem to be reasoned and measured and reflect a fair critique of the failings of our comment? To what extent does it seem to suggest an ideologically closed perspective that is gatekeeping preferred narratives about SOCE? To what extent might both options be at play? What considerations bring you to your conclusions?

Feedback with Commentary

Now that you have had some opportunity to reach your own conclusions relatively free from persuasion, I again present the reviewers' comments, but this time interspersed with my own observations. Again, the reader can determine whether my thoughts are a reasoned and legitimate concern for a premature foreclosing on some change-allowing therapies, or whether I am simply a partisan hack with no real interest in acknowledging the validity of the conventional wisdom that all SOCE causes harm.

Reviewer #1: Please evaluate the Comment on the basis of the following criteria:

1. *Is the goal of the comment clear? Yes. The authors have a clear goal of supporting sexual orientation change efforts (SOCE) and disagree with the APA's Guidelines for Psychological Practice with Sexual Minority Persons. However, they cite as supporting evidence, several studies built on flawed logic.*

In my own therapy work with couples, I frequently warn about the dangers of assuming you know the motives of the other and caution that one's assumptions are more likely to conform to one's own preconceived beliefs rather than the ultimate reality. Here I judge that the reviewer has committed such an error. I neither support all interventions that have been described as falling under the rubric of SOCE (i.e., aversive techniques are a clear example of this), nor do I disagree completely with the APA's guidelines. In fact, in our comment we specifically point out one area of agreement, and there are many more, such as respecting the dignity and autonomy of sexual minority persons. Furthermore, while we are accused of using flawed logic, these flaws are not specified, so it is conveniently impossible to know what the reviewer has in mind. One would hope in the interests of helping the authors improve their manuscript that the reviewer would at least specify one example of their flawed thinking.

2. *Does the comment relate clearly to the original article? Somewhat. The authors zero in on the specific "Guideline 4" of the APA document, ignoring other guidelines in the document. It is unclear if they support the other guidelines or object to the entire spirit of the document.*

From this feedback I take it that potential contributors must agree with "the entire spirit" of the Guidelines or any critique of any portion of it will be deemed illegitimate, no matter how sound or scholarly the argument is. Yet it is unclear how it might be possible to raise serious and important questions about the Guidelines' view of SOCE harms and not run afoul of this "entire spirit" directive. Beyond this, it would have been impossible to address all the guidelines in 1000 words. The purpose of "zeroing in" on Guideline 4 was precisely to limit ourselves to a clear focus that could be suitable to expound upon within such a strict word limitation. Again, I'm not sure how we could have satisfied this reviewer and stayed within the space limitations of the comment format.

3. *Does the comment add new information to the scholarly discussion of the topic? No. The evidence that the authors use to support their argument is potentially not peer-reviewed (as one citation of an article by Sullins 2021 had a footer that explicitly said the document was not peer-reviewed) or conducted to peer-review at open access journals that have questionable rigor.*

There is truth to this concern in that Sullins' main study (Sullins, 2021) had yet to be peer-reviewed at the time of our submission. The unfortunate back story is that Sullins' reanalysis has been held up in peer review for over a year (though it appears it may finally be getting published in a prestigious journal and hence worth the delay). It would have been ideal for his reanalysis to have had a peer-reviewed background for our reviewers. Moreover, I included reference to some of my research in our comment, which is peer-reviewed, but since the review process is supposed to be

blind, I masked references to my studies, so the reviewers had no clue. I decided that I could not mask Sullins' study, since it was key to our comment and to mask his work as well would mean reviewers would have no idea what the research we referred to actually was. So, it was an unfortunate set of circumstances we were working under, i.e., a time limitation for submitting the comment and a laborious and not finalized review process at another journal involving research central to our argument. Such are the vagaries of the scholarly peer review process.

I would also add that a lack of peer-review status has not seemed to be an impediment for research that is taken seriously by academics in this literature. For example, the study published in book form by Bell, Weinberg, and Hammersmith (1981) was, to my knowledge, never peer-reviewed but is still cited today as support for the notion that family dynamics or childhood trauma never play a role in the development of same-sex sexuality (e.g., Przeworski et al., 2021, noted by the second reviewer below). If in fact studies purporting to challenge aspects of the conventional wisdom on matters pertaining to sexual orientation and gender identity may have a more difficult road to publication in an APA journal, then it is also hard to miss the irony in this reviewer's concern. Namely, research that is counter to preferred narratives and official policies within the APA is less likely to be published in their family of journals (as well as most other professional association-affiliated journals), and hence these researchers are more willing to turn to open access journals to bypass such gatekeeping. Yet by forcing such researchers into doing so, this APA reviewer determines their research is *ipso facto* of substandard rigor and unworthy of publication. Maybe it is sour grapes, but it is hard not to feel some resonance here with the old adage, "heads I win, tails you lose."

4. Is the information provided important? No. The authors attempt to deride the APA's stance against SOCE by suggesting previous peer-reviewed research on the topic is flawed while citing their own list of highly suspect, allegedly peer-reviewed research. They try to appeal that the science behind the harms of SOCE is equivocal and, therefore, the APA's stance is mistaken. To uphold a practice that is condemned by multiple professional associations is not important information; it is information designed to obfuscate.

According to the Merriam-Webster dictionary, *deride* means (1) "to laugh at or insult contemptuously" or (2) "to subject to unusually bitter or contemptuous ridicule or criticism." By that standard, unless I am seriously missing something, I find it a stretch to characterize the comment as deriding the APA's stance. Disagreeing in part, certainly, but deriding, I cannot find evidence for this being an overt or covert element of our comment. It is discouraging to me as someone who appreciates measured, academic discussions to have our comment dismissed on this basis. There was no intent on our part to personally offend a reader, but it seems the reviewer may have experienced the information in that fashion.

Nor do I find the reviewer really interacting with the substance of our argument. If we are really incorrect in our view, for example, that most if not all of the SOCE research purporting harms does not account for pre-SOCE levels of distress, then that should be easy to prove in a sentence by citing the literature that does precisely dispute our claim. Nothing along these lines is offered. Instead, in what appears closer to actual derision, the reviewer describes the

work of Sullins and others as “highly suspect, allegedly peer-reviewed research.”

Then there is the accusation that our intent (again reading our motives) is to “obfuscate” what “multiple professional associations” have condemned. However, our comment only made the minimalist claim that the SOCE literature has yet to arrive at a complete accounting of SOCE practices and there is a likelihood based on the emerging research we cite that some methods associated with SOCE may be experienced as beneficial by some sexual minorities. Again, appeals to authority, including mental health associations, do not constitute a substantive refutation of the concerns we expressed in our comment. This seems to be a tribal rather than scientific argument that is difficult to overcome, i.e., settled science is what organizations such as the APA say it is. In this characterization, science is not about exploring and potentially challenging conventional wisdom in a field, but rather about providing more evidence in favor of the APA’s position. What is sought is not a clearer and more nuanced picture of the truth, but rather a stronger bulwark for defending the practices and policy positions that have received the imprimatur of the APA. Is it scientifically likely that one side on such complex and controversial issue as SOCE has it completely correct and the other side has without exception gotten it wrong? To learn from each other, both sides have to be willing to listen to reasoned arguments and data.

5. Is the Comment written clearly? Partially. It is clear that the authors are trying to achieve a publication in the American Psychologist to detract from the APA’s stance on SOCE. However, there are parts of the letter that are unclear. For instance, the authors write, “We have no doubt that certain SOCE practices are harmful

to sexual minorities generally, and we have no interest in defending such activities.” The author should offer examples of what they deem as harmful SOCE practices. It is unclear to the reader what kinds of practices they are referencing because all forms of SOCE are condemned by multiple professional associations. If the authors believe there are nuances of SOCE and some practices that are indefensible while other are defensible, then they should provide clear examples of what they mean. Additionally, the authors write, “However, Sullins’ work along with other recent studies suggest there remains . . .” The authors should supply citations of these other recent studies.

Due to the space limitations of a comment, we did not offer an example of a harmful practice, but this would have been easy to do, e.g., aversive cognitive and behavioral techniques. Similarly, it would have been simple to give examples of potential beneficial SOCE practices, such as behavioral reductions in same-sex behavior or choosing not to identify as LGB. These complaints seem fairly trivial and ones that would normally result in a request to make minor revisions rather than an absolute rejection. The “other recent studies” referenced were those I have conducted (Rosik et al., 2021; Rosik et al., 2022), and since the review process required a blinded manuscript, I had to indicate these references were “masked for review.” Hence, this was another unfortunate double-bind, though again easily fixable and hardly a convincing rationale for rejection over revision.

6. Is the tone of the Comment constructive and collegial? It is collegial, but I did not find it

constructive. The authors do not suggest what they think the Guideline should be or whether the APA should reverse its stance on SOCE. Their suggestion of “sociopolitical diversity” is not constructive because it is unclear what journals are to do about this. The authors are using claims of “sociopolitical diversity” and “adversarial collaboration” to manufacture opportunities to peddle support of SOCE within journals that have actual rigorous peer review.

For the record, I am in agreement with a lot of the APA’s position on SOCE that makes for good clinical practice, such as not overstating the claims of change, not guaranteeing orientation change, determining client motivations for change, looking at the impact of discrimination and minority stress experiences, etc. Our comment was again only asking the APA to consider the possibility Guideline 4’s universal and non-specific characterization of all SOCE methods as harmful, for all sexual minorities may need to be reconsidered. We had neither the word space nor the inclination to challenge anything more about the Guideline.

In addition, it is hard not to experience the terminology of “manufacture opportunities,” “peddle support,” and “actual rigorous peer review” as being contemptuous, but I cannot definitively read the reviewer’s mind. I would say that the reviewer seems to have completely missed the point of advocating for sociopolitical diversity, which is the admission that ideological monocultures make for suboptimal science due to such well-established problems as confirmation bias, groupthink, and motivated reasoning. This seems to me to be a constructive recommendation. What journals dedicated to improving replicable science can do is to encourage and publish research on SOCE that reflects such diversity, either between or

within the research articles it features. I fear this may no longer be part of the definition of “rigorous peer review” as pertains to SOCE within APA journals, regardless of scientific merit.

7. How likely is it that the Comment will be cited in future publications? I think it is likely this will be cited in future open access publications that seem to be the premier venues for publishing studies that support SOCE. I strongly believe this letter will find its way into the policy arena as well, as advocates of SOCE continue to fight against SOCE bans under the ruse of “patient choice.” They will undoubtedly trumpet a letter in the American Psychologist because it seems that most of their other work cannot find homes except for paid open access journals.

The reviewer is of course correct in assuming the recent research our comment alludes to will be finding its way into the scientific and policy conversations about SOCE. We are committed as social scientists to assisting in this endeavor, both for the advancement of scientific truth as well as to protect the interests of traditionally religious and other sexual minorities who are being prohibited from finding professional care in which to explore the fluidity of their same-sex attractions, behaviors, and identities and/or their experience of gender.

It is a concern that something as foundational to psychotherapy as patient choice can be placed in scare quotes and summarily dismissed as a “ruse.” Also disconcerting is the implied disparagement of open access journals, i.e., that research published in these journals is not as scholarly as that found in APA-related journals, since authors pay to have their work published in

the former (this is done in order to offset costs associated with the publishing service and make articles free and immediately available to anyone in the world). I have heard this viewpoint expressed before in efforts to delegitimize research in open access journals. I consider this a form of *ad hominem* argument, only in this instance not against a person but rather a publication medium. What is similar is that the reviewer's criticism does not address the quality of the argument (in this instance Dr. Sullins' research), but dodges that responsibility by attacking the messenger (i.e., open access journals).

It is also telling that the APA often cites open access journals in their official documents. In fact, the full version of the *APA Guidelines for Psychological Practice with Sexual Minority Persons* includes three citations from *PLOS One*, which describes itself as a peer-reviewed open access scientific journal (i.e., Fitzgerald-Husek et al., 2017; Flynn et al., 2017; Friedman et al., 2014). Furthermore, the one open access journal we did cite in the comment was for Sullins' study published in *Frontiers of Psychology*, which in 2020 had an impact factor of 2.99 (an impact factor is the average number of times articles from a two-year timeframe have been cited in indexed journals). This number is higher than 43.3% (26/60) of the impact factors associated with APA-affiliated journals that listed this statistic for 2020. The quality of research published in many open access journals seems to stand up quite well to comparisons with non-open access journals such as those published by the APA, the reviewer's disparagement notwithstanding. If indeed journals published by mental health associations serve gatekeeping functions in arenas such as SOCE where these associations have established strong ideological and policy commitments, then one can expect open access journals to be the

primary publishing venue for research that brings new insights and clarity to these topics.

Reviewer #2: *This article is a comment on the Nakamura et al. (2022) American Psychologist paper that provides an executive summary of the 2021 revision of the APA Guidelines for Psychological Practice with Sexual Minority Persons. The comment focuses on Guideline 4, which asserts that psychologists understand that sexual minority orientations are not mental illnesses and that efforts to change sexual orientations cause harm. It is the latter point that the authors challenge.*

The authors' argument that sexual orientation change efforts (SOCE) are not harmful rests on an unpublished article that has apparently not been peer-reviewed (Sullins, 2021). The authors' argument is therefore weakened.

As I noted previously, our argument is perhaps weakened by the fact Sullins' reanalysis has languished in the peer review process for over a year. Weakened is not the same as nullified. Given the limited timeframe for submitting a comment following publication of the target article, we had no real choice but to proceed ahead of the peer review process for the reanalysis. However, I am sure that these reviewers are able scholars who could easily critique a reanalysis and point out the serious flaws, should they exist. The fact that the reviewer bases the rejection of the comment predominantly on the basis of a lack of peer review of Sullins' reanalysis is taking the easy way out. A critique and rejection primarily on the merits of the research would seem a much more sound and

convincing basis for the reviewer's judgment.

Moreover, new research studies emerge every year documenting the harmful effects of conversion therapy. Here are several recent ones:

Forsythe, Anna et al. (2022). Humanistic and economic burden of conversion therapy among LGBTQ youths in the United States. JAMA Pediatrics, 176(5), 493–501. <https://doi.org/10.1001/jamapediatrics.2022.0042>

Higbee, Madison et al. (2020). Conversion therapy in the Southern United States: Prevalence and experiences of the survivors. Journal of Homosexuality. Advance online publication. <https://doi.org/10.1080/00918369.2020.1840213>

Przeworski, Amy et al. (2021). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change effects. Clinical Psychology: Science and Practice, 28, 81–100. <https://doi.org/10.1111/cpsp.12377>

These studies deserve a more complete critique than I can provide here, but a few observations in the present context are in order. The Forsythe et al. (2022) study commits the very methodological errors our comment sought to bring to light. First, the study's participants were all LGBTQ-identified individuals. Second, the authors repeatedly cite Blosnich et al. (2020) in their arguments. They do acknowledge the possibility of selection bias such as that discovered in Sullins' reanalysis of Blosnich et al., i.e., that preexisting distress leads to the pursuit of SOCE. However, they dismiss this by asserting “. . . such an argument assumes that they freely seek SOGICE” (sexual orientation and gender identity change

efforts; p. 499), adding, “With such prevalent pressure to change orientation or identity, it is unlikely that LGBTQ individuals who undergo SOCE differ from their peers except for the extent of the pressure or coercion they receive” (p. 499). Of course, Sullins' reanalysis, based on a nationally representative sample obtained through the gay-allied Williams Institute at UCLA, clearly takes precedence over the speculations of Forsythe et al.

In fact, as a third and final observation, the Forsythe et al. paper is rife with speculation. The authors confess, “The model made several assumptions because of the limited availability of data” (p. 494), “. . . including that the risks of adverse outcomes was the same across different sexual orientations and gender identities and for various SOGICE modalities” (p. 499). This includes the lumping together of religious and licensed mental health providers (74% and 26% of the sample, respectfully), as well as the conflation of electroconvulsive practices with contemporary speech-based therapies. I counted the presence of at least 16 different assumptions embedded within their model. This raises a real risk of modeling that ultimately is more reflective of conjecture than established, real-world facts.

The Higbee et al. (2020) study commits the same error of including only sexual minorities who are LGBTQ-identified, which eliminates by definition those who may have had beneficial experiences with sexual attraction fluidity exploration and hence did not adopt such a sexual identity label. Moreover, the authors were exceedingly conscious of their decision to exclude those who did not identify as LGBQ. They acknowledge, “. . . we chose to only include sexual orientation in our analysis because the other variables often measure individuals who identify as heterosexual but engage in same-sex sexual activity rather than individuals with a *solidified* LGBQ+ sexual

identity” (p. 8, my emphasis). This exclusion likely places severe limitations on interpretation of the study’s results.

Another concern is the authors’ causative assumptions from correlational data, concluding that, “The finding that respondents who undergo conversion therapy before age 18 are significantly more likely to experience serious mental illness further substantiates the scientific consensus around conversion therapy as a psychologically harmful practice” (p. 13). This is precisely the kind of erroneous thinking that Sullins’ reanalysis so effectively challenges, as Higbee et al. have no idea of the pre-SOCE distress levels of their participants. Other problems with this study are fairly “run of the mill” for this literature, such as a definition of conversion therapy that almost exclusively highlights obsolete practices such as using hypnosis to induce vomiting and paralysis, administering electric shocks, and “corrective rape.”

Finally, Przeworski et al. (2020) offer a systemic review of the SOCE literature. As noted by Schumm et al. (this issue), Przeworski et al.’s review primarily relied on studies that were very old and/or based on small samples, which is a poor basis for drawing conclusions about contemporary forms of sexual attraction fluidity exploration in therapy (SAFE-T). The research in this review of SOCE is thus subject to the same methodological concerns we were attempting to address, i.e., a lack of assessment for pre-SOCE distress. To a significant degree this review is already outdated and needs to take into account the research we refer to in our comment. To summarize and return to the second reviewer’s feedback, it appears all three of these papers serve effectively to highlight our concerns rather than refute them.

Overall, then, the authors of this comment use a single, unpublished

study to challenge a single study supporting the assertion that SOCE are harmful. The evidence base, however, does not rely on that single study, but instead rests on multiple studies, all of which replicate the finding that SOCE are harmful.

We actually cited two studies (while others were masked), and the second was the aforementioned reanalysis published in *Frontiers of Psychology* and dismissed (but at least recognized) by the first reviewer. The main point of our comment remains. If the SOCE evidence base is largely suffering from at least a few very serious methodological oversights, it does not by virtue of its sheer volume or consistency in potentially faulty findings negate those concerns. Nowhere does the reviewer challenge the new research on empirical grounds but relies instead on an implied version of the “settled science” argument. I think this is most unfortunate for furthering an understanding of SOCE that better represents the experiences of ideologically and religiously diverse sexual minorities.

Conclusion

I have attempted to give the reader an opportunity to come inside the inner sanctum of the academic peer review process through a detailing of my experience with the *American Psychologist* peer review process. While I definitely have an opinion, the subjective aspects of the process mean I cannot be definitively certain our comment was rejected out of a gatekeeping function rather than a lack of scholarly quality. Unfortunately, the failure of the reviewers to interact with the merits of the specific methodological issues we raise is reason for concern. It may take significantly more time and effort before our research findings gain sufficient traction to be taken seriously, but I

remain hopeful that this endeavor will have an impact. The integrity of the science around change-allowing therapies and the necessity for sexual minorities to have the option of exploring their sexual orientation and/or gender fluidity is at stake.

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The Right to Try Versus Closing of the Sexual Mind

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The Right to Try Versus Closing of the Sexual Mind

This article contains a novel and much needed perspective regarding the growing restrictions on treating same-sex attraction. Legally prohibiting therapists from helping people, who for personal or religious reasons, want to modify their sexual attraction deprives them of their civil rights and violates the ethical principle of personal autonomy to define one's treatment goals. These restrictions are allegedly based on scientific "proof" that such therapy is ineffective at best or harmful at worst. But are the "facts" firmly established enough to warrant this unprecedented, draconian social policy that creates a new, distressed sexuality minority deprived of their right to try? We review recent research that refutes the received opinion of "born that way, can't change," methodological flaws in existing research marshalled to support this conclusion, and polemical biases that influenced professional organizations to support bans on therapy, leaving those who wish to explore change without professional help.

Keywords: LGBT, same-sex attraction, sexual fluidity, sexual orientation change, SAFE-T, social policy

The dazzling rate of change in the popular and scientific views of LGBTQ is unprecedented. From the dark days when LGB persons were imprisoned, they now have achieved long overdue civil rights. At the same time, the zealotry of this modern enlightenment has cast a shadow over the civil rights of others who are pained by their same-sex attractions and want the right to try to examine and modify them. With draconian irony, laws have been proposed to imprison mental health professionals for "multiple offenses" of assisting such people.

In a stunning, unprecedented act of information censorship, Google has announced that it will re-direct searches for the controversial term "conversion therapy" to LGB sites. Recently, Amazon adopted what is, in effect, a totalitarian form of "book banning" by removing from their website scholarly books by Dr. Joseph Nicolosi, Sr. on reparative or reintegrative therapy® (often confused with "conversion therapy," a vague, inapt term that is practiced more by laypersons than by certified psychotherapists, who do not convert people). These steps, ironically, undermine one of the American Psychological Association's ethical principles respecting patients' right to self-determination and autonomy. These actions have been justified by many professional societies which allege that not only "conversion therapy," but any therapeutic

attempt to change a person's attraction is ineffective and even harmful.

But not so fast: A closer examination of this revolutionary and unprecedented restriction on patients and therapists, as with most radical revolutions, reveals that it is based more on political polemics than scientific facts.

So how did we get here?

Rational discussion is difficult in matters of passion, especially when the passion is sexuality. Most people, laymen and professionals alike, now believe that sexual orientation is an innate inclination, mostly genetic. Ask them if gays are born that way and the instantaneous response is, "Yes." Ask if they can change and the answer is, "No." I [R. S.] recently asked a highly regarded therapist on what she based this opinion. After a pregnant pause, she acknowledged that she had no answer.

There are many questions about what is more appropriately called "sexual orientation change efforts" (SOCE) or more recently (if awkwardly) "sexual attraction fluidity exploration in therapy" (SAFE-T). Is homosexuality primarily shaped by genes and biology, or by environment? Does same-sex attraction change spontaneously or through psychotherapy? What about the pain and depression of the now silenced minority with same-sex attractions who wish to explore their potential for change? Consider those who want

to live in line with their personal values and/or maintain their heterosexual marriage, but are now deprived of their right to try. To address these questions, let's separate facts from myths.

Facts and Myths about Homosexuality

Myth: 10%, 24%, or more than 25% of Americans are LGBT.

Fact: Scientific studies and Gallup Polls typically found rates of LGBTQ from 1 to 5%, with a 2012 poll citing a figure of 3.5%. A 2021 poll reported 5.6%, an increase attributed mostly to Gen Z who identified as bisexual, with exclusive gays and lesbians constituting 1.5% and 1.0%, respectively.

Most educated people I asked about this said that 10% are gay, at a time when the figure was much lower. One woman put it higher, around 25%. Seventy years ago, Kinsey et al. (1948) observed that 13% of U.S. males and 7% of females were predominantly homosexual for at least three years (averaging 10%). Kinsey's methodology was widely criticized for not being representative of the general population since his respondents were drawn from prison and the underworld. Nevertheless, Bruce Voeller, director of the National Gay Task Force, in 1973 used Kinsey's data to popularize the statistic that 10% of Americans are gay, and this stuck.

Today, things have changed, but not towards greater accuracy. According to a 2015 Gallup poll (McCarthy, 2019), the American public estimated that 23.2% of Americans are gay, 8 times higher than the 3.8% Gallup poll assessment at that time. A 2019 Gallup poll reported that a third of Americans believed that more than 25% of Americans were gay, while only 8% put the figure more accurately at or below 5%. Even with the greater acceptance of acknowledging a gay lifestyle, a 2017 Gallup poll found that 4.5% of the population identified as LBGT, rising by 2021 to 5.6%. Consistent with the Gallup polls, a 2013 study

of nearly 200,000 adults by Savin-Williams & Vrangalova (2013) found that fewer than 2% of women and 1% of men endorsed being "completely homosexual."

The bottom line is that all of these figures are substantially lower than the 10% to 25% range accepted as fact. Since people are highly subjective when forming opinions about the relatively straightforward fact of the frequency of homosexuality, how much more so when it comes to obscure questions about causes and potential for change. This inflationary process can also be explained by Malcolm Gladwell's notion of a "tipping point" where an idea or trend crosses a threshold and spreads like wildfire. A scientific study conducted at Rensselaer Polytechnic Institute (2011) demonstrated that individuals will adopt a belief if only 10% of people endorse it and *two* of their last social interactions agreed with the new idea. More than scientific fact, this psychological dynamic, together with effective publicity transmitted through social media, has influenced the precipitous rate of attitude change and factual distortion.

Whether the percentage of homosexuals is 1 or 5%, this remains a significant number of people who have finally earned hard-fought civil rights and a more level playing field in the pursuit of happiness. If professionals and laypersons alike are confused as to the statistical frequency of homosexuality, they are likely to be even more so about its nature. Is being gay akin to a window treatment of black and white, or one with a gradient of grey? Is it really, as some allege, like skin color or height that is fixed? Can psychotherapy really never help in at least some cases? Let's reexamine the alleged "truths" that have shaped the way people think about the issue.

Are Homosexuals Born That Way?

Myth: Homosexuality is caused primarily by biological factors, likely by a gay gene, and is thus immutable.

Fact: The largest study to date published in the prestigious journal *Science* (2019) found that 5 DNA markers were associated with sexual behavior, but none were powerful enough to predict a given individual's sexuality.

Throughout the history of psychology, the relative emphasis on biological versus environmental causes of human conditions has shifted depending on the socio-political zeitgeist. Nearly all conditions have been viewed as derived from a complex interaction of both biology and environment. Recent breakthroughs in epigenetics add to the argument against a gay gene since the activity and expression of genetic material can be altered by external factors without altering the underlying DNA sequence. Only a few medical conditions such as Huntington's disease are autosomal dominant disorders, meaning a person needs only one copy of the defective gene to develop the disease. Most conditions and traits are more complex. Based on research in the 1980s, schizophrenia was considered to be a simple case of genetic causation, but today scientists believe the causes can be mutations in as many as 120 genes as well as environmental factors.

It's hardly surprising that facts relating to emotionally charged and complex topics like sexual preference would be susceptible to distortion. Andrea Ganna and colleagues (2019), geneticists at MIT and Harvard, noted in *Science* that 25% of sexual behavior can be explained by genetics, with the majority determined by environment and culture. Leaving no ambiguity, Ganna and associates concluded, "There is no 'gay gene'." Similarly, the *American Psychological Association Handbook of Sexuality and Psychology* (Tolman & Diamond, 2014) is now saying that "born that way and can't change" is not true. Contributors to the *APA Handbook*, Rosario & Scrimshaw (2014), stated, "We are far from identifying potential genes that may explain not just male homosexuality but also female

homosexuality," and Kleinplatz & Diamond (2014) observed that, "The *inconvenient* [emphasis added] reality is that social behaviors are always jointly determined by nature, nurture, and opportunity." Noting this fact to be "inconvenient" reveals the underlying political bias that filters the perception of facts, which are sometimes too compelling to distort.

Many studies have shown several environmental factors influencing the development of homosexuality. Sometimes it is a childhood family experience or parental absence or loss, especially by a same-sex parent. Sometimes it is physical and emotional abuse. Incest and developmental influences, particularly during the first six years of life and during adolescence, significantly influence the development of sexual identity later in life. The point is that familial and environmental factors influence sexual behavior—it isn't entirely driven by biology.

Is Sexual Orientation Immutable or Can It Change?

Myth: Once sexual orientation becomes established it cannot change, so any attempts to change are and will always be futile.

Fact: Sexual identity is complex and "fluid," changing to varying degrees within many individuals throughout the lifecycle.

Many gays believe they were born gay and that is why, despite efforts to change, they could not. Shattering the myth of "immutability" of sexual orientation, Diamond and Rosky (2016) published a groundbreaking 2016 study in the *Annual Review of Sex Research Special Issue* concluding that, "First, arguments based on the immutability of sexual orientation are *unscientific*, given that scientific research does not indicate that sexual orientation is uniformly biologically determined at birth or that patterns of same-sex

and other-sex attractions remain fixed over the life course.”

After reviewing the genetic and neuroendocrine evidence, Diamond and Rosky (2016) concluded that the scientific “revolution” in our understanding of the human epigenome, “challenges the notion of being ‘born gay,’ along with the notion of being ‘born’ with *any* complex human trait. Rather, our genetic legacy is dynamic, developmental, and environmentally embedded” (p. 366). They go further to state that even if sexual orientation were wholly determined by biology, it can still change! Humans are malleable. To wit, the growing belief that biological sex as male or female need not correspond to gender identity.

So, in principle, sexual orientation *can* change, but does it? Data from 12,000 adolescents in the 2012 *National Longitudinal Study of Adolescent Health* (Harris & Udry, 2022) showed that of the 5.7% of men and 13.7% of women who identified as “non-heterosexual,” 43% of the men and 50% of the women chose a different sexual orientation category six years later. Of those who changed, two-thirds changed to the 100% heterosexual category. Not surprisingly, most of those changing to “100% heterosexual” began as “mostly heterosexual,” accounting for 58% of the men and 74% of the women. Only 8% of the men and 26% of the women initially in the 100% homosexual group changed to a different sexual identity. Thus, a large percentage of those originally identifying as mostly heterosexual, bisexual, and mostly homosexual changed to 100% heterosexual over a 6-year period. A small, but not insignificant, percentage of those in the 100% homosexual group also changed, especially women.

Diamond and Rosky concluded that the consistency of these findings establish that it is scientifically inaccurate to describe same-sex sexual orientation as an immutable trait. So why do many consider it immutable? To their credit, these researchers acknowledged that, “Scientists themselves, (including the first

author) have sometimes contributed to misconceptions about the immutability of sexual orientation by failing to challenge and unpack these misconceptions in the media, often to avoid having their statements misused by anti-gay activists.” Consistent with the current review, Diamond and Rosky added with refreshing clarity, “*immutability arguments have more to do with cultural values than they have to do with science*” [emphasis added].

Yet, in a puzzling about-face, Diamond and Rosky also assert in the same article that efforts to change sexual orientation through therapy are not only ineffective but also psychologically damaging, resulting in increased depression, anxiety and suicidality. One would think a scientist who just acknowledged that she sometimes contributed to misconceptions would at least begin to question and share an obvious puzzlement. How could it be that sexual orientation, which she demonstrated to be highly fluid or mutable in the natural environment, is unequivocally intractable to change during psychotherapy for all people who are motivated enough to enter treatment? Diamond, who is openly gay, noted in her article that she herself has changed her orientation and feels she had a choice in this. But oddly, she or others somehow could never come to this choice during psychotherapy. This illogical contention is a glaring instance of the very same influence she noted regarding cultural values rather than science shaping conclusions.

The scientific discovery that orientation changes spontaneously should raise questions about the earlier conclusions that all therapy for all persons is ineffective and may be harmful. A more scientific conclusion would encourage a re-examination of the bewildering notion that sexual orientation is naturally mutable, but not by psychotherapy. Let us begin this examination.

Can Psychotherapy Change a Person's Sexual Orientation?

Myth: Scientific research has proven that psychotherapy to change sexual orientation or behavior rarely or never works and is often harmful.

Fact: Scientific research has shown that 1/3 to 2/3 of those in psychotherapy make changes in sexual attraction and behavior, figures not vastly different than therapy for other disorders such as depression.

The most controversial topic is whether a person can change their sexual orientation and behavior, and if so, can psychotherapy help? In 2012, the idea that therapy could be helpful in changing sexual orientation was allegedly debunked. Because of its huge cultural impact, it is important to revisit the curious circumstances of this dramatic episode.

In 2003, Robert Spitzer (2003a), considered the father of modern psychiatry who spearheaded the 1973 decision to remove homosexuality as a disorder, conducted a landmark study interviewing those who underwent therapy to modify their sexual orientation. He found that the majority of 200 mostly religious individuals reported that therapy helped them shift from predominantly homosexual to predominantly heterosexual. Reports of complete change were uncommon, and more women than men reported change (consistent with the finding of women's greater sexual orientation fluidity noted earlier). Spitzer found the reports to be credible. This study became pivotal in the culture wars, initially cited as supporting therapy change efforts. But in 2012, Spitzer (2012) repudiated the study and apologized for his original interpretation of the results. Thereafter, the opponents of therapy to change sexual orientation have cited his reinterpretation as proof that therapy cannot change gays.

The reason Spitzer gave for the 2012 reversal was that the study relied on self-

reports. Consider the difference between Spitzer's (2003b) reply to 26 commentaries and his later repudiation. In 2003 he referred to a positive assessment of his study: "Wakefield says the study 'usefully moves questions about orientation change from the political to the scientific domain and opens them to fresh critical scrutiny, hopefully inaugurating overdue scientific examination of issues currently highly politicized'." In addition to questioning self-reports, others opined that because of selection "bias" of participants who were highly motivated religious individuals (mostly Christian), the results could not be generalized.

Spitzer initially defended and clarified this study by changing the term from "reparative therapy," which implies disorder, to "reorientation therapy," a more neutral term indicating an individual's dissatisfaction with his or her orientation. He noted that the inspiration for the study was the American Psychiatric Association's (2000) Position statement on therapies focused on attempts to change sexual orientation, indicating a courageous effort to fulfill the APA's guidelines. When he discussed the ongoing project with colleagues, he met anger and disbelief that he believed what former gays said about themselves. Spitzer reasonably opined that it made no sense to believe former gays only when they say they have not changed, and discredit those who say they have. He noted sensibly enough that although some response bias may have occurred, this would not explain *all* the reported positive changes.

The vast majority of psychological research both before and after Spitzer have used self-reports, including those that question the effectiveness of therapy to change sexual orientation or claim that it causes harm. Psychology remains in part the study of minds, and access to minds often relies on what people tell us they are experiencing. Methods are available to detect distortions and lies. What gays and former gays report should not be

uncritically accepted, but neither dismissed wholesale. Note that even objective phallometric studies that directly measure erection can be “faked” by enhancing or suppressing one’s arousal responses. Yet such studies are not dismissed outright.

The proper scientific response to a retrospective interview study is to note the limitations of the data, interpret and generalize the results within those limitations, and suggest future directions and improvements for research on the topic. In his 2003 response to critics, Spitzer reframed the research question from, “Can some gays change their sexual orientation?” to, “Contrary to conventional wisdom, do some ex-gays describe changes in attraction, fantasy, and desire that are consistent with true changes in sexual orientation?” Instead of a wholesale repudiation, the study, as one commentator opined, was useful in shifting questions about sexual orientation from the political to the scientific domain and hopefully inaugurating a scientific examination of these highly politicized issues. Instead, further investigation into how sexual orientation can change was met with silence. The closing of the sexual mind has been firmly fixed.

Why then did Spitzer publish a repudiation? The original article, published in a reputable journal, *Archives of Sexual Behavior*, was given multiple peer reviews using conventional standards of evaluation. Alice Drucker, former professor of bioethics at Northwestern University, described a conversation with Ken Zucker, editor of the *Archives*. He told her that he advised Spitzer that since the varied scholarly commentaries were positive, negative, and mixed, the controversy alone did not merit retraction. Spitzer’s initial change in the interpretation of the data is not normally the thing that causes an editor to “expunge the scientific record.” Zucker went on to say, “You can retract data incorrectly analyzed; to do that, you publish an erratum. You can retract an article if the data

were falsified. As I understand it, he’s [Spitzer] just saying ten years later that he wants to retract his *interpretation* [emphasis added] of the data. Well, we’d probably have to retract hundreds of scientific papers with regard to re-interpretation, and we don’t do that.”

Despite the popular press, the *Archives* never *retracted* his article but published Spitzer’s brief 2012 note, in which he walked back from his earlier belief that the reports of change in any of 200 former gays were credible. He now wrote that there was no way of determining if any of the participant’s claims of change were valid, and apologized for harm that gays may have experienced undergoing therapy. This extreme flip-flop is more characteristic of a politician vying for votes from opposing constituencies than of a scientific researcher. Again, the dominance of politics over science.

The editor of *Atlantic Magazine*, Steve Stossel, reported a visit to Spitzer’s home by Gabriel Arana, who as a teen underwent “reparative therapy” and attributed his depression and suicidality to the treatment. Presumably moved by his story, Spitzer asked Arana, an editor at *The American Prospect*, to publish a retraction of his paper, “So I don’t have to worry about it anymore.” This request was not sensible, which Spitzer should have known, because only the journal that published an article can retract it. For a decade Spitzer remained silent; at the time of his interview with Arana, he was 80 years old with advanced Parkinson’s disease, from which he died a few years later. In his brief repudiation, he merely said he felt his critics were essentially correct. This occurred at a time when the gay rights movement was mounting intense pressure on society to conform to their politically correct ideology, and of course, much of this was directed at Spitzer. He asked to end the meeting with Arana because he felt “weary.”

A single study, regardless of the author’s questionable later views, should not have become a socio-scientific tipping point

contributing to the closing of the sexual mind. The 2009 APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (APA, 2009) noted that there was only a small number of studies, mostly done before 1981, on therapy to change sexual orientation, but nevertheless concluded that it was “unlikely” that psychotherapy could change sexual orientation. Given that the Task Force reported that the studies showed between 1/3 and 2/3 of participants experienced varying degrees of change in aspects of their sexual attractions and behaviors, why would they conclude that change was “unlikely” rather than at least possible in some cases? The report noted that the more stringent the studies, the lower the rate of change, but this would still leave a sizeable percentage of participants that experienced some change. Note that the introduction of the section of the report entitled Research on Adults Who Undergo Sexual Orientation Change Efforts clearly states that “*Because of the lack of empirical research in this area, the conclusions must be viewed as tentative*” [emphasis added]. Tentative results should not form the basis of revolutionary social and medical policy.

Why did the Task Force make sweeping conclusions that went beyond the data and their own caveat that the conclusions must be viewed as tentative? Consider the fact that 5 of the 6 Task Force members were LGB identified, all 6 were unsympathetic to sexual orientation change therapy, and none were religious. When asked about why no religious psychologists were included, Clinton Anderson, the Director of APA’s LGB Concerns Office, defended the decision: “We cannot take into account what are fundamentally negative religious perceptions of homosexuality—they don’t fit into our worldview” (Yarhouse, 2009, p. 74). Revealing political bias rather than scientific objectivity, the selection criterion held that only those who held fundamentally positive perceptions of homosexuality were acceptable. Presumably,

the committee comprised of 83% gay members held such positive views. A fair court of law would not stack the jury by admitting those who held a clear positive view of a position while excluding those who did not. It would strive to at least balance the members with equally opposing or more neutral views. The committee member’s uniform identity and associated beliefs introduced a glaring confirmatory bias that inevitably influenced the design, outcome and interpretations of the investigation (Jones et al., 2010). Note that the Task Force’s selection bias was knowingly established from the outset and never questioned, whereas the many religious individuals in Spitzer’s study were dismissed by critics—and later by him—as lacking credibility.

Given the small number of studies and limited funding for sexual orientation change studies, together with the longstanding, post-Spitzer fallout for even conducting such research, we simply do not know enough for broad, sweeping conclusions that therapy is unlikely to help. Consider psychotherapy outcome research that evaluates the “efficacy” or effectiveness of treatment for disorders such as depression or anxiety. A 2018 study by Hengartner and Plöderl (2018) published in *Frontiers in Psychiatry* reported that most studies used “poor methods” and the few high-quality studies yield “remarkably lower effect sizes” than the studies of lower quality. (Note that this is the same finding that the APA Report observed with sexual orientation change studies of varying quality.) They draw a stark conclusion about *therapy in general, including pharmacotherapy*, even for this widely accepted treatment of depression:

Some evidence suggests that when efficacy is estimated based exclusively on unbiased high-quality trials, effects of psychotherapy could fall below the threshold for clinical relevance (Cuijpers et al., 2014). Recently, some

psychotherapy researchers hence raised the controversial point that effects of both psychotherapy and pharmacotherapy for depression may entirely reflect a placebo effect (Cuijpers and Cristea, 2015). (p. 256)

What would happen if the same stringent criteria used for evaluating and excluding sexual orientation change studies are applied to psychotherapy research in general? The empirically based cognitive-behavioral therapy and medication therapies for depression (two of the most thoroughly researched over decades and reputedly effective treatments) would need to be discouraged and potentially outlawed, an unlikely or nonsensical step.

By improving the scientific rigor of psychological research, the field risks being hoisted on its own petard. Instead of a politically motivated movement to defund research or make it illegal to provide therapy for depression, the scientifically informed direction would be to encourage innovative treatments to improve them and evaluate them more stringently. It is unlikely that even a single psychologist, let alone an entire mental health association would advocate prohibiting future treatments of depression on the basis of the research noted above. In fairness, the same standards of evaluation and social policy should be applied to both depression and sexuality. The reason sexual orientation change therapy is shunned while depression treatment is not is the socio-political zeitgeist deems depression to be abnormal and bad and homosexuality to be a normal variant of sexuality and in that sense, good. But this is not the view of *those distressed by it*, and this disenfranchised group deserves a voice.

A more scientifically accurate conclusion would be that, given the paucity, limited quality, and low replication rates of research, we cannot yet determine definitively if and what type of therapy to change sexual orientation is effective or not. As with

depression, there are studies of varying degrees of rigor, as well as many credible case reports. Only more research will delineate an as yet to be determined percentage and types of people who can be helped, even with the current state of the art.

Does Sexual Orientation Change Therapy Cause Harm?

Myth: Scientific research has shown that therapy to change sexual orientation causes harm to many who have tried to change, including but not limited to depression and suicidality.

Fact: There is currently no credible scientific evidence to determine whether such therapy harms people more than other therapies and whether the therapy itself caused the harm. Rather, there are reports by some who failed to change that felt harmed and attributed various forms of harm to the treatment.

People who are deeply conflicted about same-sex attraction prior to therapy often suffer from confusion, anxiety, guilt, depression, and suicidality. It is plausible that if the person wanted to change and the therapy did not help, they might feel despair if unable to accept their attraction. But as I [C. R.] observed, research indicates that 5–10% of adults in all forms of therapy report being worse off after the therapy and 20% or more of children and adolescents in psychotherapy evince deterioration rates (Rosik, 2014; see also Lambert, 2013). Also, those asserting harm use drop-out rates from SOCE as indications that the dropouts felt they were “harmed.” The appropriate scientific approach to this issue, as I [C. R.] observed, would be to place the question of harm in the broader context of all therapies, establishing a base rate against which alleged SOCE harm can be evaluated.

Another point I [C. R.] noted that limits the interpretation of the anecdotal data about harm is the failure to differentiate between good and

bad SOCE. There are likely differences between well-designed treatments administered by professionals and undefined therapies by non-professional counselors or church members without training who may induce shame and guilt.

A recent study on SOCE by Blosnich and colleagues (2020) purporting harm caused by SOCE has become an influential “fact” supporting the dangers from which people should be protected. However, this study was seriously flawed by a major omission that experienced researchers should have been aware of. The study failed to take into account the levels of suicidality and distress that the individuals had *prior to* undergoing the treatment. The Blosnich study used an existing dataset (the Generations survey) available to other scholars. Oddly, Blosnich and colleagues did not take into account data concerning the subjects’ pre-SOCE distress in their study design even though such information was available in their same dataset. These researchers nevertheless purported to find that SOCE had “insidious associations with suicide risk” and “may compound or create . . . suicidal ideation and suicide attempts.” Note that “insidious associations” is a rhetorical rather than a scientific statement, while “may compound or create” describes a hypothesis that should be tested, not a scientific finding.

But there is more: Puzzled by this omission, Donald Sullins (in press) reanalyzed the same data, but took into account the pre-“SOCE” distress levels of the study participants. This reanalysis revealed a very different reality. While the effect of controlling for pre-SOCE suicidality was larger for adults than for minors, Sullins reported:

After controlling for pre-existing conditions, there no longer remained any positive associations of SOCE with suicidality in the Generations data. Where there was a significant

association, suicidality following SOCE was reduced, not increased.

For the most part the observed reduction in suicidality is not small, especially for those who received SOCE treatment as adults. Following SOCE, the odds of suicide ideation were reduced by two-thirds (AOR of .30) for adults and by one-third (AOR of .67) for minors. Suicide attempts were reduced by four-fifths (AOR of .20) for adults following SOCE, though they were not reduced for minors. Minors undergoing SOCE were only about half as likely to attempt suicide after initial thoughts or plans of suicide, and no less likely after an initial suicide attempt, compared to their peers who did not undergo SOCE. On the other hand, adults who experienced SOCE intervention following suicidal thoughts or plans were 17–25 times less likely to attempt suicide. Sullins concluded, “Blosnich et al. are simply mistaken: as the evidence in the present paper shows, controlling for pre-SOCE suicidality emphatically contradicts their conclusion.”

Sullins’s reanalysis controlling for pre-SOCE distress is of great importance because no fewer than a half dozen recent studies of SOCE suffered from the same oversight. Hence, this literature is insufficient to support any general prohibition on therapies that work with a client’s goal of exploring their sexual attraction fluidity potential. More generally, the glaring oversight by established scientists adds compelling support to the current contention that research on this highly charged issue is marred by selective interpretive biases resulting in distortions of fact that inform vital social policy.

The 2009 APA Task Force concluded that research was lacking to determine the likelihood of SOCE was being harmful:

We conclude that there is a dearth of scientifically sound research on the safety of SOCE. Early and recent research studies provide no clear

indication of the prevalence of harmful outcomes among people who have undergone efforts to change their sexual orientation or the frequency of occurrence of harm because no study to date of adequate scientific rigor has been explicitly designed to do so. Thus, we cannot conclude how likely it is that harm will occur from SOCE. (APA, 2009, p. 42)

It is unlikely that research over the past decade, especially considering the methodological flaws noted above, represents strong policy-changing evidence. Yet recent statements and resolutions by the APA have taken a more hostile tone toward SOCE (Dispenza et al., 2021) and have lost any pretense to measured objectivity, preferring talk-therapy bans to the conduct of ideologically neutral and diverse research. Tellingly, however, the APA's more recent statements about SOCE are blind to the issues that Sullins has exposed for all to see. In fact, recent APA guidelines and resolutions cite the Blosnich study as support for the contention that SOCE elevates the risk of suicide, whereas Sullins's reanalysis indicates the reality is exactly the opposite, that SOCE reduced suicidality.

Back to the Future: Homosexuality or “Homosexualities”

The gay rights movement won a hard-fought battle to increase awareness and acceptance of sexual diversity. Ironically, this was achieved partially through a retreat from diversity to the view that homosexuality is a monolithic phenomenon and that research studies would apply to all homosexuals and all forms of therapy. This reverses the groundbreaking work of Kinsey in 1948 who introduced the idea that sexual orientation was not binary, but a continuum on a 7-point scale with 0 representing “exclusively heterosexual” and 6 “exclusively homosexual” with most people

falling somewhere in between. In 1978 Bell and Weinberg (1981), researchers at the Kinsey Institute, published *Homosexualities: A Study in Diversity Among Men and Women*, challenging the stereotype that all homosexuals were isolated, unhappy, and dysfunctional. Instead, they proposed subtypes that ranged from the unhappy “dysfunctional” and “asexual” subtypes to the “closed couples” who lived together in stable, committed relationships, akin to the heterosexual, monogamous ideal of that time. They recommended that rather than referring to “homosexuality” we should use the term “homosexualities” and differentiate amongst these various subtypes.

This more differentiated and accurate view is consistent with general psychological thinking that the study of most phenomena should distinguish among subtypes. It's time to restore Bell and Weinberg's concept of “homosexualities” to allow scientific investigations to explore what subtypes of homosexuality in which cultural and religious groups will respond to which forms of therapy—and vice versa. Presumably, those with 100% homosexual orientation who want to change will respond less completely to therapy or will need a more intensive, longer-term therapy, or perhaps one not yet devised. Many conditions such as agoraphobia and manic depression eluded successful outcomes for decades until the development of cognitive therapy, medication, and more recently, brain stimulation.

How did this regression in socio-scientific and public thinking occur? The highly charged and high-stake cultural struggle around sexuality, as noted earlier, encourages emotional reasoning. This in turn contributes to magnification in perception and global, non-differentiated, all-or-none thinking. Recently an Israeli minister whose comment that he knew of people with “homosexual tendencies” who were helped by therapy sparked a firestorm of controversy calling for his

resignation. Homosexual tendencies could range from those with occasional homoerotic thoughts and feelings that have never been acted upon to people with such tendencies that have lived in same-sex relationships for decades. Today's zeitgeist allows no differentiation of these degrees and subtypes, ruling out exploration of how and to what extent SOCE therapies can help some along the continuum.

Right to Try: Implications for Policy

A disordered adjustment arises when unwanted same-sex attractions conflict with a person's core identity and cause them distress. An open-minded and compassionate understanding can comprehend the intense conflict of a married person who wants to remain so, or a religious person dedicated to following his or her understanding of God-given laws. This emotional disorder does not need to be considered a specific sexual disorder, avoiding any implication of the normality or abnormality of gay life. Indeed, psychology previously allowed those with "ego-dystonic" homosexual attraction, whose attraction caused distress because it conflicted with their core identity, to make an informed choice of the goals of therapy to be decided by the client and therapist. The current diagnosis of "adjustment disorder" is broad enough to accommodate same-sex attraction that is unwanted and causes distress. A renewed and truly liberal view of diversity demands this inclusion.

Not only did the gay-rights movement achieve acceptance of diversity, but it also expanded civil rights to sexual minorities that had been marginalized, stigmatized and silenced. In her recent Ted Talk promoting "sexual fluidity," "Why the 'Born This Way' Argument Doesn't Advance LGBT Equality," Diamond offered that holding onto the scientifically incorrect position that sexual orientation is immutable is not justified, not necessary for legal cases, and is actually

harmful to the struggle for civil rights of those sexual minorities that are based on choice. Even if sexual orientation is changeable by choice, she concluded, respecting the civil rights of these minorities is simply the right thing to do.

Consider again the pain, depression and potential suicidality of those for whom same-sex attractions or behaviors are tantamount to the "death" of their strongly held psychosexual identity, whether religiously or otherwise informed. To conclude that it is unethical or perhaps soon to be illegal for therapists to offer any form of SOCE to any person is an egregious and harmful deprivation of their civil rights.

Recall that according to the APA Report, credible research on SOCE pretty much ceased after 1981, since homosexuality was no longer considered an illness after 1973 unless it caused distress, and was totally removed in 1986. As noted earlier, conditions such as obsessive-compulsive disorder, manic-depressive disorder and agoraphobia, previously intractable, are now treatable with improved techniques. Note that even the best treatments may yield only a 2/3 success rate, with some relapse potential. It is logically impossible to conclude that any future therapies could not be developed that could assist some same-sex attracted persons in developing their heterosexual potential. The failure to explore this is a value-laden, not scientific, decision—a reversal of the past discrimination against gays that now does so against those who want to change.

Let us say that it was demonstrated definitively (which as we have shown, it has not) that no existing therapy to change sexual orientation has yet reached the level of quality found acceptable by the APA. Consider an analogy to medical conditions for which there is no approved treatment. The Right to Try Act, signed into law in 2018 and adopted in 38 states, allows people with life-threatening illnesses who have unsuccessfully tried all

FDA approved therapies to have “expanded access” to try certain unapproved experimental therapies. This is aptly termed “compassionate use.” Let us not allow what is tentative science at best and emotional polemics at worst to deprive those deeply pained by unwanted sexual feelings of their autonomy and civil right to determine their treatment goals. Instead, let us expand access to include and respect the right to try of this newly threatened sexual minority.

Conclusion

The gay spectrum is an ever expanding “rainbow,” evinced by the growing inclusiveness of the acronym to LGBTQIA (Lesbian, Gay, Bisexual, Transsexual, Queer, Intersexual, Associates). The nearly 80% acceptance rate of gays and legally established gay rights represents an unprecedented change in social attitudes that should reassure the movement that their place in society is secure. Now that homosexuality is accepted, homosexual advocacy groups, politicians and the general public can add another hue to the rainbow, opening the sexual mind to a more dispassionate discussion of the development of sexual orientation and scientific investigation to identify who can and who cannot be helped by which forms of existing or yet to be developed therapies. What we need now is for sexuality experts to step forward to decry the politicizing of science. Let us welcome a world where the gay community can rest assured that while they remain who they are, they should allow others who need professional help to become who they are, equally convinced they are and must be. It is time to honor ethical requirements of autonomy, self-determination, respect and dignity of those who are suffering and encouraging their “right to try.” This too is a basic human and civil right.

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Agentic Sexuality: On Rescuing Humanity from the Tyranny of the Invisible

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Agentic Sexuality: On Rescuing Humanity from the Tyranny of the Invisible

This paper refutes the common, non-agentic view that human sexuality and sexual activity is caused by any number of powerful constructs or forces acting upon them. The paper also briefly refutes traditional “free choice” theories of sexual and other human activities. Furthermore, the paper develops an alternative, essentially hermeneutic-phenomenological view of human sexuality, one which holds that human beings are, by virtue of their very ontology (i.e., their most essential being or nature), agentic in a fundamental and comprehensive way. Human agency, as it is defined and developed in this essay, is conceived as the constant “taking up” and “giving ourselves over to” various meanings, feelings, and possibilities as they are present and available to us in our own active being-in-the-world. The paper applies this understanding of agency to the question of human “sexuality” and sexual activity, articulating an alternative view in which human sexuality is seen as inherently agentic and, thus, free from the causal power of material of other hypothetical abstractions and constructs. Our account seeks thereby to preserve the intrinsic meaningfulness of human sexual desire and action. Finally, the paper briefly addresses some of the ways in which this view of sexuality as agentic could impact research and clinical practice.

Keywords: agency, human sexuality, abstraction, sexual agency, embodiment

Contemporary social science explanations and theories of sexuality—as well as the contemporary cultural narratives of human sexuality—uniformly invoke as explanations invisible abstractions (constructs) presumed to exert some type of real directing causal influence over human sexual actions, thoughts, feelings, and meanings (see, e.g., Dess, Marecek, & Bell, 2018; Golanty & Edlin, 2012; Richards & Barker, 2015; Rokach & Patel, 2021). This paper refutes the common, non-agentic view in psychology and in the social narrative that the “sexuality” and sexual activity of human beings are caused by—i.e., are in effect the product of—any number of powerful constructs or forces acting upon them (e.g., Lehmler, 2018). The paper also briefly refutes radical free choice theories, as applied in certain psychological theories, to sexual and other human activities. Further, the paper develops an alternative, perhaps best described as a phenomenological, view of human sexuality in the context of an understanding that human beings are, by virtue of their very ontology (i.e., their most essential being or nature), agentic in a fundamental and comprehensive way.

Human agency, as it is defined and developed in this essay (see also Williams,

Gantt, & Fischer, 2021), is best conceived as the constant “taking up” (i.e., considering, including, or integrating into the active stream of one’s emotive/cognitive/conative life) of ideas, meanings, feelings, and possibilities, as all these essential phenomena are made available to us by the possibilities afforded to us by our own active being-in-the-world. In addition to “taking up,” human agency unfolds in our constant “giving ourselves over to” (i.e., entertaining, considering, judging, conceiving of, or accepting) various ideas, meanings, feeling, and possibilities, as well as in declining, refraining, or refusing to give ourselves over to such things—for any or all of a very large, undetermined number of reasons (which reasons themselves are likewise agentic acts of “taking up” and giving ourselves over to).

What this means is that by our intrinsic agentic being in the world, we will constantly, in one way or another, “put in play” or “remove from play” in our lived world any number of meaningful elements in the very act of being the kind of beings we are. Thus, “taking up” and “giving ourselves over” constitute both the substance of human agentic action, and also the origins, reasons, and justifications that

are essential parts of any genuinely meaningful agentic action. An important part of this conception of human being in the world is that in human lived experience reasons are themselves agentic actions of exactly the same sort as any actions for

which they are or become the reasons. Thus, human agency is wholistic constant, and nonlinear (see Table 1—Glossary for an account of how “agency” is to be understood in this theoretical formulation).

Table 1

Glossary of Key Terms

| Key Term | Definition utilized in the present paper |
|---------------------|---|
| Agency/Human Agency | <p>Agency as defined and developed in this theoretical approach (see Williams, Gantt, and Fischer, 2021) is not understood as just a capacity or a particular operation of the mind or consciousness, as we might, for example, think of “logic,” or “memory,” or “perception.” Rather “agency” refers to the totality of on-going, constant, mental/emotional/conative activity that characterizes living or being-in-the-world itself for a human being. Agency is agentic, creative, and expressive, rather than pro-forma and determined or caused or produced within individuals by something other than the individuals’ acting for themselves. This is to say that agency is agentic owing to the fundamental metaphysical and ontological makeup of human beings <i>as agentic</i>, not because of any special power or particularity arising from some “attribute” of persons,” such as “consciousness” itself and is not produced, or called into being by environments and situations, such as in social cognitive models of agency.</p> |
| Abstraction | <p>Abstraction, as referred to in this paper has three meanings. First, the common and mostly theoretically innocent use of abstraction, is fundamental to any language. It consists of using words to name or specify things in the world. A name is never the actual thing named, but it has an actual thing as its referent. The second use of abstraction is to specify categories of things—things that share a set of qualities characteristic of the category. Categorization, like naming, results in an economy of expression.</p> <p>The issue most relevant for this paper pertains to a third way abstractions are used. It is that abstractions are often used to name some idea or hypothesized “entity” that is then spoken of as if were the name of some entity or force possessing the power or ability to <i>produce</i>, or <i>cause</i> events, including, feelings, actions and knowledge in the minds and lives of agentic persons. For example, the word “desire” is an abstraction used, appropriately perhaps, to summarize and classify a number of things that Smith is <i>doing</i>—i.e., thinking, feeling, considering, wanting, planning, etc. However, the abstraction “desire,” can only really refer to and describe the whole of the intricate network of things Smith is actually <i>doing</i> at any one time, or across time, as an intelligent, sentient, rational agent. Indeed, there would seem to be no mechanism nor medium for any causal power or efficacy for any abstraction like a “desire” to <i>cause</i> or <i>produce</i> Smith’s actions either mental of behavioral—since “desire” itself is a term used for economy to describe and tentatively classify or name Smith’s actions and since names neither produce nor cause. Other examples of this issue include “memory” vs. acts of remembering, “love” vs behaving kindly and caringly toward someone, “intelligence” vs performing certain tasks (aka, doing some stuff) well.</p> |

| | |
|----------------|---|
| Intentionality | Following the phenomenological philosophical tradition, pioneered by Franz Brentano and Edmund Husserl, “intentionality” in this paper is used to mean that mental states, such as thoughts, beliefs, hopes, desires, and consciousness itself are always directed toward some object or state of affairs as the individual human being organizes and makes meaning of the experienced world. See https://iep.utm.edu/intentio/ . In this intellectual tradition, consciousness itself—as its primary manifestation—“discovers” and “reveals” the experiential world meaningfully. This usage contrasts with naturalistic, physicalistic psychological theories which posit that sensations—patterns of stimulation at the level of sensory organs and brain cells are by some as yet unspecified process—turned into <i>perceptions</i> , i.e., meaningful things and events recognizable as representations of the reality of the lived world. |
| Agentic Action | This essay employs a conception of agency (see Williams, Gantt, & Fischer, 2021) alternative to models grounded in what is commonly referred to as “libertarian free will,” free choice, or as “radical free choice.” Genuine human agency is more organic and more fluid than can easily be captured in models that invoking deliberated choosing, and the imposition of the will or a similar assertion of power over self or circumstance. While there are distinct “choice points” in the flow of life, such points are not the best exemplars of agency, and are relatively rare within the constant flow of agentic living. Rather, agentic action is much closer to “yielding to” or “taking on” as in entertaining or trying out a possibility, a possible understanding or account of something that one might provide as a reason for a particular behavioral path, as opposed to some other path that might also have been taken. Human agency is active; we are continually considering, acting, reserving, committing as well as re-considering, doing differently, changing our minds as well as our reasons. |
| Agentic | Of, by, or reflecting holistic human agency, rather than caused by forces outside (or inside) the agent him- or herself. This contrasts, for example, with Stanley Milgram’s use of the word as in “agentic state” to mean acting as an agent under the authority of another person. |
| Affordance | The use, purpose, or possibilities a thing, a situation, an idea, or action could have or make possible as that thing is disclosed in the lived world of an agentic person. |
| Embodiment | The integrated state of being in the world as an agentic person such that the traditional dichotomy between mind and body is experientially overcome or recast. The term refers to the ubiquitous experience that mental life is always grounded in the material realities of the body (as the body is part of the larger material world) including its unique affordances, limitations, and meanings. At the same time experiences of the material world including the physical body are always grounded in the psychic life of an intelligent agent including all of its unique affordances, limitations, and meanings. |

The paper applies this new understanding of agency to the context of human “sexuality” and sexual activity, offering an alternative understanding of human sexuality as inherently agentic, thus freeing it from the hypothetical power of

invisible abstractions (in their guise as constructs and causes) and thereby preserving for us the possibility of always doing otherwise and of being otherwise. Such an agentic account likewise preserves “sexuality” as inherently meaningful in the

same way and for that same reason that any agentic human actions are always meaningful by virtue of their arising always from and within the actions of meaning-making human beings. Such inherent meaningfulness contrasts with more artificial *assigned meaningfulness* that is the only kind of meaningfulness available in a non-agentic causal world. Ways in which this view of sexuality as agentic could impact research and clinical practice will also be briefly addressed.

Agentic Sexuality: Protects Humanity from the Tyranny of the Invisible

As noted above, human sexuality is widely held to be in important ways basically biologically driven/determined (LeVay et al., 2019), both in the academic discourse of the social sciences and in the larger culture. However, at the same time, it is also widely experienced as one of the most important and meaningful activities in which human beings purposefully engage—that is, it seems to be an importantly agentic phenomenon (Albanesi, 2010). As Christine Emba (2022) summarizes this dual nature of sex as we understand it, using a phrase from Oxford philosopher Amia Srinivasan, “Sex is not a sandwich . . .” (Emba, 2022, p. 7). In short, and paradoxically, a great many people defend the legitimacy of radical individual freedom of action in sexual matters while also considering sexuality to be fundamentally biologically based, or otherwise driven by abstract causal forces. Indeed, Wilkerson (2009) notes that the “standard view” in contemporary society and social science is that sexual orientation (as an example) is “an enduring, fairly stable *desire* oriented toward a particular *gender*” that is “thought to be a constant and underlying feature of a person’s make up,” while sexual *identity* is “a self-consciously direct project that a person develops around

this *orientation*” (p. 97).¹ However, Wilkerson (2009) also notes that this distinction often disappears in many of our discussions about sexuality because “such talk often runs orientation and identity together” (p. 98).

The obvious contradiction between determinism and free choice speaks to both the importance attached to sexuality in our culture and to a persistent and enduring, possibly even self-deceived, confusion about its nature and meaning. And, insofar as the social sciences contribute significantly to the larger culture’s understanding of human sexuality, the contradiction we note also attests to a fundamental incoherence in contemporary social science accounts of sexuality (see, Eberstadt, 2019; Grant, 2015; Soh, 2020; Trueman, 2020). This paper will present an analysis of both abstract and agentic approaches to understanding sexuality in the hope of shedding some new light on the phenomenon, as well as bringing some clarity (by way of contrast) to the frequently muddled accounts present in contemporary psychological theory and practice relevant to sexual matters. We note at the outset that this task is complicated significantly because the language of sexuality—scholarly as well as common conversational language—is constantly shifting as people insist on certain definitions and usages to support particular theories or political agendas and, thereby, “capture the discourse” on sexuality for themselves (see Kuby, 2015). We will attempt to note these language problems along the way and to keep them from derailing the analysis.

¹ Italics are added in this quotation to identify and illustrate the use of abstractions that grants to them explanatory, and often, causal power. This use of abstractions to explain and account for human phenomena will be dealt with in various places in this paper.

Simply stated, the following analysis aims to establish that human sexuality is really best understood as embodied agentic action. As such, human sexuality is neither reducible to underlying biological or natural causes and forces, nor to the effects of powerful invisible abstractions—either of which would turn sexuality into a type of *natural event* rather than a meaningful *human action*. However, our claim here does not entail the somewhat common but conceptually flawed claim that sexuality as genuinely human agentic action is a matter of sexual behaviors, desires, orientations, or identities being freely chosen from among alternatives by an independent (free) rational will in the traditional libertarian way of thinking about human agency and free choice. To support our claim that sexuality is agentic, we offer a new account of human agency that does not simply reflect a view of agency as “radical choice” (Taylor, 1985), or what is often termed “libertarian free will” (Clarke, 2003).² This new account of human agency makes sense of human sexuality without succumbing to the temptations of either biological reduction or radical free choice.

Sexuality as Abstraction vs. Sexuality as Embodied Human Action

One major conclusion of our analysis is that the term “sexuality” as generally used in academic psychological theory and pop psychology does not actually designate any “real” object or category of things. “Sexuality” is an abstraction, a general idea about all sorts of thoughts, observations, and

experiences related to sex in any of many manifestations. And ideas—as thoughts, observations, and experiences—have their being only in the human acts of thinking, observing, and experiencing. Such acts are real, but they produce ideas and other acts—behavioral, emotive, or cognitive. And we must understand that a generalized idea is an abstraction, not a category of real things (see Table 1—Glossary for an account of how “abstraction” is to be understood in this theoretical formulation). Thus, we contend, the term “sexuality” has, in fact, no real referent, no condition or entity, no “thing” to which it directly or adequately corresponds. Rather, as we will show, “sexuality” is more fruitfully understood as a *description* of what people do, say, feel, or think, and not as the name of something people possess, or something that is operating within people or upon people and causing them to do what they do, or to desire how and what they desire. This view stands in stark contrast to the prevailing consensus in the professional and academic areas of contemporary social science, as well as in the larger social and moral context of modern Western self-understanding (see Eberstadt, 2019; Lehmler, 2018; Slife, 2004; Trueman, 2020).

Indeed, current explanations and understandings of virtually all human actions, including “sexual” activity, posit the operations of powerful abstractions, invisible to the eye, and discernable by only those whose minds have been educated to “see” and understand the operations of such invisible forces, as well as to understand what they themselves and others do and feel in terms of such abstractions (Toomela, 2008; Williams, 2018; Williams et al., 2021). For example, as Lehmler (2018) asserts in a popular introductory text on the psychology of human sexuality, “As a starting point, it is useful to acknowledge that every single sexual act is the result of

² This discussion is necessarily simplified for non-specialist readers. A fuller account and argument contrasting agentic human action and radical free will is found in Williams, Gantt, and Fischer (2021). Arguably, some psychological theories positing causation as an interaction of nature/biology and nurture/environment might be called “compatibilist.”

several powerful forces acting upon one or more persons” (p. 3). Continuing, he further states: “Whether sex occurs at any given moment depends on which forces are strongest at the time” (p. 3). It is thus the appointed task of the educated and critically discerning social science researcher or practitioner to detect and identify these powerful (though subtle and abstract) causal forces—the operations of which the individual him- or herself is almost certainly unaware—in order to fully comprehend and explain the variety of human sexual desires, acts, and relationships that make up what we refer to as “sexuality.”³

Perhaps the best known of all such abstractions applied to the understanding of sexuality are those drawn from the psychoanalytical theory of Sigmund Freud. Such abstractions include the “unconscious mind,” *libido*, *id*, *ego*, *superego*, and, indeed, the whole notion of “sexual drives” (see, e.g., Freud, 1949, 1961, 1962). While granting that for Freud himself, and other members of the Psychoanalytical movement, these constructs were not meant to be, and in the minds of the theorists themselves were not abstractions, we nonetheless claim that in every respect they function as, and thus

are best understood in contemporary social science as abstractions—i.e., as descriptions of what people do and how some therapists think and understand the meaningful world in which their clients live and function. Without recounting the intellectual history in detail, we will simply note that this explanatory tack—i.e., a reliance on abstractions to do the conceptual heavy lifting of explanation and understanding—is one inherited mostly from the European philosophy of the late 17th and early to mid-20th centuries. Its line of descent can be traced from the Enlightenment materialism and mechanism of figures such as Thomas Hobbes (Gantt & Williams, 2021) and Isaac Newton (Gantt & Williams, 2014), the Romanticism of Jean-Jacques Rousseau (Trueman, 2020), the positivistic science of August Comte (Singer, 2005), and the “absolute idealism” of Georg Wilhelm Friedrich Hegel, especially as manifest in more recent times in Marxism, Cultural Marxism, and Critical Theories of all stripes (Hayek, 1952; see also, Pluckrose & Lindsay, 2020). One of the most influential uses of abstractions to explain sexuality and sexual behavior originated in the “Third Force” psychology that developed in the middle decades of the 20th century, with its heavy reliance on concepts such as “needs,” the “authentic self,” and “orientations” (Gantt & Thayne, 2017). More contemporary treatments of human sexuality tend to draw at will from the full gamut of explanatory modes currently offered within the human sciences: positivism, structuralism, behaviorism, humanism, evolutionary approaches, neurophysiology, social psychological and post-modern social constructivist and critical theories (see, e.g., DeLamater & Plante, 2015; Naples, 2020), all of which rely heavily on the explanatory power of reified abstractions and do so with limited, if any, careful critical reflection.

³ Note Stanley Milgram’s apt description of social psychological inquiry into human action: “The implicit model for experimental work is that of the person influenced by *social forces while often believing in his or her own independence of them*. It is thus a social psychology of the reactive individual, *the recipient of forces and pressures emanating from outside oneself*. The social world does not impinge on us as a set of discrete variables, but as a vibrant, continuous stream of events whose constituent parts can be dissected only through analysis, and whose effects can be most compellingly demonstrated through the logic of experiments. Indeed, the creative claim of social psychology lies in its capacity to reconstruct varied types of social experience in an experimental format, to clarify and make visible the operation of *obscure social forces* so that they may be explored in terms of the language of cause and effect” (1992, p. xix; emphasis added).

To be clear, there is nothing wrong, in principle, with using an abstract term like “sexuality” in common conversation. Effective communication in general would be very difficult without the use of such abstractions. One could use that word in any number of casual conversations, and everyone would know what was being talked about. However, “sexuality” becomes more than merely a conversational descriptive term when it is applied as the name of a metaphysical category of “things,” or set of supposedly real things, or real types of persons, or forces that “push” and “pull” persons to do or to feel certain things, whether from the inside, the outside, or some combination of the two. When used this way, “sexuality” begins to take on an existence of its own that is radically different from conversational or descriptive narratives *about* agentic human actions, becoming instead a label for *types* of actions, or, as the lines of analysis proceed, a name for a real *cause* of, or category of such actions. This sort of reification can be seen in the context of “sexuality,” in references to such things and categories as “homo-sexuality,” “hetero-sexuality,” “bi-sexuality,” “non-binary sexuality” “a-sexuality,” or “pan-sexuality.” In other words, such terms have ceased being mere descriptors of certain sexual actions (behavioral, mental, or emotional) a person engages in behaviorally, mentally, or emotionally, and instead have become the explanation or *reason why* the person engages in those acts. Additionally, once this initial reification of sexuality has occurred, other abstractions are often quickly drawn into the explanatory vocabulary to name other presumably real things and causes that are part of “sexuality,” for example, “sexual needs,” “sexual orientation,” “sexual drives,”

“sexual identity,” and so on.⁴ In conversations informed by contemporary thought in the social sciences, “sexuality” is almost always, and usually without reservation, transformed from being simply a useful abstraction for describing a broad category of human *actions* into a name for real *things*, either types of persons, or some invisible abstract things with real influence or even causal efficacy in human sexual actions.⁵

The crucial question about this rhetorical and theoretical drift—wherein descriptions of actions (e.g., desiring) are turned into real things (e.g., desires), rather than remaining mere descriptions of actions (i.e., becoming nouns instead of adjectives)—is whether a category mistake has been made. In other words, by what new discovery or influx of knowledge, or by the imposition of what powerful force do these reified descriptors (“sexuality,” “orientation,” “desire,” etc.) become more than simply innocent descriptions of what persons *do* and become the names of actual categories to which persons are to be *assigned*, or categories of real, powerful, invisible causes of what people do relative to sex, and how and why they do it? In short, the question is: have we mistakenly understood what is essentially meaningful agentic human action to be reified powerful causal abstractions? Our answer, as we clarify below, is a resounding “yes!”

⁴ An example of how this invocation of causes an abstractions is expressed in the current cultural narrative, see <https://www.plannedparenthood.org/learn/sexual-orientation/sexual-orientation/what-causes-sexual-orientation>.

⁵ For a fuller analysis of how this tendency toward reification in psychology reflects a “metaphysic of things,” as well as a discussion of the philosophical issues and consequences involved, see Williams (1990).

Reified Abstractions and the Loss of Agency

One of the salient effects of the reification of abstractions described above is the loss of genuine human agency from our understandings and explanations of our humanity and our actions. The absence of any compelling sense or understanding of agency in human affairs results in the loss of meaning, purpose, and the possibility of genuine proactive, self-initiated change (see Williams & Gantt, 2020, 2021). This, in turn, profoundly affects our understanding and explanation of sexual activity of all sorts (e.g., behavioral, cognitive, emotive, moral). With this in mind, then, this essay will focus next on how reifying abstractions obviates genuine human agency and how our current understanding of human agency is inadequate as an explanation of human agency as it is actually lived and experienced. We will explore some consequences of this inadequate thinking about both agency and sexuality for our understanding of our humanity. We will introduce an alternative understanding of human agency (Williams, Gantt, & Fischer, 2021) that overcomes the current problems, and discuss the benefits of our alternative view of sexuality as agentic acts.

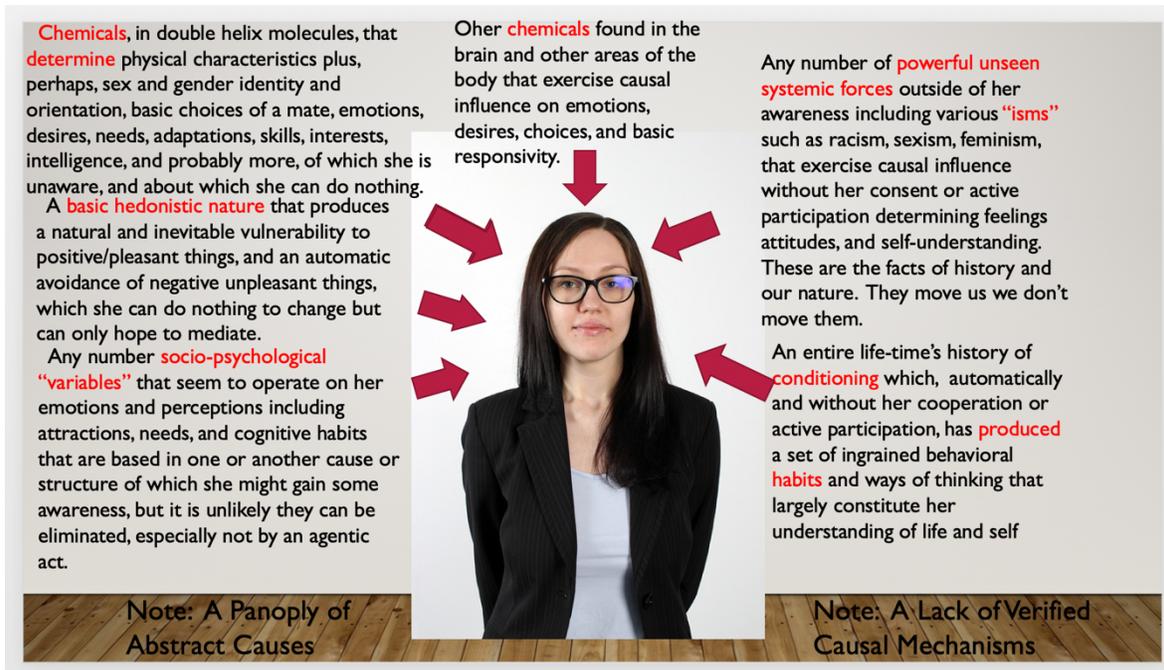
In both the technical language of the social sciences and clinical practice, and even in the language of everyday life, reified abstractions have largely captured the imagination of our culture, and, thus, the general discourse about human sexuality is suffused with reified abstractions. One result of this is that people actually do think of themselves—including when it comes to thinking about sex, sexual behavior, and gender—as being caused or determined⁶ (or

⁶ We recognize here that causality and determinism, in their technical and philosophical definitions, are not the same thing. We will let them “run together” at this point in the paper for the benefit of a non-

at least heavily pressed upon) by any number of causes and forces that are outside their control, or certainly not readily subject to their agency (Hess et al., 2014; see also Figure 1 (next page) for a graphic representation of this state of affairs in contemporary social science).

technical readership and to make a more general point than the philosophical analysis of causality and determination would provide. Space will not permit a fleshed-out treatment. The interested reader is referred to Williams (1992) and Williams, Gantt, and Fisher (2021) for a more technical treatment of some of the issues related to causality and determinism in the context of human agency.

Figure 1—A Representation of General Causal Explanatory Schemes in Contemporary Psychology and the Challenge Faced by Agentic Theories of Human Beings in the World



These occult, abstract causes are given great deference in conversations, both professional and casual. It seems odd to have such confidence in and afford such deference to the supposed importance and power of abstract things when the only evidence of their existence (i.e., that they have legitimate ontological status and efficacy), indeed the only form in which they can confidently be said to exist, is that *they have been conceived of*—and talked about, and taught, and written of, etc. If we were to assign a real ontological status to them, the status must surely be only that they exist as thoughts (or conceptions) produced and expressed by human beings. And, very importantly, the only way they can continue to exist is by continuing to be thus conceived of. Even if one were to object to this conclusion by suggesting that things like “identities” or “orientations” can also be *felt*—that is, they can be experienced

as “feelings,” or subjective emotional states—feelings are always feelings *about* something, or toward something—otherwise they are merely bodily, diffuse, inarticulate, and of no effect above the level of general perturbation. Thus, the only way a feeling can have an effect on a person is for it to find expression, ultimately, as a thought or idea “about something” and “for the sake of something.”⁷ As we will argue below, the ontology of idea and feeling confirms that these supposed abstract causes are themselves meaningful agentic acts and not the causes of such acts. This analysis of feelings as products of agentic acts is related to the work of C. Terry Warner (1986,

⁷ Though we will not develop the analysis here, this approach to understanding emphasizes the fact that human thoughts, feelings, and actions are holistic; every feeling is about something (accurately or not) and thus is intimately connected to a thought, and actions have thoughts and feelings already inherent in them (see Williams & Gantt, 2021).

2013). The notion that meaningful telic actions begin with agentic “affective assessments” of world self and possibilities was carefully developed by Joseph Rychlak (1994). The following analysis will support the conclusion just outlined.

We have come to think of ourselves largely as “having” an identity, including a sexual identity, instead of just being the person to which our embodiment, our history, our kinship, and our experience belong. Claiming to have an “identity” is redundant and provides no new understanding or insight; it simply renames, as an abstract “thing,” what is already the totality of our experience and agentic living. Such an abstract, reified “identity” seems, from a common reifying perspective, to be in some way responsible for things about us which we must either accept, or which we must try (sometimes with some desperation) to control, reverse, or disown. And this contrived situation provides the setting for a possible war of sorts between artificially conceived aspects of ourselves. This idea of self as subject to, or source of, or product of reified abstractions, however, results in a highly unnatural split of our personhood such that we become both an “identity” and a “person” apart from that identity, someone who must either fulfill or oppose that identity for reasons about which the two contrived avatars of ourselves might strongly disagree.

In summary, then, our larger psychologically influenced secular culture as well as similarly influenced religious cultures, incline us to think we are subject to powerful abstractions such as sexual drives, desires, attractions, identities, and orientations that have to be dealt with, controlled, eliminated, accepted, or embraced and indulged, or even celebrated. This understanding is often so pervasive and unquestioned that it may not even occur to us that such things (i.e., the supposed

powerful abstractions) in fact do not exist—except as invented descriptions of what we, as individual human agents, actively think, feel, and do at any one time for any of a very large number of available reasons. The category mistake we mentioned above is that we put all of these sexual things in a category of “real things” exercising some power over us, when they are in truth just terms that describe how we are actively engaging as human agents in the world in which sexually relevant thoughts, actions, and feelings are a part. In short, all these things are really descriptions of stuff we do; they are not things that do stuff to us. This is the fundamental claim of this essay.

Abstractions in the Context of Change and Fluidity

One objection to the entire line of analysis developed in the previous section might be that it is irrelevant because, according to a competing analysis, those just-named abstractions taken to be definitive of sexuality are not really firm categories because sexuality itself is “fluid” (Diamond, 2008). However, suggesting that sexuality is “fluid” opens some insightful possibilities *viz a viz* our main proposition that sexuality—when understood properly—might really be, in some important ways, agentic action. However, it must be kept in mind that fluidity in the context of sexuality can be conceived of in at least two ways. First, some might contend that sexuality is fluid in that people can move from one ontologically real category to another, essentially being one kind of sexual being, and then becoming another kind of sexual being (Hoffman-Fox, 2017). This would essentially mean that the fundamental cause, or “trigger” for any change must be something built into the very nature of the sexual construct itself (i.e., identity, orientation, etc.). In terms of abstract sexual

things, such as identities, orientations, drives, and so forth, this is a difficult proposition because there is no developed sense of how abstract laws, principles, concepts, structures, variables, and such things can actually morph to become different abstractions. By their very nature, and in keeping with the role they play in social scientific explanations, abstractions are generally taken to be stable and unambiguous, and, thus, not subject to change or even extinction. This presumed stability and lack of ambiguity are what undergird the usefulness of abstractions as (presumed) scientific explanations. In the case of abstractions related to sexuality, such as identity, orientation, preference, attractions, and any number of others, research has not been able to provide stable, consensual, validated measures or definitions that can bring respect and scientific validity to the psychological study of human sexuality (see Sell, 1997, 2007; Wolff et al., 2017), and thus provide a reasoned scientific account of change and fluidity.

Second, this proposition of fluidity is difficult to defend if sexuality is held to be exclusively or entirely biologically based. The difficulty stems from the fact that there seem to be very few, if any, physical organisms that can be first one thing and then another. Even in the interesting case of insect metamorphosis where what was once a caterpillar emerges from a chrysalis as a butterfly, it is possible to trace a single organism through each of the various stages of development. At no point does the organism become a different organism. If insects had identities, the organism's identity would not change through the metamorphosis. If we had named the caterpillar "John," for example, then we could still be sure that the butterfly it became is still also John. Only the *form* John took has changed—which is what is implied

in the term *morph* in "metamorphosis;" it is a *changing of shape*. There is, however, nothing in human life that even approaches metamorphosis, and when we consider that human beings are also possessed of consciousness, self-reflection, evaluative powers, memory, and historicity, it becomes obvious that our selfhood, our very *ipseity*,⁸ is not ontologically fluid. Conscious self-awareness, coupled with meaningful historicity, makes it virtually impossible—barring some major physiological injury or other aberration—that we could ever meaningfully claim that who and what we ontologically *are* is fluid in any substantive ontological way. Superficial changes of form, however, are quite common, and are almost always easily attributable to agentic actions by the persons themselves.

There is, therefore, another sense of "fluidity" that coincides with a genuinely agentic understanding of our humanity. Indeed, it makes sense to claim that as agentic beings, what we *do* (including how we act, how we think, how we feel, and, importantly, *why* we do so) is in an important way fluid (Williams, Gantt, & Fischer, 2021). This is, indeed, a basic thrust of the meaning of agentic sexuality. As we argued above, it is problematic to propose that a human being can really "be" one sort of being, one sort of person, materially and spiritually, and then really become another. Ipseity and its accoutrements are much too durable for this sort of morphing to be possible. But, nonetheless, migration among *metaphorical* or *psychic* categories—or *ways of being*—presents no such conceptual problems because psychic and metaphorical (i.e., meaningful) change and fluidity are hallmarks of human rational consciousness and imagination, and, as such, are hallmarks

⁸ Essential selfhood or "self-ness," the quality of being who/what one is as distinct from anyone or anything else.

also of human agency. Migration between *ontological* categories, on the other hand, is unprecedented and, as some scholars have suggested, impossible to even conceptualize.⁹

Laying aside the question of how many scholars are actually careful in making the distinction between “sexuality” as a fairly straightforward descriptive term applied to a certain class of human *activities* and “sexuality” as a categorical term that designates some actual existent *thing* or *category* with ontological status of some sort and metaphysically real defining properties, we are still faced with the question of exactly what it is that might be fluid and changing when we speak of “fluid sexuality.” For reasons just discussed, it is difficult to defend a claim that “sexuality” is both metaphysically/ontologically real (i.e., an abstraction with causal efficacy) *and* profoundly fluid in some way. The alternative to this difficulty is to hold that persons and their intentional, meaningful, agentic acts (including thoughts, feelings, and actions) are real, and that people therefore engage in “sexuality” volitionally in various ways with various persons for various reasons in various situations. This is the sort of fluidity that is reasonable.

Embodiment as a Rescue from Abstractions

The phenomenon of *embodiment* has a rich history within the phenomenological and hermeneutical philosophical traditions, owing substantially to the influential work of the French philosopher Maurice Merleau-Ponty (1989; 2004). Succinctly stated, Merleau-Ponty’s work contributes a thoughtful and nuanced understanding of the

nature and role of the body in the purposive, meaning-making activities of human beings as they live their lives. Indeed, as philosopher Charles Taylor (1989) noted: “If one had to sum up Merleau-Ponty’s philosophical legacy in a phrase, one might say that he more than any other taught us what it means to understand ourselves as embodied agents” (p. 1). Indeed, Merleau-Ponty’s core thesis, Taylor (1989, p. 1) states, is that “the human subject is an agent, engaged in activity, and engaged in a world. He is an embodied subject.” As Merleau-Ponty demonstrates in his most famous philosophical work, *The Phenomenology of Perception* (1989), the body is the basic medium through which we are in the world. The body, he shows, constitutes a fundamental “existential condition” and “intersubjective ground” for all human experience, action, thought, emotion, and relationship. This way of understanding the body is in sharp contrast with the notion of the body as home to, and origin of, a bundle of forces, pushes, and pulls. As one of Merleau-Ponty’s foremost commentators, Gary Madison (1981) explains:

I am a subject only by means of the many unbreakable bonds which tie my consciousness and my body together; I am an embodied subject only by being in a direct mutual relation with the world; and I am in the world only through my co-existence with others who, themselves, are also so many beings in the world. Inversely, the other exists for me only because I am directly linked to the world by a body which is inseparable from my existence. (p. 22)

In other words, as embodied beings, we are always already situated beings, simultaneously enmeshed in social, physical,

⁹ See Nagel (1974) for a compelling analysis of the incoherence of the thesis that human beings might change in their metaphysical nature or fundamental identity, or even authentically imagine such a change.

temporal, and spatial fields of various relationships and meanings. No one comes into the world as an unembodied being. However, just as human action is recognized as always occurring in the context of an inescapable and ever-present biological reality, embodiment is also not in any meaningful way separable from the social, moral, cultural, and historical contexts in which all our acts are inherently embedded. The “lived-body” is a fundamental, essential, and inseparable dimension of our existence as the sorts of (human) beings we are, and the presuppositional horizon within which we live and act. Embodiment is, in this way, the grounding feature of the world of agents and, thus, the most salient context within which agents exercise their creative freedom to be and to do. This view stands in sharp contrast to the prevailing, but philosophically naïve perspectives currently on offer from any of a large number of biological-reductive perspectives (see, e.g., Garson, 2015; Plaisance & Reydon, 2012; Plomin, 2019; Rowland, 2020) wherein the body is either the source of blind, generic motivational pushes and pulls or the physical substrate from which intelligence and moral sensibility magically emerge from meat and chemical.

A perspective grounded in embodiment, on the other hand, suggests that the body is more than a mechanical object governed by natural forces, defined by abstract conditions or casual tendencies, and driven by reflexive responses. In contrast to the traditional view of the body as mechanical, viewing human agency through the lens of embodiment allows us to see the “lived-body” (i.e., the whole, embodied being) as both site and source of our intentional engagement with, and engagement by, the world in all of our projects: a necessary ground for purposive, meaningful action and relationship.¹⁰ While

it is *in and through* the body that we are able to be intimately familiar with and engage the world and others, and are capable of desiring and acting at all, this does not mean that it is *because of* the body that we have a world in the first place, nor is it the case that the body is the sole origin or organ of our desires, our actions, or our identities. As Matthews (2004) notes, “Except in certain contexts, we experience living human bodies, our own and those of other people, not as bits of machinery, but as *the expression of a human person and his or her mode of being in the world*” (p. 194, emphasis added). Indeed, according to this view, sexuality is not best thought of as an abstract causal force or condition, a category of some “thing” that we possess or to which we belong, but rather it is best thought of as an active, purposive, meaningfully unfolding mode of our being in the world with others. In other words, the body is best understood as a *mode* of being, not the material source of being. As such, it should be thought of as an affordance—that is, an enabling context, rather than as what we commonly refer to as a “cause.”

In this way, Merleau-Ponty (as do others) provides a thoughtful and sophisticated alternative to the reductive and emergent explanatory strategies advanced over the last century or so, all of which attribute direct causal roles to the material

some sort of magical “smart meat,” such that the physical body just *has* all the intelligence of a person. Such a position leads to all the conceptual problems encountered by invoking magical abstractions and attributing to them causal power on the one hand, or relying on some sort of magical powers inherent in some, but not all, physical matter on the other hand, all without explanation as to how such might be the case (i.e., how does meat “get” or “produce” meaning and mattering)—positions we have just refuted. Rather, embodiment simply holds that even if there is an intelligent soul or mind that continues after the death of the body, to understand human beings as we encounter them, we must adopt a holistic view that every intelligent agent we meet lives in and through a physical body.

¹⁰ This understanding of embodiment should not be taken as a suggestion that bodies are composed of

body in the production and understanding of meaningful human phenomena, including sexuality (see, e.g., Heinämaa, 2014; Moya & Larrain, 2016; Tolman et al., 2014). Understanding human beings as embodied agents provides a way of taking both the body and agency seriously—as certainly we must do if we hope to understand human sexuality—while avoiding the pitfalls of naïve and incoherent attempts to get meaning out of meat. It also serves as a deterrent to making all sorts of facile category mistakes—such as the common notion that sexual attraction and feelings of love *are really just* the result of oxytocin and dopamine activity in the limbic system (Schneiderman et al., 2012).

Embodiment and Sexuality

We want next to briefly explicate the value and role of the concept of embodiment (and of embodiment itself) to the question of sexuality and human agency, as well as intrinsically related issues such as sexual identity, sexual orientation, sexual desire, and sexual intimacy, by considering the various challenges entailed in uncritical thinking about such things. Consider the following points specifically:

1. It is embodiment that provides the first and most immediate (literally “unmediated”)¹¹ experience of otherness. And, as such, it constitutes an irrefutable validation of ipseity—i.e., of one’s individual existence distinct from any others (e.g., we do not share protoplasm or pain receptors with other people). Embodiment stands in contrast to the

other things about us that we *can* create by an act of our own minds or the exercise of rational capacity, and, because such are just our own ideas, we can to a great extent readily share them with others.

2. Like everything else in the stubborn material world, embodiment resists us in important ways. Embodiment puts boundaries around our creative will and the pride that comes with absolute mastery of anything in the world. It is due to the givenness of embodiment that we are not, alas, as the Renaissance philosopher Pico della Mirandola (1956) suggests in his *Oration on the Dignity of Man*, the “makers and molders of our Selves,” able to fashion ourselves into any form we please, the center of heaven and earth, the measure of all things (see pp. 7–8). Even though we are agentic beings capable of acting on and in the world in which we find ourselves, the brute facticity of embodiment entails that we are also constrained—often in quite profound and far-reaching ways—in what we can do (e.g., some things are too high, too heavy, or too far away, and some things such as others’ embodiment can never be ours).

3. As embodied agents we live in a world that constrains our agency in important ways, a world that makes its own constant demands on us and provides affordances for action, and simultaneously limits the exercise and expression of our will (e.g., we simply must eat, rest, and depend on things outside us, and we cannot do everything that we can think). However, in this, it is not agency that is constrained, but rather

¹¹ That is to say, embodiment is not produced by or dependent upon conscious deliberating thought or reflection.

the possibilities for, and the consequences of, its expression.

4. Embodiment is a source of individuation and alienation because of the otherness inherent in it. After all, we always just know that the headache we are experiencing is *our headache* and not someone else's headache. But we also very clearly know that our headache does not extend to nor exhaust the whole of our being. For just this reason, it is common to say, "I *have* a headache;" that is, part of us *has* the headache and knows *of* it in a way different from just the brute physical experience.

5. However, the body is also a source of intimacy, as embodiment allows us to find others who, in the most basic sense of being to which we have access, are like us and can be with us and we with them. Sympathy, for example, is not just a mental phenomenon. Indeed, sympathy is not solely or even primarily a matter of cognitively imagining ourselves in another's place, but rather something that can be expressed through touch, through a look or a tone, by lifting up the "hands which hang down" (Heb. 12:12), and so forth. Embodiment marks us off as different from one another in deep and impermeable ways even as it opens up for us a shared world of possibilities, meanings, and experiences.

6. The otherness of embodied persons is different from the otherness of material things. The concreteness afforded us in embodiment is a surer foundation for finding, engaging, and knowing others than any sort of imaginative, creative, or empathic thought could

ever afford us. In fact, as the French philosopher Emmanuel Levinas (1969) argues, it is the encounter with concrete otherness that calls us into being as ourselves, as who we are as the particular beings we are. In short, he argues that we would have no reason or occasion to be "us" if it were not for our intimate awareness of "the other" and the moral obligation which concrete otherness affords us. Embodiment makes this otherness of the other real and salient, calling us out in a way that mere ideas never can. It is, thus, perhaps no surprise that Levinas describes the encounter with the other, the encounter that instantiates the self as a self, as the experience of "the face-to-face" (1985, see especially, pp. 83–92).

7. It is the embodied other, and the context of both the limitations and possibilities that embodiment brings, that provides the occasion for the possibility of morality and meaning. Embodiment makes the consequences of our actions not just in our minds or our own lives, but in the lives of real embodied others prominent. Without others and the constraints incumbent in an embodied world there would be no salient context for caring and sharing. Neither material things nor abstract ideas can really cooperate with us in joint meaningful projects. Even using a tool from the natural world is not really a joint or shared endeavor—the tool and the world from which it comes do neither care about, nor have any real stake or interest in any of our projects. Neither material things nor abstract ideas can really cooperate with us. Caring about things, or even about

the passing from vogue to passé of an idea or abstract principle, implies only the shallowest kind of sharing. Real caring and sharing involves joint projects, engaging both mind and body with an embodied other. It is the embodied presence that makes a loved one all the more dear, and the bodily absence that makes the loss of a loved one all the more poignant.

The foregoing seven points show that embodiment is particularly important in experiencing and understanding sexuality not only because sexuality generally involves the body and bodily affordances, but, more importantly, because sex is instantiated in the physical body and is the means of procreating new embodied beings: i.e., it is the source of embodiment itself. For males, in addition to primary and secondary sex characteristics, every cell in the body is also male (with the exception of non-nucleated cells—chiefly blood cells). For females, in addition to primary and secondary sex characteristics, every cell in the body (except blood cells) is female. This biological fact is, by all accounts, immutable. In discussions of sexual fluidity, then, biological sex is not one of the factors that is mutable, notwithstanding the scaffolding, interventions and accoutrements we might deploy in attempting to make it so. A significant part of the muddle in both academic and lay discussions of human sexuality arises from making fine, mostly rhetorical, distinctions between “sex” and “gender,” and the introduction into discussions of various (often concocted) terms referring to various “things”—not infrequently abstractions of precisely the sort discussed above—with very different ontological provenances (see Kuby, 2015, especially pp. 108–120). This serves to keep the conversations *fluid* and allows for any

number of claims that might make conversational or grammatical sense, but which are logically and/or ontologically incoherent (see Trueman, 2020). One might state, for example, that “gender” is fluid, and in so doing cite differences in gender roles and gender identities, and then also propose that sex is a part of gender, so that sex is similarly fluid—in spite of what the biological facts “on the ground,” so to speak, happen to be. In these types of discussions, careful definitions, conceptual consistency, and ontological clarity are usually not points of principal emphasis, since the energy that generates such discussion is often political or largely emotive.

One important aspect of embodiment, then, is that the body witnesses, even at the cellular level, to the immutability of biological sex (and, therefore, biological gender).¹² Embodiment and sexual dimorphism also brings us face to face with sexual complementarity and gives tangible form to the natural connection of sexuality to fecundity and to the concrete otherness of others, including others not yet present (Levinas, 1985). Even granting that biological processes of development and maturation do occasionally not work out perfectly, a person’s sexual or, one could say, “gendered” embodiment, at the level of the cells of the body itself, and not merely its outward appearance, is what it is and is so in its concrete givenness. To the extent that embodiment undergirds identity, then, one’s sexual identity is likewise given. In other words, at the material level, our identity is immutable as well.

There is, however, more to the modern concept of “identity” than just what the body provides (i.e., sex/gender). Contemporary

¹² This will hold as true of human beings, regardless of what future exercises in gene splicing or other technological tinkering might produce. Y chromosomes can only be either present or absent.

Western culture is quite taken with the notion that we can make of ourselves whatever we will (i.e., whatever we desire). The brute facts of the material world and its resistance to us, however, impose strong pragmatic limitations on this self-creativity. Nonetheless, we do have significant power and significant leeway to create and modify our non-biological selves. At the heart of this self-creation—the construction of an *identity*—is the human agent and the agent’s capacity to imagine and to create and re-create. Though we can certainly construe the circumstances of our embodiment in a variety of ways, and apply to it a variety of meanings, our embodiment is not itself fully malleable or complicit in such creativity—it does not inexorably bend to the dictates of our will, but rather constrains and resists the inventiveness of our imagination. Thus, it makes more sense to talk about something like sexual *identity*, along with *preferences* and *orientations*, as being mutable (i.e., subject to creative construction through agentic action). Indeed, we have argued that such things likely are mutable—able to be constituted and re-constituted, done, undone, and redone—precisely because they have their being, their essence, only in the acts of genuine human agents—even in the context, or perhaps especially in the context, of embodiment with all the possibilities and affordances that embodiment presents to us along with its inherent givenness. Thus, one could hope that mutability might bring about harmony with the immutable, rather than conflict with the immutable. It is in this context—i.e., of biological sex (or gender) as fixed and immutable, and sexual identities, desires, orientations, and such things, as constructions which only agentic human beings can create and maintain—that we turn attention to the case for genuinely agentic sexuality. We first introduce agency as understood in this essay and then introduce agentic sexuality.

Agency and Agentic Sexuality

There is no aspect of our essential humanity that is more fluid (i.e., mutable) than our agentic acting/living. The fluidity does not attach to whether or not we *are* agents (agency is the metaphysical core of our being and we cannot be otherwise), but rather “fluidity,” whatever that may mean, attaches to how agency is deployed, and what it might produce. Agentic action is, in its essence, “fluid” and open-ended. To be human is to be an agent, and to be an agent is to be creative, to be intimately enmeshed in a world of genuine possibility, purpose, and meaning. Agency is the essence and foundation of our mutability, our being able to change and do otherwise at any time. The lived world for us exists primarily as possibility and constraint, permeated throughout by meaning and moral significance. Agentic beings are fluid and mutable, though not infinitely so, particularly in light of our embodiment and the material world that resists us, and the fact that we live in a world populated by other agents. Obviously, we simply cannot bring material things into existence by thinking them or speaking them into existence. We cannot conjure. At the same time, we cannot by any act of will become someone else (e.g., Smith cannot ever become Jones). Nonetheless, Smith is never stuck just as he or she is. In the language of today’s world, he or she can always become “Smith 2.0.” However, the fact that we are ontologically agentic beings is *not* itself mutable or subject to change, for all the reasons discussed above about metaphysical realities. However, fluidity of action and mutability in the face of possibility, and in the flow of human events, is endemic to all human agents and definitive of agency itself.

None of this is to say, however, that human agency, properly understood, ends up in a chaos of random reasons and impulses

that would obviate any predictability or understanding of us and our behavior, as has long been feared by many proponents of the largely positivistic social sciences. On the contrary, the lifeworld in which human agency unfolds is not chaotic.¹³ Chaos (i.e., random, unconstrained change) precludes reasons and thereby destroys meaningful agency. Rather, it is the case that sense can always be made of people's agentic actions and their lifeworld (even if the "sense" it makes is hard to make "sense" of). However, if sense is to be made of a person's agentic world, it must be made from the perspective of the particular agent him- or herself, rather than from some "extraspective theoretical (or abstracted) perspective" (Rychlak, 1988), which in the contemporary social science disciplines is generally based on assumptions developed and applied generically, and usually emphasizing constructs, abstractions, forces, or meat and chemical. In the agentic realm, agentic life is a constant and purposeful doing, undoing, and redoing—in the sense of always being open-ended. In short, one might say that for human beings, "it's agency, all the time, and all the way down."¹⁴ The reality of agentic action unfolds within the very hermeneutic circularity—or spiral trajectory—of life

(Slife & Christensen, 2013). And agentic human life, as we have argued, always takes place *within* a world of embodied reality—although, it must be noted, this does *not* mean that agentic life arises (causally) *from* the world of embodied reality. In both the realm of embodied reality and the realm of agentic action, it is true that what is done is done—in the sense that it has some reality in the life-world inhabited by embodied agents—but in the meaning-laden realm of human agency, whatever is done—and its meaning—can also always be undone (or redone) for any or all of a potentially very large number of reasons and in a large number of ways. This is to say, simply that agentic action is meaningful because it comes from meaning-making acts of meaning-making beings. And so, while the *consequences* of agentic acts are not always easily undone, the *meaning*, and thus the "substance" of an agentic act, is always subject to recension, revision, and reconstrual—all of which are, themselves agentic acts. And construals and reasons can also always *be taken up* anew (*or put down again*), taken on, or modified as we *give ourselves over to* (*or hold ourselves back from*) them, either fully or by degrees (see Table 1 – Glossary for an explanation of terms used here that are descriptive of "modes of agentic acting").

This ubiquitous un-doing and re-doing are most important and most obvious in the realm of meaning, purpose, reason, mattering, and related human actions—that is, the realm where our humanity is manifested. The physical, embodied realm provides setting, substance and affordances for agentic human actions. It is the realm in which we always encounter stubborn consequences that do not conform to, nor accommodate, our every meaningful act or aspiration. Some things, in terms of their state of being in the embodied world cannot be un-done. A victim cannot be un-abused,

¹³ Any chaos in the unfolding of agency would be of the sort that afflicts humankind generally whenever there might be illness, developmental difficulties, impairments, or other things that would introduce their seeming "chaos" into human life, even in a completely determined world.

¹⁴ This expression refers to the famous story about the defense of the thesis that the world does not just "stand" in space, but rather rests on the back of a giant tortoise. The answer to the question as to what, in turn, the tortoise rests on is "Nothing, its tortoises, all the way down." In other words, agency is a fundamental way of being and not caused by or dependent on other things. It is originative and irreducible (see Gantt, Williams, & Reynolds, 2014).

or un-murdered. A child cannot be un-conceived. A promise or covenant once broken cannot be un-broken. The world of embodiment thus provides the unique and un-yielding setting within which agents can exercise their agency in the co-existing realms of meaning, and human agentic thinking, feeling, and action. It is the realm of embodiment that lends a sense of urgency, poignancy, and consequential salience to human thought and action that would not be available in any other way. However, in the realm of being where human agency reigns and gives meaning, mattering, and purpose to life and world and actions, there are equally important realities and opportunities. In this realm where questions of what things “are” are formulated, refined, and finally articulated, agency reigns, and it is here where things really can be done, but also un-done, and re-done, created and re-created, and in this realm where they finally become “this” rather than “that” and ultimately what they “are.”¹⁵

Human agency, we contend, is best understood as a constant and endless procession of our “taking on” and “giving ourselves over to” meaningful possibilities as we construe and construct our lives and ourselves within the possibility-rich (or sometimes, perhaps, possibility-poor) world in which we find ourselves—constantly living and acting with others and among things (Williams, Gantt, & Fischer, 2021). It is for this reason that our agentic action in the realm of sexual matters is, as in all other realms of human action, contextual and fully participatory, involving others (both real and imagined). It is in this light that agentic action in the realm of sexual matters is

¹⁵ We note that the reality of a world where agency reigns things can be both done and undone, and meanings and mattering are finally refined is the hope of every Christian, as well as other people of transcendent faith.

inescapably moral (i.e., it *matters* to people, and so it has real effects on other agents). One’s sexual actions, like all other agentic actions, not only contributes to the morally relevant meaning and trajectory of one’s own life, but also provides the “raw material” for other meaning-making agents to possibly take up as they construe and construct their own agentic moral meanings and moral lives.

Sexuality, as agentic meaning-making acts, is inherently fluid, as fluid as any other kind of meaningful human action, consisting of “taking up” ideas, meanings, and possibilities, and “giving oneself over to” those meanings and possibilities—or, at other times, leaving certain meanings and possibilities behind—in a constant flow of living, deciding, acting, re-acting, doing, undoing, and doing over. For example, agency and possibility are inherent in a proposition (and in the lived reality it represents) such as “Smith is a golfer,” or “Smith is an English speaker.” Such statements can only be understood as something that a person (i.e., Smith)—understood as an agent—is *doing*. Smith is a golfer because she golfs or is golf-ing. She is not necessarily bound to be a golfer indefinitely, nor is she metaphysically or necessarily a golfer. If she gives up golfing, then she ceases to be a golf-er.¹⁶ The world of human sexual understanding and activity,

¹⁶ It must be granted that Smith’s “be-ing” depends upon her actually golfing. However, what really counts as “golfing” is also an agentic decision. Perhaps Smith hasn’t played in years, but still thinks of herself as a golfer, or Jones played only once, but enjoyed it so he considers himself as a golfer. Perhaps Brown has never played but she is drawn to the game (as a possibility) and to the golf-centered life; she owns the equipment, attends events, and feels comfortable in the golf-world. In the realm of genuine human agency, identities of any sort are agentic actions and, like other human agentic activities, can always be un-done or re-done because they exist only in the doing.

as opposed to the world of the materially or metaphysically given, is inherently an agentic world of meaning and possibility, in which we actively and creatively immerse ourselves.¹⁷ Our contention is that an analysis similar to the one above regarding golf can be aptly applied to sexuality also. As Lisa Diamond (2016) reports:

. . . sexual orientation is not a static and categorical trait. Rather, same-sex attraction shows substantial fluidity in both men and women . . . in high rates of nonexclusive . . . patterns of attraction among men and women. . . it can be observed in the high numbers of men and women who flexibly engage in patterns of sexual behavior that do not concord with their self-described identity or attractions. (p. 254)

What this means is that things such as sexual orientation, preference, attraction, and identity are actually descriptions of what a person is *doing* (i.e., we orient ourselves, we prefer things, we feel interest toward, and we identify/think of ourselves), not statements of metaphysical “types” or abstractions, or categorical identifications of what a person *just is*. In other words, all of these aspects of our sexuality, since they are things we are doing, are things that can be undone, taken up anew, or put down. As agentic acts, they are to which we can give ourselves over, or reserve ourselves from, as we take up some other possibilities—including the possibilities of desire (or *desiring*) itself. This is not to say, however, that such agentic “becoming otherwise” is easy. In fact, many times, habits of thinking and acting are notoriously stubborn. It is to say,

however, that there are no *metaphysical* or *lawful* constraints on agentic change, i.e., on changing what agents *qua* agents are doing, and no *powerful causal abstractions* exercising invisible, compulsive force and constraint on us. That aspect of our sexual nature which genuinely is metaphysically given, and thus not agentic or mutable (i.e., biologically gendered embodiment), merely provides the givenness, and affordances and opportunities consistent with that bodily reality, within which agentic sexuality can be meaningfully expressed.

Agency as Lived Experience

This construal of agency is often known as libertarian free will or “radical choice” (Taylor, 1985). In this construal, agency is manifested most clearly and fundamentally in the capacity for making autonomous or free choices—i.e., choices by the “free” will of the agent and the agent’s capacity to objectively weigh options and choose while resisting the influence of other attractive options (see Williams, 1992, 2005, 2017). In this model of agency, invisible but powerful abstractions are important sources of “influence” that can impact individual “free” choices. If, as we have argued above, the powerful abstractions developed in our lives and in culture really do not exist that could give them real causal power, then their influence can lie only in our giving them credence and allowing them, by an act of agency, to become the grounds for our “free” choices. While the understanding of agency as agentic action can offer protection from any supposed powerful abstractions. There is one important potential problem that may arise in agentic activity that bears mentioning here.

We suggest that a choice made by an agent who gives credence to something that is not true, or is not “the case,” is in fact not really free in the way freedom is usually

¹⁷ It is important to keep in mind here that biological sex/gender is one of those metaphysical givens rather than an agentic act—as witnessed in every nucleated cell of the material body.

understood. For example, if Smith, as an adult, chose always to sleep on the couch in his home because he sincerely believed that there was a monster under the full-sized bed in his apartment, and the monster was too large to fit under the couch, so, therefore, the couch was a safer place to sleep, would we be inclined to grant that Smith's choice is really a *free* choice—even though he made the choice as a fully functioning agent? Would we not, in such a case, be more inclined to consider that there is something very “unfree” about Smith's life—that Smith is not really exercising his agency because he is living in a false world? It seems in this case that Smith is bestowing power, in the form of influence, on a false narrative—on an entity that does not in fact exist except in Smith's own life-world. Therefore, the monster narrative has no real causal power except insofar as Smith's understanding grants such power in the very act of his “taking up” and “giving himself over” to his own narrative and “taking up” the world as a fearsome place and himself as a potential victim. So, we find Smith in the peculiar position of exercising his agency to then surrender his agency to a false world that does not really exist.

Similarly, cultural narratives can obviate freedom and negate human agency on at least two levels. First our freedom is negated when we adopt a narrative about ourselves and the world that precludes the possibility that we really are agents. For example, Jones does not believe in monsters that live under beds, but does believe in something called a “drive,” or a “desire” that compels him and drives his decisions regarding sexuality. That is, creating powerful narratives about ourselves and our world in which invisible, powerful abstractions exist and control many aspects of our lives, including the choices we make, obviates the very agency that creates the narrative in the first place. In the way just described, and as in the case of

Smith above, ironically, warrant for belief in agency is effectively destroyed by an apparent act of agency. The second level on which our freedom can be negated has to do with whether the various reasons for which the ideas and meanings we might “take up,” or “give ourselves over to” actually reflect truth; that is, whether they reflect and confirm the world as it really is, including the truth of our own being-in-the-world.

The common view of agency as described above—as exercising one's freedom to freely choose something in a particular situation, based on deliberation that is free from various influences that might move us to choose otherwise—does not constitute human agency as we really live it out in almost all the situations in which we find ourselves in the course of daily life. Nor does it describe agentic sexuality. The common libertarian view tends to emphasize particular specifiable “choice points” and the exercise of agency in a particular situation as involving the weighing of alternatives and deliberating on possible choices, while resisting some influences and opting in the direction of other possible influences. The problem is that in actually living our lives we almost never make choices in such a cognitive deliberative manner. A moment's reflection should be enough to convince us that there really are very few instances in any given day where we really go through the sort of detached, deliberative process of making a free choice that the common view assumes. For the most part, as we go about living, we are just too busy doing what we want to do and what needs to be done. In fact, we ordinarily make our choices by *engaging the world* and all its affordances, not *distancing ourselves* from the world and its affordances, as we go through the decision process. As Taylor (1989) notes:

[T]he subject is in this world (= field of meanings) as an agent. He acts, he does things. The meanings which things have for him of course reflect this: that delicious bit of pastry attracts him, tempts him to eat it; this edgy social situation is calling for his intervention (either “physically” to stop the fight, or “socially” to say something soothing, change the subject), and so on. The fact that we act, that certain events are our doing, is another fundamental feature of human being, along with the fact that things have meaning for us. This is to say that the distinction within what “happens,” in a topic-neutral sense of the term, between what I do and what comes about, is an irreducible one. (pp. 2–3)

Of course, we might assume that true agency is brought out only on special occasions, such as when we are faced with particularly hard or ambiguous decisions; but this line of thinking misses the ubiquity and the essence of our genuine agency as meaningful acting. Our real human agency is not something we employ just on special, sometimes momentous, occasions of careful, calculative deliberation. Rather, human agency is the substance of our being-in-the-world. It is already in play as we recognize that there are important matters to be dealt with, and as we recognize and formulate the content and focus of our lives. Agency is the very “stuff” of which human living is composed. And, as such, our agency cannot be disentangled from our very living and acting as the unique sort of beings we are. Our agency and our living in the world cannot be disentangled because they are not two things, but always one. In precisely the same way, the reasons that we always have as the basis for our agentic actions are agentially created and employed (i.e.,

“chosen”) by means of exactly the same agentic activities by which the decision at hand itself is made. That is, agentic actions are always both the source and the result of agentic acting in an on-going cycle of agentic activity. Some might criticize this part of our conception of agency by pointing out that this constant and continuing cycle of agentic reasons and actions is an infinite regression, and thus illogical. We suggest, in response that an “infinite regression” is problematic because the sequence or cycle for some logical or metaphysical reason is *supposed to end*. In the case of human agentic acting, the cycle of reasoning that we have described here taking up and giving ourselves over to ideas, things, reasons, values, desires, etc. is not *supposed to end*—because this cycle is human life itself. We suggest that this mode of agentic being in the world is more aptly described as a hermeneutical circle than an infinite regression.

This alternative view of agency developed in this essay can be most readily understood by attending to the experience of agency as actually lived (see Williams, Gantt, & Fischer, 2021). If we focus on the countless agentic actions we perform in a given day—everything from choosing whether to get up or push the snooze button on the alarm, picking up a glass to drink and putting it down again in the spot we put it rather than somewhere else, making a purchase or foregoing it, phoning or texting a friend or putting it off, doing any one of perhaps hundreds of things we could purposely/meaningfully do in a given day—it becomes clear that we almost never actually stop, lay out competing alternatives, deliberate over them systematically, free ourselves from all influence we don’t want to influence us, and then exert our own will in order to decide the matter. The common libertarian model of agency is artificial at best, and incoherent at worst. We should

note here also that the model of agency as just “free choice” cannot be saved by claiming that the real deliberation and deciding is all done unconsciously, as some models assert (see, e.g., Akram, 2013; Shepherd & Mylopoulos, 2021), and that is the reason we are not aware of doing it. From a conceptual point of view, taking this position and relying on the existence of unconscious minds and/or subconscious processes creates more conceptual and moral problems than it could ever solve, and much worse conceptual problems than the ones we have laid out in our argument about agency in this paper (e.g., the *homunculus problem* that results in our having two minds to explain instead of just one, whether such an unconscious mind is agentic even if people are not, and just how that might be, etc.).

To understand how we really experience and exercise our agency, we have to focus not on deliberations and traditional choice-making, but on the hundreds or even thousands of things (e.g., thinking, feeling, desiring, believing, aspiring, worrying, yielding to habitual acts and concerns, traditions, caring, mattering, resisting, and relating to others, all the while dealing with the context of embodiment) that form the meaningful world of which we are always a part and in which we are always engaged. We are constantly accepting, rejecting, “taking up” the world, or a thought or feeling, accepting or “giving ourselves over” to an idea, a project, an interpretation, a priority, a mistake, a bit of slothfulness, a feeling, or giving ourselves over to our good judgments, or picking up and taking on an excuse for accepting what we really should not accept, and doing something else instead (Williams & Gantt, 2021). Joseph Rychlak (1994) referred to our acting in this way as “telosponsivity,” that is, always affirming or rejecting meaning, as an end or purpose (i.e., a *telos*) for all that we do, and in all our

actions. It really seems quite unreasonable to believe that there are countless invisible, powerful, abstract causal influences, variables, or biological processes within us and around us, all operating beneath every physical, mental, emotional, and moral experience we have every day, and that these things are somehow causally connected to each of us and to each other as we move through time and the richness of our physical, mental, emotional, and moral lives. The truth is, we assert, that there are no such unfathomable invisible, magical, abstract determining forces at work. Rather, quite simply, it is *we* (i.e., wholistic, embodied, moral agents) who are at work. This manner of living constitutes the unique manner of being-in-the-world as only agentic beings can be. This is how the rationality that defines and characterizes human beings, and not other living creatures, unfolds in the life—the daily mode of living—of an agent. The crucial part of all this, however, is that agents, no matter how they happen to be in the world now, no matter how they are construing things, how they are “taking up” the world, or what they are “giving themselves over” to, can at any instant, for any of perhaps thousands of reasons and invitations, *do otherwise* . . . or not.

Within this understanding of agency, we can see that agency arises not from the fact that we can supposedly make deliberated decisions free from determining influence, subject only to our “will,” but rather that no matter what we as agents are doing, what decisions we are making in any given situation, it really is possible to do or be otherwise. And, even if it is not convenient or easy, it is always nonetheless possible to do *something* otherwise. Further, we should note, the power to “do otherwise” comes not from standing apart from one’s life and world in order to deliberate about it, but rather it comes as we engage more fully and

more seriously in the life we are living, considering things more broadly (or narrowly), adopting new perspectives, questioning ourselves, resurrecting or reconstructing memories, yielding to promptings, listening to our conscience, forgiving loved ones, losing ourselves in work . . . and the list goes on and on. Whatever meaning is “taken up” can be kept or put down, at any time, for a large and fluid number of reasons, any of which might be sufficient to be seized upon and thus to comprise a reason for action—or not. That is, no such available alternatives *need to be* seized upon because there are no laws, principles, or other abstractions hovering over our world or in our minds, causing us to seize upon any one or all of them. There are always many factors in play, not causally, but rather, meaningfully, in play.

For genuine agents, therefore, whatever is started can be stopped, whatever has been done can be undone, redone, or modified in a potentially very large number of ways and for a potentially very large number of reasons. Agency then, we must be clear, is not some special capacity we have (like choosing from amongst hypothetical alternatives free from any influences we do not want). Agency as described here is the defining character of our very being, our being-in-the-world. It is not one trait or capacity among many. Rather, it is the very essence of our being as the kind of beings we are. Agency is what we are much more fundamentally than can be captured by any notion of a mere “identity.” Agency manifests itself always as what we do, and re-do, and un-do. We might say, therefore, “we are what we do, and we do what we are.”

We should acknowledge here that what we describe as the essential *modus operandi* of human agents (i.e., “taking up or putting off” and “giving oneself over or taking back”) can, in an “every day” sense, be

described loosely or generically as *choosing*, as making choices. Although the choosing described here is certainly not the deliberative, influence-selective choosing prescribed in traditional libertarian accounts of free will, “taking up” and “giving oneself over to” might be thought of as a sort of “micro-choosing;” in that such “choices” are not carefully deliberated nor made in any kind of “time out” from living, and are not necessarily consistent, logical, or decisive. These incidents of “micro-choosing” are generally not clearly available in detail to the agents themselves, because of the hundreds of other things that press on our attention, and the many other things that call our attention and also require micro choosing at any given time. Thus, these “micro choices” are not lived out as conscious deliberative choices. They are not the products of detached, neutral self-reflection and assessment. Rather, they are most often only vaguely coherent and can be made explicit only by some other agentic act of the same sort of which they themselves are a part, perhaps including some self-reflective focused awareness, and even some narrative that forms a sort of life story or inventory. But most of the time, in the course of a day, little of our agentic “taking up” and “giving over” are likely to be elevated to any level of importance or explicit self-awareness. However, any of it can be elevated, focused on, elaborated, and made meaningful when, for a potentially large number of reasons (perhaps hundreds of reasons not fully articulated), they *become* important—as lived experience changes and flows and as we keep making meaning, “taking up,” and “giving ourselves over.” It is in this process of reflection, meaning generation, and self-narration that some often large decisions or choices can be articulated. For example, Smith decided or “chose” to become a college professor after deciding to focus on schoolwork which she

was good at rather than athletics where she was quite average, and after committing to the life of the mind because she always was wondering about things, wanting to raise a family in a smaller town with good schools, and learning of the job security that academic tenure brings. None of this process was self-reflective for very long, none of it was particularly careful, none of it involved the suspension of influence of other things—they were always a part of the whole of Smith’s world. And, importantly, all of it could always have “gone another way” or been reversed, but, in the end, it was, in fact Smith’s free “choice.”

Agency as a Truth of Human Being

It has been common in the literature on human sexuality, both within scholarly discourse and within the lay culture, to contend that “sexuality” is not agentic. Often, this line of argument is based on the observation that sexuality is not agentic because it is phenomenologically (i.e., according to our lived experience) not the case that people make the kind of special, deliberated decisions about most sexual matters by employing the sort of detached, reflective process that libertarian models of free will require as the defining feature of libertarian forms of agency (see Bailey et al., 2016). In other words, many people resist the notion that sexuality is agentic because it just seems to be the case that virtually no one actually deliberates, weighs options, resists unwanted influences, and then rationally, calculatingly, decides on their sexual identity, orientation, gender identity, sexual desires, and so on.¹⁸

¹⁸ In his 1999 book *The Mismeasure of Desire: The Science, Theory, and Ethics of Sexual Orientation*, philosopher and legal theorist Edward Stein, himself a gay man, draws on the work of developmental psychologist Daryl Bem, arguing that continual, small, seldom noted choices are fundamental to the process of developing a sexual orientation. Although

Obviously, it is true that this is not how such things generally play themselves out. However, it is also true that this sort of deliberative choosing from amongst options is not how we make most any other important non-sexual decisions about ourselves either. This way of deciding and choosing is, indeed, not the natural or ordinary form human agency takes.

The fact that conscious, deliberative choosing does not apply to many sexual matters has limited relevance for our understanding of either sexuality or agency because that kind of choice-making is artificial and yields understanding of very little even in other aspects of our lives. Therefore, affirming that one’s sexuality is not the product of the calculative or deliberative making of free choices does *not* justify the conclusion that sexuality must therefore not be agentic in any important way. On the contrary, as our analysis of agency makes clear, when agency is properly understood in terms of our fundamental ontology as irrepressibly meaning-making moral agents, it becomes clear that matters of sexuality, just as all other aspects of our being-in-the-world, can and should be understood as what we are doing, not what we are caused to be or do by any material or abstract force. Consequently, and in principle, all such agentic doings can be undone, redone, or done differently. This is, of course, not to say that all of the consequences of our agentic acts can be entirely undone, but only that the acts themselves surely did not have to happen as they did, and the consequences of our agentic actions can, in many meaningful respects, be altered going forward. Thus, genuine human agency offers an understanding of ourselves in terms of what

the argument we present here differs from that of both Stein and Bem, we do share common ground on this point (see also, Wilkerson, 2009; Spinelli, 2013, 2014).

we *do* rather than in terms of what we *are* because of our material makeup, or as the convergence of hypothesized causal abstractions or physical causal forces.¹⁹ Rather, from the perspective we offer here, it is possible to understand ourselves, our identity, and our “sexuality” in terms of what we do, and, thus, at any point in time, what we do really is what and who we are—but not what we inevitably must have become, nor what we must continue to be. Understanding sexuality as agentic, as something we do, preserves meaning, and moral purpose in our sexual lives, and, perhaps most important of all, it offers the genuine possibility of always being and doing otherwise.

Implications for SOCE and Other Current Therapeutic Issues

The ideas developed in this paper cover a range of phenomena and have implications for a number of aspects of human sexuality—as observed and understood from a psychological perspective. Space will allow us to touch briefly on only a few. Fuller development will require another forum. We will focus this brief section on the document *APA Guidelines for Psychological Practice with Sexual Minority Persons*, task force report dated February, 2021. Space will permit only a few quick observations.

¹⁹ In fact, in cases where there is a clear association between some physical condition in the nervous, or other bodily system, it is generally the case that the effect of the physical condition is not to produce or cause a meaningful purposive action. Rather, the clearest cases of physical causation of behavior are when there is a behavioral detriment or an inability to perform, or a decrease in effectiveness of some sort. Such phenomena do not constitute evidence of causality of meaningful purposive behavior. It is quite the opposite.

1. These guidelines for psychological practice are clearly influenced by the post-modern Critical Theory approaches descending from 19th and 20th century chiefly European philosophy following Neo-Hegelian and Neo-Marxist traditions, and, more recently, the work of the Frankfurt School (Institute for Social Research, Goethe University). Critical Theories, in whatever area of culture, art, or social science, are aimed at liberation broadly conceived (see Stanford Encyclopedia of Philosophy, <https://plato.stanford.edu/entries/critical-theory/>). Critical Theories have come to prominence in most intellectual fields, not least of which we count psychology, over the last 20 years—since the turn of the present century. Issues regarding sexual identity and orientation seem to have been more or less settled, at least to the satisfaction of many or most mainstream scholars and organizations. In keeping with the rise to prominence of various Critical Theories, theoretical approaches—and, increasingly, clinical practices as well—regarding sexuality have focused on sexuality from a broader socio-political perspective. Issues or concerns about individual sexual behaviors, though still recognized, have been, to a considerable extent, folded into issues of sexual group identity, and intersectionality. This “structuralist,” or “post-structuralist” approach has resulted in the generation of more abstractions which have then been invoked as explanations, if not actual contributing causes, of sexual feelings, behaviors, and difficulties. For a prime example of this, we need

to look no further than to the construct of “intersectionality” itself. This sociopolitical perspective on sexuality clearly imposes more abstractions, for example, more “categories” of sexual orientation and identity which clearly are taken to have considerable influence on the sexual lives and psychological health and functioning of clients and on the practices of clinicians. For some, this socio-political casting of the problems of sexuality might be seen as liberating and empowering. However, for others, it must surely seem more burdensome, bringing into play many more forces and abstractions capable of producing (in theory at least) many more complications and issues to be dealt with by ordinary people who have experienced sexuality in an intensely personal sense, and might have wrestled with personal and moral issues related to sexuality, but must now, it seems, come to grips with an entire array of socio-political sexual issues that they had never previously imagined. In terms of the principal topic of this paper, these individuals must deal with a host of abstractions which, they must understand, have been exercising real influence on them without their participation or even their knowledge, and which owing to the huge scope of these abstract social forces, they can do nothing about. What is lost in all this is, of course, human agency.

2. Central to the “Critical Theory” movement that underlies much of the work and the theorizing about sexuality in our contemporary professional culture is the axiom that sexual issues (psychological issues, cultural issues, interpersonal issues,

and even moral issues) are mostly clear and accurately understood in terms of their origins in the broad cultural/economic systems that have emerged through the last century or so and are now finally recognized. The treatment of such issues will therefore ultimately include revelation of their socio-political origins. This is, as noted above, an inherently and irredeemably non-agentic, if not anti-agentic position. If all problems are, in fact, systemic and endemic to culture and history, then solutions to such problems must also be—and can only be—systemic and cultural. This seems as likely (or more likely) to produce impotence, paralysis, and despair as it is to produce hope, optimism, and healing. In the current intellectual climate, the structural, systemic epistemological stance derived from Critical Theories will guide treatment and, also importantly, it will inevitably guide the self-understanding of clients seeking help with sexual matters—especially sexual matters related to sexual minority status but certainly other (or, perhaps, all) sexual matters as well. Further, dealing with sexual issues, according to the *APA Guidelines*, ultimately entails social activism of a prescribed sort. Guideline 5 reads: “Psychologists recognize the influence of institutional discrimination that exists for sexual minority persons, and the need to promote social change.” It is a legitimate question as to whether such an approach can be reasonably, effectively, or ethically imposed on a population who very well may not experience their world or their problems in these particular

systemic, post-modern terms. A discipline that has purposely, for decades, assiduously avoided recommending that clinicians impose value systems or their own personal theories and understandings on their clients, now seems very intent on doing just that (see, e.g., Slife & Yanchar, 2019; Slife, Ghelfi, & Slife, 2019).

3. The guidelines also make it clear that sexual issues related to anything that might bestow sexual minority status on a person are best dealt with in terms that are consistent with how other minority groups (based on constructs and intersectionalities other than sexual ones) might be dealt with. Guideline 5 reads: “Psychologists recognize the influence of institutional discrimination that exists for sexual minority persons, and the need to promote social change.” Guideline 6 reads: “Psychologists understand the influence that distal minority stressors have on sexual minority persons and the need to promote social change.” The effect of this might well turn what were once individual “sexual issues or problems” into collective social problems. One senses the problems and concerns of individual moral agents slipping away from among the central concerns of the discipline and from society as a whole. Sex as a social issue reflects a change in the human meaning it once had and which it may still have for many if not most clients and potential clients.

4. Critical Theories, which are prominent in the *APA Guidelines for Psychological Practice with Sexual Minority Persons* are, as noted above, historically and

essentially non-agentic accounts of human nature and human behavior. This is the case, owing in large measure to the strong influence of Neo-Marxism in the grounding assumptions of those Critical Theory based movements. In one of the best-known quotations from Marx, we find his stance, and the current stance of Cultural Theories, on the issue of the origins of human consciousness—and thus the origins of human agency: “It is not the consciousness of men that determines their existence, but . . . their social existence . . . determines their consciousness” (Marx, 1904). If social existence determines consciousness, since consciousness is essential for the existence of agency, and a consciousness determined by conditions outside the agent him- or herself cannot possibly be a genuinely agentic consciousness, then in any such system agency is impossible. Only a sort of benign but impotent illusion of agency, likely entailing some sort of “ersatz” free choice, would be possible. Under such an intellectual regime, sexuality is not agentic at all except for any self-control one’s culture might, by whatever systemic means, instill in one’s psyche.

5. On a more optimistic note, genuine human agency in sexual matters makes it necessarily the case that all efforts at SOCE (Sexual Orientation Change Efforts), to take one example, should be recast. Any “change efforts,” relating to sexual matters are really no different than “change efforts” in any other sphere of life for a genuine human agent. Such efforts can now proceed based on the desires of

agents to regulate and conduct their own lives in a particular way. From the agentic perspective proposed here, “reparative” therapies are not really “reparative,” since there is nothing to repair because there are no causal entities in people that might break and need repair. All therapies are therapies designed to help individuals find out how to live a “good and flourishing life” of their own making. Any truly agentic person is living in a constant and rich milieu of change—change of thoughts, memories, feelings, desires, hopes, meanings, actions, and evaluations. Therapies related to any sexual matters would therefore not be different in kind from any therapy about anything a client might want to instantiate into, or eliminate from, his or her life, and only distinguished—as any therapy would be distinguished—by its focused subject matter.

Conclusion

We conclude that human sexuality in all its manifestations is an agentic phenomenon. It comes from a “taking on” and a “giving oneself over to” the meanings and possibilities entailed in the sexual aspects of our lived experience, including what we experience and have come to refer to as sexuality, as we encounter and engage them and participate in our cultural narratives about sex. In the light of this understanding, then, sexuality is neither something pushed upon us nor pulled out of us. It is no different from, and no more central to our lives, than any other meaningful phenomena we might take on and give ourselves over to. Although it may seem that we are pushed or pulled in matters of sexuality, such seems to be the case only because of any number of

shared cultural narratives that we take on and give ourselves over to, and because sexuality often engages the body in ways only relevant to sex. There is, after all, much in our cultural story about sex that has its origin in any number of problematic theories and hypotheses, commonly experienced physiological structures and processes, ideas born of individual experiences, and stereotypical tales about sex.

In sexuality, as in all meaningful engagements in our lives, it takes effort, i.e., activity, to maintain who and what we think we are, or what we wish to be. This is the essence of our agency as embodied moral beings. As far as we know, it takes no effort for an oak tree, for example, to *be* an oak tree, or for a stone to *be* a stone. Such things simply are as they are.²⁰ And, for this very reason, there is no intrinsic *meaning* or morality attached to being an oak tree or being a stone, nor does it seem to be the case that their existence means anything to them. This, however, is never the case with human agents because, for agents, it takes effort to be and to do, and the constant *taking up* and *giving ourselves over to* is the essence of an agentic and meaningful life. The material world provides us with embodiment and affordances, and embodiment and affordance provide the necessary context for, and constraint upon, both the creative and the stabilizing powers of agentic beings.

²⁰ Some might argue that there are any number of chemical things going on in physical objects such as trees and stones, so why do we suppose the same sorts of physical processes are not going on inside human beings as well. Indeed, there are many physical and chemical processes going on within human beings, and their effects are in the physical/chemical sphere. However, human beings seem also to have (and be told that they indeed do have) a phenomenal sphere that is not in the same metaphysical category as physical and chemical things—containing, rather, such as desires and moral sensibility. Physical objects have no sphere of activity other than the physical/chemical, nor do they seem to be concerned about such things.

Agentic living requires that we make peace with the givenness of embodiment, just as we must make peace with the passage of time, and the particular and individual characteristics, and even limitations, of embodiment and the facticity of the world. Embodiment provides as much in the form of affordances as it may in the form of constraints, and we believe, substantially more. Importantly, human agents can maximize those affordances. The view of sexuality we have developed here, as innately and fundamentally agentic, has implications for a wide variety of human activities, including diagnoses and therapies, relationships, and morality. It also has implications for our aspirations, our spirituality, and (perhaps most importantly) our understanding of what it means to be a human being as a gendered sexual being and a moral agent. Agency both reflects and consists in our very nature as the sort of beings we are. It must be remembered that agency as understood here is coexistent with the soul itself, and, as such, testifies to the ever-present possibility of doing and being otherwise.

None of our analysis of agentic sexuality should be taken to mean that changes in sexual behavior, identity, orientation, or other manifestations are easy. It is not easy. Indeed, sexuality as manifest in our agentic humanity as what we *do* is the work of a lifetime; thus, it is not easy to *undo* and *do* something else. To suggest that it is easy falls into the trap of assuming that agency is essentially libertarian free will, and that change of any sort is simply a matter of exercising one's will in a moment of radical choice. Thus, it is imperative to remember that agency as we have defined it and developed it here does *not* consist in the making of such "free choices." Generally, we cannot simply and immediately change sexually relevant phenomena, especially those with long, deeply embedded and

personally meaningful histories, by making a single decision to do so. In fact, such attempts might very well produce frustration—as they would in most cases with other (nonsexual) aspects of life. In the end, the most important aspect of this analysis, and the positive news it conveys, is that even if substantive changes in sexually relevant (or any other) actions and meanings in our lives do not come by single grand decisions, that does not rule out the possibility that such changes do, in fact, come. How can such changes come? By doing differently in "taking up the world" or "putting it off," and "giving oneself over to" or "holding oneself back" in regard to any number of alternative ideas, feelings, actions, and possibilities. There is almost never any grand single exercise of effort through which we are able to transform ourselves experientially regarding significant things about ourselves. Rather, it is usually the case that there are dozens, or hundreds, or perhaps even thousands of small agentic acts—thoughts, feelings, and actions—through which such doing becomes being. The account we offer here is, we believe, a fundamentally hopeful (and hope-filled) account of agency and sexuality.

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**Review of Evans and Evans’
*Gender Dysphoria: A Therapeutic Model
for Working with Children, Adolescents
and Young Adults***

Reviewed by
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Susan and Marcus Evans are psychoanalytic psychotherapists who worked for the UK’s National Health Service for forty years. For several years, Marcus Evans was clinical lead of the Adult and Adolescent Departments at the Tavistock and Portman NHS Foundation Trust. Both Susan and Marcus for years raised serious concerns about the treatment being conducted by the Tavistock’s Gender Identity Development Services.

Review of Evans and Evans' *Gender Dysphoria: A Therapeutic Model for Working with Children, Adolescents and Young Adults*

This book is worth the read for clinicians currently providing, or seeking information regarding, clinical therapy with children, adolescents, or young adults, and their families. However, for the experienced therapist (and perhaps instructor at the graduate training level), this positive recommendation is due, in large part, to the excellent introductory Preface and Foreword, both of which I found to be timely, informed, deeply reflective of the reality of clinical practice today, and concisely summarized. For example, Dr. Bell states on the first page of the Preface,

I am writing this preface just a few weeks after the result of a judicial review which addressed the legality of the prescribing of so-called “puberty blocking” drugs for children and adolescents. . . . Reading the judgement, even as someone who has been deeply involved in this issue for some years, still has the effects of leaving me shocked as to how a “treatment” that has no evidence, for which no reasonable consent can be given by children (because of their age and because of the lack of any evidence on which such consent might reasonably be given), and which has such damaging consequences, could possibly have been continued for so long and could have had such success in terms of professional and institutional capture. (Bell, 2021, p. xiii)

Dr. Bell then continues to elaborate on his thinking regarding this matter and (in the process) quotes from a news article by James Kirkup titled “Is Britain FINALLY coming

to its senses over transgender madness,” (published in the *Mail on Sunday*, March 3, 2019):

During a Westminster career which began as a junior Commons researcher 25 years ago, I have never encountered a movement that has spread so swiftly and successfully, and has so fiercely rejected any challenge to its orthodoxy. . . . The transgender movement has advanced through Britain’s institutions with extraordinary speed. The only thing more extraordinary than the spread of this new orthodoxy is how little scrutiny it has faced and the aggressive intolerance directed towards those who question it.” (Bell, 2021, p. xiv)

In conclusion, Dr. Bell reports,

This book makes a very substantial contribution to our understanding of gender dysphoria. Although over the last few years there have been a number of excellent academic papers, articles, and some books on this subject, this book is unique in bringing a wide and deep understanding to the phenomenon of gender dysphoria, married to a Psychoanalytic clinical model of work. As well as providing a general account of the phenomenon of gender dysphoria, the authors take us right into the intimacy of the clinical situation. (p. xv)

It is in this area that the book goes off track for me because of a very narrow application and focus on the application of

only the psychoanalytic clinical model. Such statements as, “Here they (the authors) show how an appropriate clinical attitude (informed by psychoanalytic understanding . . . and deeply engaged neutrality. . .” and so forth sets the stage for my exit stage-left following the third chapter of this twelve chapter book (though I do confess, I read over all of the final chapters and the lengthy case study client and clinician dialogues and drawn-out (often repetitious) explanations by various psychoanalytic experts). (There were 7 one-interview case studies, 2 two-session case reports, and 2 three-session reports that the authors included, along with additional case studies of a 45-year-old trans woman, two cases of family and then ongoing child studies, one extremely narrow approach brief case study, and two de-transition case studies.)

In the Foreword, Dr. Stephen B. Levine, MD, clinical professor of psychiatry at Case Western Reserve University School of Medicine, begins with,

A new socio-psychological category of gender identity has been firmly established over the last forty years in most cultures. Trans identity, previously an entirely hidden phenomenon, began to evolve in 1948 when Harry Benjamin published a book about his hormonal feminization of male adults. Five years later, Christine Jorgensen made headlines all over the world when it became known that this American soldier had his genitals removed in Denmark and returned to the United States as a woman. (Levine, 2021, p. xvii)

He later wonders why, after more than a half century of the internationalization of the vast medical and psychological clinical practitioners, we are not able to agree upon

how to comprehensively assess medical, psychological, and social aspects of the trans phenomena. And he asserts that “three specific questions have remained unanswered:”

1. How long after an intervention should such an assessment be done?
2. What outcome measures should be used?
3. What constitutes an appropriate control group?

The lack of scientific certainty has enabled other factors to shape the direction of trans care and the cultural responses to it. (p. xix)

He addresses, “(Media) Positions in the culture war,” “Scientific foundation of medical interventions for transgendered individuals,” “Science versus advocacy,” “Evidence of continuing maladjustment despite the mode of treatment,” and “Gender dysphoria: a therapeutic model for working with children and young people,” which is when he launches into an explanation of why it is important to read this book.

He requests that the reader keep in mind ten questions when reading about this therapeutic approach to clinical therapy with children, adolescents, and young adults, struggling with gender dysphoria (pp. xxiv–xxvii):

1. Can one be born into the wrong sex?
2. Is gender identity immutable?
3. Are gender identity and orientation separate phenomena that do not influence one another?
4. Where does paraphilia come into the trans clinical picture?
5. Is every gender identity a normal variation of gender identity, as trans ideology asserts?

6. Does affirmation prevent suicide?
7. What have randomized, prospective, controlled studies shown about the efficacy?
8. What is known about the outcome of psychotherapies for trans-identified young people and adolescents?
9. Does the psychiatric ideology of the therapist matter in terms of short-term outcomes?
10. Is there a defined standard that must be met before transition, hormones, or surgery is recommended?

The introduction to Part I of the book states, “In the first two chapters of this book, we outline our rationale for writing the book before going on to describe the social and political environment surrounding the treatment of gender dysphoria” (Evans & Evans, 2021, p. 1). Then they proceed with chapter one, “Why have we written this book?” The authors proceed to delineate reasons, which I found interesting, the primary reason being that they were concerned about some of the children, who were referred to the Gender Identity Development Service (GIDS) unit of the clinic in which they worked, who “were being referred too quickly for hormone treatments” (p. 3), but when they attempted to discuss this with their team they “found a reluctance to fully examine” (p. 3) the presenting cases. Then after their ethical and legal battles and seeing the tremendous support for more and quicker Affirmation Models have emerged, they developed their own more conservative model of treatment that “concentrates on the individual concerned, to explore and understand what drives and motivates them” (p. 7).

They assert the book is written (as an introductory text) “for professionals working with gender-questioning children and young

people.” And they state their “aim is to encourage a more in-depth empathetic, and supportive approach to work in this area.” And they “encourage adults, who encounter any young person with thoughts or feelings of gender confusion to understand this is a symptom to be explored along with other aspects of their life” (pp. 9–10).

The authors, continue explaining that this book “is not a comprehensive academic review of all of the clinical research done over many years in this area.” They believe, “to date, there is much useful information gathered on the *clinical presentation* of gender dysphoria, but there is no gold standard, randomized, control trial to provide an evidence base for best *treatment* models. . . . This book is our attempt to utilize our clinical wisdom to present an informed approach to treatment” (p. 10, authors’ emphases).

In the final “conclusion” of the book, after all the case studies (as listed earlier in this review), the authors offer their summary: “A thorough general assessment should aim to establish a picture of the young person’s personality, family dynamics, cognitive deficits, and possible psychiatric disorders. Then an extended psychotherapeutic approach should assess and attempt to understand the meaning of the patient’s presentation. Importantly, this includes an understanding of the family and social context in which the gender incongruence has emerged” (p. 231). Then after, another two pages of findings such as, “The fantasy that the body can be changed and sculpted as a way of being rid of profound psychological problems needs to come under much closer scrutiny” (p. 232), or “Young people need help and support in coming to terms with who they are as part of the maturational process” (p. 232). Hardly new information for those of us in the business of clinical therapy!

The major problem of this book is that the authors’ own psychoanalytic model of

therapy (illustrated in case studies, with a wide variety of interesting treatment issues and vague or non-responsive responses from the therapists) after months and years of therapy sessions, still does not, as a whole, answer any of the questions as posed in Dr. Levine's Forward to this (their own) book. However, the authors' last statement is one with which I can wholeheartedly agree: "We are not saying our model is the only one to consider and we are sure we have not covered everything" but, "what we reiterate is that treatments (for people experiencing gender dysphoria) need to be evidence-based on long-term, high-standard research studies, and provide an independent and thorough examination of all treatment outcomes. The ethical standards of good practice need to be restored to this clinical area, because our duty is first and foremost to "do no harm" (p. 234).

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**Review of Douglas C. Haldeman’s (Ed.)
*The Case Against Conversion “Therapy”:
Evidence, Ethics, and Alternatives***

Reviewed by

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Review of Douglas C. Haldeman’s (Ed.) *The Case Against Conversion “Therapy”: Evidence, Ethics, and Alternatives*

The Case Against Conversion “Therapy” (Haldeman, 2022) is as advertised. This compilation of authors on several topics related to sexual orientation change efforts (SOCE) and gender identity change efforts (GICE) presents what the book’s publisher, the American Psychological Association (APA), believes is the best case to support the eradication of all change exploring therapies. There is no pretense to supplying readers with any counterarguments or any sense of the complexities surrounding “conversion therapy.” In this review, I will briefly outline the contents of Haldeman’s work and then delve into some more specific topical issues that may be of particular interest to Alliance supporters.

Following an introduction by the editor, the first section of the book provides two chapters summarizing the evidence base first regarding SOCE (by Judith Glassgold) and next as pertains to GICE (by David Rivera & Seth Pardo). Glassgold’s chapter overviews the APA’s 2009 Task Force Report and then provides an updated literature review through 2020. The second section of the book is entitled “Minority Stress and Collateral Impact,” with chapters outlining the role of minority stress in change efforts, the role of families in change as well as affirmation efforts, and the role of religion in SOCE and GICE (the latter chapter authored by Thomas Plate). A fourth section, “Affirmative Approaches: Guidelines and Ethics,” include three chapters, two of which describe the APA’s practice standards for SOCE and GICE, followed by a third chapter on applying ethical principles, standards, and practices to SOCE and GICE. A fourth and final section addresses “Affirmative Approaches: Advocacy and International Issues,” and presents two chapters, first on

U.S. public policy, legislation, and judicial work on conversion efforts, with a final chapter examining SOCE and GICE from an international context. Of interest to Alliance partners is the authorship of the first chapter in this section, which includes Sam Brinton (I will address this later). Finally, Haldeman concludes the work with an epilogue that in places borders on diatribe.

Although the book is valuable as a current read on the APA’s thinking about change exploring therapies (no doubt including sexual attraction fluidity exploration in therapy—SAFE-T), the unfortunate reality is that this text was already outdated before it was even published. Recent emerging research is challenging the narrative that all forms of change exploration are harmful and never beneficial to those who freely choose to pursue them (Rosik et al., 2021, 2022; Sullins, 2022, in press; Sullins et al., 2021). Since the book’s literature reviews only include studies up through 2020, the aforementioned studies were not included, though it is probably questionable to assume they would have been discussed in the book even if they had been published earlier. I will address one particular reason this is unfortunate in the first of six topical assessments of the book.

The extensive citation of Blosnich et al. (2020). This population-based study using survey data collected through the LGBT-allied Williams Institute was cited by Glassgold to “. . . support concerns voiced by participants in all recent studies and suggest that SOCE has a significant association with suicide risk” (p. 34). Table 6.1 in the chapter examining APA practice guidelines includes milestone events in the history of APA guideline development and includes (p. 129) a 2020 listing for the Blosnich et al. study,

describing it as the “First population-based study showing significant harm from CT” [conversion therapy]. In his epilogue, Haldeman also cites Blosnich et al. and notes this study indicates “. . . that SOCE are indeed as harmful as we have thought, given the adverse mental health effects reported by SOCE participants” (p. 249). Given that the APA, as represented in this book, places so much emphasis on this study, it is truly amazing just how flawed Blosnich et al. really is, as seen in Sullins’s (in press) reanalysis of the study. Unlike Blosnich et al., Sullins controlled for pre-SOCE levels of suicidality and, using the same analytic procedures as Blosnich, discovered that this eliminated a positive association between SOCE and suicidality. Instead, participation in SOCE was mostly associated with less suicidality, and sometimes greatly so. It appears the truth of the matter is likely to be the complete inverse of the APA’s perspective as gleaned from this book (see also Schumm et al., this issue, for more on this).

Only minority stress can be considered.

One reason Blosnich et al. appear to have ignored pre-SOCE suicidality may be due to an exclusive focus among researchers in this literature on the preferred narrative of minority stress theory. This myopia is evidenced in multiple contexts within this book. For example, Glassgold asserts “Client participation in SOCE is a response to social stigma directed at LGBT individuals that results in social rejection and legal discrimination” (p. 43). Although client motives for SOCE or GICE participation should always be explored to ensure self-determination, Glassgold’s view completely negates any involvement of genuine human agency in a decision to explore change. Similarly, Rivera and Pardo conclude “. . . the data suggest that the root causes of patients’ distress are in fact the social stigma, stress, violence, and discrimination with which they

must cope, and not trans identity or gender nonbinary behavior” (p. 57). Yes, this can be *one* factor, but such a blanket explanation leads to research that overlooks critical alternative explanations leading to potential false conclusions (a la Blosnich et al. in light of Sullins). In light of the Blosnich et al. reanalysis, it is ironic to say the least when Rivera and Pardo lament the use of poorly modeled studies: “Furthermore, relying on comparison and simple statistical models to understand disparities experienced by transgender and nonbinary people can lead to the propagation of inappropriate and harmful interventions, such as GICE” (p. 60). It may well be the case this problem is more germane to research purporting universal harms from SOCE and GICE.

Finally, the author of the chapter on applying APA standards blithely contends that therapists must ensure clients understand only minority stress is responsible for their distress: “Clients often do not realize that external oppression, bias, and discrimination are the *root cause* of internal distress, depression, anxiety, and other reactions to harmful minority treatment” (p. 178, my emphases). It appears from the APA’s perspective that it is not acceptable to validate a client’s sense that, for example, childhood trauma may be a factor in the origin of their stress. Rather, the therapist’s task appears in some fashion to be to talk clients out of such a belief and move them to a perspective that only perceives external stressors as relevant to their difficulties. It is hard to imagine a more dis-powering variety of intervention.

Frequently slanderous and outdated depictions of change efforts. First to give credit where it is due, Glassgold concedes that, “In the United States, SOCE is usually provided in verbal form” (p. 20). She further consigns degrading forms of physical and verbal abusive practices to non-western clandestine or government sanctioned

international contexts. She then outlines foundational elements of SOCE, the last two of which are “. . . (d) encouragement of traditional sexual and gender roles and expressions in children, adolescents, and adults; and (e) prohibition of certain sexual behaviors and gender nonconforming expression and identity” (pp. 20–21). From this depiction, free from any contextual nuance, it would seem that advocacy of traditional Judeo-Christian sexual values that seek to restrain any sexual or gender expression the APA favors would be considered a form of SOCE or GICE. More on this shortly.

Other authors abandon any acknowledgement of nuance in their depictions of change. Rivera and Pardo report “Examples of GICE include the use of aversive operant conditioning techniques (e.g., pairing a homoerotic image with an electric shock), cognitive restructuring, and psychoanalytic processing of formative experiences” (p. 52). Of course, aversive behavioral techniques have not been used in the West for decades and one wonders why “working through trauma” was not preferred over “psychoanalytic processing of formative experiences” (perhaps the former sounded too reasonable). It is also important to note that Sam Briton shares his personal account of SOCE, including the following: “The therapist ordered me bound to a table to have ice, heat, and electricity applied to my body. I was forced to watch clips on a television of gay men holding hands, hugging and having sex. I was supposed to associate those images with the pain I was feeling to once and for all turn into a straight boy” (p. 196). As I understand it, the veracity of Briton’s account is highly questionable, and he has never been able to recall the identity of the therapist who perpetrated such atrocities on him. I worry that this may represent how little vetting the APA does when anecdotes suit their purposes.

Similarly, the discussion of international contexts for SOCE and GICE highlight electroconvulsive therapies, electric shocking of hands or genitals, nausea-inducing drugs paired with homoerotic stimuli, hormone injections, antipsychotics and hospitalization. Although I can think of no Alliance supporter who would not condemn such practices, it is concerning that the authors make no effort to distinguish such SOCE and GICE practices from change exploring therapies in western and democratic contexts. In fact, they assert without geographic reference that, “When SOCE/GICE are practiced by mental health professionals, these efforts typically take one of the following forms: . . .” (pp. 221–222) and go on to include in their list the above-mentioned practices. Religious practitioners fare no better, being universally associated in the authors’ minds with practices that “often involve exorcism or ritual cleanings via beatings or burnings during prayers, forced feeding, or food deprivation” (p. 221).

Research mandates and exclusions. The book includes some general research aims with this field of study that are refreshingly honest yet discouraging for the integrity of the scientific endeavor. A main goal, as should be clear to any student of this literature, is to shift the focus for distress from internal processes to external factors, consistent with the aforementioned minority stress theory. As Rivera and Pardo put it regarding how to do research with transgender persons,

First, there is movement to conceptualize the distress and dysphoria symptoms experienced by transgender and gender nonbinary people as emerging from extrinsic factors, such as societal and interpersonal stigma and discrimination, as opposed to intrinsic factors. This shift is essential in that it

shifts the focus to the social climate in which gender norms support gender binaries and cisgender identities and expressions. Conceptualizing symptomatology emerging from social pressure and discord, as opposed to inherent, intrinsic factors, also helps to tamp down the religious and moral premises that focus on the individual rather than on how the individual is reacting to society. (p. 62)

According to the authors, this kind of research will open up possibilities for “developing a gender-expansive paradigm for understanding gender identity and expression” and lead to the development of “empirically validated gender-affirming and culturally relevant practices” (p. 62). In my view, this strategy creates a research environment wherein favored conclusions are seeking policy-relevant data. This risks creating a body of literature that is used to establish public policy and professional guidance despite being incomplete or even inaccurate.

The established ideological monoculture within academic institutions and professional associations also creates the likely application of confirmation bias in a pursuit such as Haldeman’s book. Consider how Glassgold dismisses the Jone & Yarhouse (2011) study, referring to it as “A longitudinal study of members of a religiously based organization that aimed to examine change efforts had one third of participants drop out, imperfect statistical design, and subjective measures of change” (p. 33). Of course, attrition is a limitation of all longitudinal research, and many if not most studies of SOCE and GICE have employed subjective measures of change (and harm for that matter). Of special note is Glassgold’s apparent standard of SOCE and GICE research needing to utilize “perfect”

statistical designs, as if there really were some designs impervious to critique. Such assessments are consistent with the effects of confirmation bias wherein critique is much more stringent for research findings with which one disagrees and much more lenient for findings consistent with one’s preexisting values and beliefs.

A stronger condemnation against SOCE and GICE in policy. Gone are the “good old days” of the 2009 APA Task Force Report (APA, 2009) that acknowledged limitations in the literature and called for further research. The book observes that the 2009 Report “. . . proved pivotal in advocating for legislative initiatives to oppose SOCE” (p. 135), and the intervening years have brought about movement both within the culture and the APA toward a much harsher denouncement of all change efforts and calls for legal prohibitions, no doubt inclusive not just of fringe abusive practices but also of SAFE-T. For instance, Glassgold encourages “Bans on SOCE for children, youth, and adults as well as legal action against SOCE practitioners under consumer protection acts may provide some protection for clients and reduce stigma directed at LGBT individuals” (p. 43).

Brinton and coauthors encourage “recognizing the movement to end conversion as an LGBTQ liberation or equality issue . . .” (p. 196). They also acknowledge that the immutability of SOGD, while helpful in attaining LGBTQ civil rights, is no longer necessary. However, they also go out of their way to underscore their belief that sexual and gender fluidity does not justify SOCE or GICE: “Sexual fluidity does not equate to claims that external forces—packaged as therapeutic or otherwise—can manufacture such change. Similar claims about ‘persistence’ rates among transgender and gender nonconforming youth can mistake fluidity for claims that intervention can alter the trajectory of gender identity” (p.

211). SAFE-T oriented clinicians will cringe at the language of therapy “manufacturing” change, as if the dynamic interaction of culture, biology, and agency in human sexuality can be reduced to a therapeutic assembly line into which change exploring therapists plug their clients.

Once again, one can read the influence of a monocausal application of minority stress theory in the background where human sexual agency under therapeutic assistance is eviscerated as having any relevance to considerations of fluidity and change in sexual attractions and behaviors as well as gender identities (see also Williams et al., this issue). Humans in this view only appear to be acted upon by their feelings relative to their non-heterosexual sexual experiences and non-binary gender expressions. They appear incapable of exerting any self-directed or therapy-assisted influence upon their sexuality and gender identity that could arise, for example, from their values and beliefs.

Interestingly, nowhere in this book is there a mention of the 11th Circuit Court of Appeals decision that struck down SOCE and GICE bans in this jurisdiction, despite this having occurred prior to 2020. It is impossible to imagine Haldeman or any of the chapter authors would have been unaware of this ruling, which again highlights the aim of the book is not to provide any glimpse of a counter argument to their narrative on SOCE and GICE, but only to support a blanket ban of all change exploring assistance, even those that are solely speech-based, when they run afoul of the APA worldview.

Beyond eliminating SOCE and GICE, the policies endorsed in the book are intended to normalize and expand the influence of left-of-center sexual and gender values. The current conflict pitting parents of young children against teachers and school administrators pushing gender ideology can be understood in light of statements like these from Glassgold and coauthor Caitlin Ryan:

A more comprehensive plan—and one that aims to prevent stigma and promote well-being—is to integrate normalizing approaches to support a child’s SOGIE into mainstream public health and wellness programs that are offered to all children and families from birth through adulthood. Doing so essentially means integrating these issues into mainstream well-baby, well-child and adolescent, and well-young-adult curricula offered to parents and others by health care professionals. Likewise, support for positive development of sexual orientation and gender diversity must be integrated into every educational, health, and social policy venue. Such integration would generate a revolution in pediatric care, child development, social services, and educational policy. This inclusion reinforces the inherent normalcy of the full range of diverse sexual orientations, gender identities, and expressions. (pp. 99–100)

Although there is no need to attribute malice in the authors’ intentions, the current intensification of mental health distress among youth and particularly LGBT youth certainly raises important questions about the accuracy of their approach and predictions. The growing concern with iatrogenic harm in the medical transitioning of adolescent girls would be one development the authors’ social vision may have trouble defending as the promotion of youth wellness.

Understand traditional religious beliefs on same-sex sexuality and binary gender-identity in order to change them. The book does address the traditional religious beliefs of many who pursue SOCE or GICE, but the perspectives offered are usually less than

flattering and suggest a bias against traditional religious viewpoints on sexuality. The authors (including Haldeman) of the chapter on applying APA guidelines dismiss religious values that find same-sex behavior immoral, asserting this perspective finds “. . . same-sex attraction and behavior are immoral because they contravene a particular, *idiosyncratic* interpretation of scripture” (p. 138, emphasis added). It is unclear how a hermeneutic shared by hundreds of millions of people can be classified as “idiosyncratic” in the conventional understanding of the term.

Later, Haldeman asserts without citation that “SOCE camps have proliferated over the course of the past decade, and evidence suggests that the aversive methods of old have not disappeared but have simply gone underground” (pp. 247–248). More specifics are needed to evaluate this claim, but none are offered. Later he also gives away the APA’s bias when it comes to conflicts between traditional religious values and same-sex sexuality or gender identity: “Invariably, those factors (e.g., choice of religious identification) are far easier to change than is sexual orientation” (p. 249). In my albeit limited exposure to APA workshops on this religion-sexuality conflict, I have not seen any case presented where clients maintained their traditional religious values.

Hence, it is not surprising that elsewhere in the book clinicians are advised to be knowledgeable about religious diversity as a means to assisting clients’ transition away from traditional religious beliefs the APA no doubt considers problematic: “A sound knowledge base of the psychology of religion and respect for religion as a diversity variable can foster client trust that the MHP [mental health professional] is not trying to deprive the client of religious beliefs but rather broadening the spectrum for a healthy role of religion in the client’s life” (p. 176). Here

“broadening the spectrum” and “healthy religion” I read as code for being educated out of traditional religious beliefs and into a more progressive and “enlightened” religious or spiritual viewpoint concerning same-sex sexuality.

In his chapter on the role of religion in SOCE and GICE, Plante did try to strike a more conciliatory tone and encouraged respect for diverse expressions of religious belief, but ultimately he does not escape the limitations of the APA worldview. For example, he draws parallels between the historical support for slavery by some religious adherents to the current support by conservatively religious people for SOCE and GICE. He describes as “intolerant Christians” those who “. . . fail to recognize that Jesus never directly mentioned, commented on, or gave any instructions about homosexuality or any LGBTQ+ behaviors” (p. 114), apparently ignoring the likelihood that moral disapproval of same-sex behavior was so widespread in first century Jewish culture that Jesus would have no reason to mention something so broadly assumed. Plante concludes his chapter by advising that clinicians “. . . need to respect and avoid discrimination against LGBTQ+ clients, but they must also respect and avoid discrimination against people from religious traditions and groups that they may not agree with, relate to, or like” (p. 121). This is sound advice of which proponents of SAFE-T would no doubt approve. However, Plante seems not to recognize the irony of his appeal, which is immediately followed by an appendix of “helpful resources” that fails to include any organizations or resources that would support an individual in exploring change or be identified with a traditional religious moral outlook on same-sex sexuality.

Finally, Haldeman closes the book with soaring rhetoric no doubt meant to inspire culture warriors from within and beyond the

APA: “With the rise of theocratic ideology that enshrines bigotry so long as it is justified, in scriptural terms, and an increasingly conservative judiciary, it is our duty to remember that the best weapons we have in this fight are what we know best: evidence, effects, and alternatives” (p. 251). I found myself grieving these words from a psychologist who two decades ago affirmed that therapies should not be banned, and clients should not be denied the right to explore change (Haldeman, 2002).

Psychology’s role is to inform the profession and the public, not to legislate against individuals’ rights to self-determination. . . . We must respect the choices of all who seek to live life in accordance with their own identities; and if there are those who seek to resolve the conflict between sexual orientation and spirituality with conversion therapy, they must not be discouraged. (p. 263)

Despite Haldeman’s evolution to a highly polarized position on the matter, I still believe there is some significant common ground proponents and opponents of SOCE and GICE could find that would benefit all sexual minorities were the APA less interested in activism and more interested in conversations across the ideological fence. Unfortunately for this pursuit, *The Case Against “Conversion Therapy”* is a contribution clearly located in the former category. Readers interested in a firsthand compendium of the APA’s current scholarly and policy activism will find this book invaluable, but those wishing for a more balanced and up-to-date presentation that considers multiple perspectives on the science and policy related to SOCE and GICE will have to look elsewhere (e.g., the discussion sections of Sullins et al., 2021, and Rosik et al., 2022).

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