



A Wake-Up Call for the Field of Sexual Orientation Change Efforts Research: Comment on Sullins (2022)

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The field of sexual orientation change efforts (SOCE) research has a serious problem. It is currently functioning in an academic sociopolitical monoculture that brings into question the replicability of its findings and likely limits the validity of its conclusions (Duarte et al., 2015).¹ Although I have expressed these concerns for years (e.g., Rosik et al., 2012, 2021a, 2022), Sullins' (2022) reanalysis of Blosnich et al. (2020) is a test of the field's scientific integrity that cannot be ignored. I expect there will be an intense push to delegitimize Sullins' findings; however, my recommendation to the field is to practice greater humility and do better, more nuanced research. Here's why.

I will focus my attention on a few critical methodological vulnerabilities in the current SOCE literature. Sullins' work highlights the importance of assessing for pre-SOCE distress in whatever health indicators are being studied. Essentially, this indicts the entire body of the recent literature, as I document in Table 1. (This also applies to Gender Identity Change Efforts [GICE], also noted in the table.) No matter how intense the advocacy interests of researchers are, correlation

still gets us no closer to causation. If this critical shortcoming is mentioned at all as a limitation by SOCE researchers, it is typically given one sentence and ignored when clinical or policy implications of the findings are discussed. This is no longer acceptable in light of Sullins' reanalysis.

As if that is not a sufficient indictment on its own, I have documented another critical methodological deficiency to which Sullins alluded that likewise casts a shadow on the current SOCE literature. Two decades ago, Shidlo and Schroeder (2002) observed, "...we have found that conversion therapists and many clients of conversion therapy steadfastly reject the use of *lesbian* and *gay*. Therefore, to have used gay-affirmative words would have been inaccurate and unfaithful to their views" (p. 249, authors' emphases). This is a concern precisely because contemporary SOCE research has almost exclusively surveyed LGB + -identified sexual minorities (see Table 1). It is true that many sexual minorities come to adopt an LGB + identity following unsuccessful SOCE. It is also true that some sexual minorities have reported they dropped an LGB + identity when they experienced change. In addition, there appears to be a sizable but mostly invisible subgroup who have never adopted an LGB + sexuality label, largely for religious reasons (Lefevor et al., 2020; Rosik et al., 2021a). There is evidence this is the subgroup that most often pursues SOCE, so routinely omitting them from SOCE research is a fundamental problem.

Again, this oversight is often a byproduct of an ideological monoculture, wherein researchers understandably utilize the LGB + -allied networks, venues, and organizations easily accessible to them. Few SOCE researchers are known to and trusted by conservative religious institutions and networks. Consequently, the literature almost completely ignores those sexual minorities who have prioritized their religious identities over LGB + identities, are embedded in more traditional faith communities, and may have had different experiences

¹ For example, the National Association of Social Workers (NASW) since 2014 has endorsed 754 candidates to federal office in the United States. The political affiliation of these candidates has been 753 Democrat and 1 Republican (NASW, 2022). Other mental health associations are very likely to be similarly distributed in their sociopolitical leanings. Social psychologist Jonathan Haidt has referred to such numbers as reflecting a "statistically impossible" lack of diversity in a country equally divided between the political left and right (Tierney, 2011).

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Table 1 Inclusion of pre-SOCE or pre-GICE health distress and non-LGBT + -identified sexual minorities in recent research critical of SOCE and GICE

Study	Pre-SOCE or GICE distress controlled?	Purposely Includes non-LGBT + ?	%LGBT +
Blosnich et al. (2020)	No	No	> 87.5% LGB
Chan et al. (2022)	No	No	> 93.7% LGB +
Dehlin et al. (2015)	No	No	> 90% LGB +
del Rio-Gonzalez et al. (2021)	No	No	100% LGBT +
Flentje et al., (2013, 2014)	No	No	100% LGB
Government Equalities Office (UK) (2018)	No	No	> 94%LGB +
Green et al. (2020)	No	No	> 77.9% LGB; 100% T
Higbee et al. (2022)	No	No	100% LGBT +
Jones et al. (2022)	No	No	> 86.6% LGBT +
Lee et al. (2021)	No	No	100% LGB
Maccio (2010)	No	Some	86.9% LGB
Mallory et al. (2018)	No	No	100%LGBT
Meanley et al. (2020)	No	No	100% GB
Ogunbajo et al. (2022)	No	No	100% GB
Ozanne Foundation Advisory Board (2018)	No	Some	> 74.9% LGB +
Ryan et al. (2020)	No	No	100% LGBT +
Salway et al. (2020)	No	No	> 95.8% LGBT +
Salway et al. (2021)	No	No	> 98.5% LGBT
Turban et al. (2019)	No	No	> 78.3% LGB + ; 100% T
Veale et al. (2021)	No	No	100% T or NB

LGBT = lesbian, gay, bisexual, transgender; NB = non-binary. Percentages less than 100 usually reflect the presence of an “other” category that may or may not have included non-LGBT + identified sexual minorities; hence, these figures are likely to be conservative estimates of LGBT + percentages

and outcomes from their change efforts (Rosik et al., 2021b, 2022). These sexual minorities are often excluded by design, as when an LGB + identity is required for study participation. For example, Higbee et al. (2022) indicated they chose “...to only include sexual orientation [i.e., identity, not attractions or behavior] in our analyses because the other variables often measure individuals who identify as heterosexual but engage in same-sex activity rather than individuals with a solidified LGBQ + sexual identity. Experiences of same-sex attraction and same-sex activity tend to include substantially higher percentages of the general population than LGBQ + self-identification” (p. 619). The situation may well be akin to assessing the benefits and harms of marital therapy using only participants recruited through divorce support groups. The SOCE experiences of LGB + -identified persons are of course important to document, but they must not be overgeneralized in a rush to advocate for certain policy prescriptions.

Other methodological weaknesses in the SOCE literature are worth mentioning more briefly. First, SOCE is typically operationalized in an exceedingly coarse fashion, such as someone who “attempts to change” or “tried to change” participants’ sexual orientation or gender identity (e.g., Salway et al., 2021). Moreover, research frequently uses language

that characterizes change exploring therapy as coerced, again inserting a bias from within a monoculture that may assume no sexual minority person could ever freely choose to explore their capacity for change based on self-knowledge, desire to preserve marriage to a loved one of the opposite sex, intent to hold one’s family together, or appreciation of the beauty of one’s faith that gives much meaning to life (L. Haynes, personal communication, September 17, 2022). Green et al. (2020) disqualified 105 participants who reported they experienced SOCE but did not indicate someone tried to “make” them change. These researchers justified this exclusion by saying “...it was assumed that these young people may not have understood the intended meaning of conversion or reparative therapy” (p. 1222). Such imprecise and inconsistent operationalizations of SOCE appear plausibly inclusive of wildly varying practices such as aversive behavioral techniques, encouragement to modify risky sexual behaviors, watchful waiting, or even generic prayers for healing. Researchers cannot precisely know what participants envisioned as SOCE or GICE, and hence they can have no real understanding of the source of their findings. Giving sexual minorities the opportunity to evaluate specific methods they have experienced for dealing with their distress is a more

granular approach to SOCE that will likely reveal greater complexity than current narratives allow (Rosik et al., 2022).

Another concern with this literature is that SOCE is almost always studied in a binary, retrospective fashion (i.e., exposure to SOCE versus no exposure), which limits what can be gleaned from these studies. Inclusion of sexual minorities still engaged in self-determined, speech-based forms of personal change efforts could assist in identifying the variety of psychological trajectories that may be associated with SOCE, although, as noted, successful recruitment of such individuals may depend upon the establishment of sociopolitically diverse research teams. Relatedly, adding a comparison group of sexual minorities who received non-SOCE psychotherapy as minors and/or young adults would be one way of coming closer to discerning SOCE-originating distress without having to resort to prospective research designs.

Finally, research on SOCE too often relies upon single-item and/or non-standardized measures of psychological distress. Studies of change efforts should more regularly utilize psychometrically established health scales with available normative information in order to avoid questionable interpretations (Reyna, 2017). Relatively few studies have used such instruments (e.g., Chan et al., 2022; Veale et al., 2021), but even these have failed to provide basic descriptive information about group scores such as means and *SDs*, making it impossible to discern the complete meaning of the results. This is crucial because highly significant SOCE group differences may occur on one end of a health-related scale. Such differences should not be interpreted as contrasting well-being and ill-being but rather as averages and gradations of well-being or ill-being that may be so subtle as to not be clinically significant when comparing groups. Giving attention to such details can assist researchers in discerning where statistical significance may not reflect policy-relevant clinical significance (Hojat & Xu, 2004). This will more fully and accurately capture the heterogeneous experiences of sexual minorities who pursue SOCE.

As Sullins pointed out, the American Psychological Association prominently featured Blosnich et al. (2020) in their recent critique of “conversion therapy” (Glassgold, 2022; Haldeman, 2022). A few years ago, Ferguson (2015) questioned the social science behind the APA’s policy statements and resolutions on such topics as abortion and media violence. In an observation germane to most mental health associations, he asserted “...policy statements such as these may create a ‘tail wags the dog’ effect in which science is selected to support a preexisting policy instead of science being carefully and objectively communicated to policy-makers and the general public” (p. 536). The only exception to this concern Ferguson highlighted happened to be the APA’s policy statements on SOCE, which he described as “grounded in empirical data and practice within the field.” Sullins’ research undermines such unwavering confidence in

the unique stature of the SOCE literature as being scientifically unassailable.

Sullins’ work should instigate a reexamination concerning the conventional wisdom of universal harms associated with SOCE and GICE and be a loud wake-up call to researchers and policy makers about the perils of social science conducted within sociopolitical monocultures that cultivate and incentivize confirmation bias and groupthink. Duarte et al. (2015) point out that “...certain assumptions, theories, and findings can become the entrenched wisdom in a field, not because they are correct but because they have consistently undergone less critical scrutiny. When most people in a field share the same confirmation bias, that field is at a higher risk of reaching unjustified conclusions” (p. 23). Sullins has shed an important spotlight on the fact there are potentially narrative-altering limitations within the current SOCE literature, and I have attempted to provide some further examples in this comment. Attending to these methodological weaknesses holds promise in clarifying what SOCE practices are harmful or helpful and for whom. We should all desire a body of research on SOCE that has been subject to meaningful critique in order to give some assurance it is broadly generalizable, accurate, and reproducible. Currently, as Sullins has shown, this appears not to be the case.

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Declarations

Conflict of interest I have coauthored work with Dr. Sullins in the past (Rosik et al., 2021c; Sullins et al., 2012).

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