



SEXUAL ORIENTATION CHANGE EFFORTS IN MEN: A CLIENT PERSPECTIVE

This study concerned the psychological and social characteristics of 117 men dissatisfied with their same-sex attraction who had pursued sexual orientation change efforts (SOCE). We specifically examined whether sexual identity, male identity, religiosity, marital status, and gender role conflict associated with affection between men were related to self-reports of change in sexual and psychological functioning after having participated in SOCE. Additionally, we explored what motivated the participants to seek SOCE, and what therapeutic interventions and techniques they found to be most and least helpful. Results showed that being married, feeling disconnected with other men prior to seeking help, and reduced conflict in expressing nonsexual affection toward other men related to goals consistent with SOCE. Intrinsic religiosity and a heterosexual identity were related to reports of not changing one's sexual feelings and behavior. Participants perceived the most helpful sexual orientation change interventions to be a men's weekend/retreat, a psychologist, and a mentoring relationship, and the two most helpful techniques to be understanding better the causes one's homosexuality and one's emotional needs and issues and developing nonsexual relationships with same-sex peers, mentors, family members, and friends.

Keywords: reorientation therapy, reparative therapy, homosexuality, male identity

The current study concerns men who are dissatisfied with their same-sex sexual feelings and behavior, and who have pursued sexual orientation change efforts (SOCE) to increase their sexual feelings and behavior toward women. Its psychological treatment component, also known as sexual conversion or sexual reorientation therapy, attempts to help dissatisfied homosexually oriented people learn to resist and minimize their homosexual behavior, thoughts, and feelings so that they can live more happily within the mainstream heterosexual culture that they value (Byrd, Nicolosi, & Potts, 2008). Despite the American Psychiatric Association's treatment of homosexuality as a normal variant of human sexuality for over 30 years, dissenters have continued to

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promote reorientation therapy as a tenable treatment option (e.g., Byrd, 1993; Consiglio, 1991; MacIntosh, 1994a & b; McCounaghy 1969, 1970, 2003; Moberly, 1983; Nicolosi, 1997; Socarides, 1979). SOCE therapies incorporate psychoanalytic/psychodynamic, Christian or pastoral, behavioral, and integrative approaches. However, a common theme in these approaches is that same-sex attraction and behavior reflects a developmental adaptation that can be altered.

Critics of sexual reorientation therapy have posited that psychologists do not provide or sanction cures for that which has been judged not to be an illness (e.g., Bawer, 1993; Isay, 1969). They have argued that social prejudice contributes to the problems of the homosexual and causes the individual undue distress (e.g., Davison, 1976). Unlike reorientation therapy, lesbian, gay, bisexual (LGB) affirmative therapy is aimed at helping the client recognize how his or her distress relates to the internalization of religious beliefs, social stigma, and prejudice against homosexuality while encouraging the client to become more accepting of his or her homosexual feelings and identity (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Worthington, Savoy, Dillon, & Vernaglia, 2002). An LGB-affirmative counselor has been described as one who views sexual minorities and LGB issues as central and identity-defining, as opposed to marginal and perceived in terms of the heterosexual norms society holds (Morrow, 2000).

In August 2009, the American Psychological Association adopted the *Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts*, which states that mental health professionals should avoid telling clients that they can change their sexual orientation through therapy or other treatments. It also advises parents, guardians, young people and their families to avoid sexual orientation treatments that portray homosexuality as a mental illness or developmental disorder and instead seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support and reduce rejection of sexual minority youth (American Psychological Association, 2009). Despite APAs position on sexual reorientation treatments, there are those individuals who are conflicted about their sexuality and pursue SOCE. Research indicates that individuals who seek SOCE tend to have certain characteristics. As such, the purpose of our research study was to examine whether those characteristics that may relate to why some same-sex attracted men would seek SOCE contribute to the perception of having benefited from it.

One of the primary characteristics cited in the literature is the importance of religiosity or spirituality (e.g., Tozer & Hayes, 2004). Organized religion has historically taken positions ranging from ambivalence to outright opposition with regard to homosexuality (Haldeman, 1996). Thus, many people with unwanted homosexual tendencies may reject the gay lifestyle because they do not value it, and because they believe that God does not want them to pursue such a lifestyle. Given this intense conflict between their sexual and religious feelings, such individuals may seek SOCE and report having benefited from it, owing to a stronger desire or motivation to change.

Wade (1998) has conceptualized male identity in terms of a man's feelings of psychological relatedness to other men. A lack of male identity, or lack of feelings of psy-

chological relatedness to other men, would be consistent with the male identity of men who seek sexual reorientation. Wade has termed this lack of identity a “no reference group” male identity. There is no particular group or image of men that the individual feels he is similar to, connected to, or he identifies with, and the gender role self-concept is therefore relatively undefined or fragmented. The individual feels there are no men like oneself or with whom he identifies or feels connected. SOCE practitioners often regard the development of better nonsexual relationships with men (and in turn, increased male psychological relatedness) as a necessary building block in achieving treatment goals (Nicolosi, 1997). Therefore, such men may feel that they are able to benefit from these types of interventions.

Similarly, some literature indicates that men seeking SOCE have often not had affectionate nonsexual relationships with other men or have conflict associated with affection between men (e.g., Cohen, 2000). Therefore, such men may be motivated to become involved in SOCE that are geared toward developing affectionate nonsexual relationships with other men. It is therefore possible that men who have experienced a reduction in conflict associated with restrictive affectionate behavior between men as a result of their involvement in reorientation efforts will also be likely to report having benefited from such interventions.

With regard to sexual self-identity, there are men who are sexually attracted to other men but do not identify as gay; rather, they experience their homosexual orientation and behavior as at odds with who they really are (Lewis & Watters, 1990). This is consistent with the theoretical orientation of some sexual reorientation therapies (e.g., Nicolosi, 1997), thereby making it more likely for such individuals to accept, and feel that they have benefited from, this type of treatment intervention. Therefore, men who identify sexually as heterosexual, as opposed to gay or homosexual, would be more likely to report a positive change in functioning as a result of their involvement in reorientation efforts.

Lastly, dissatisfied same-sex attracted married men, in contrast to single men, may be more invested in making changes in their sexual behavior because they stand to risk a life-mate, and even family, if they fail at SOCE. They may also benefit from the support of a loving marital relationship. Therefore, married men as compared to single men would be more likely to report a positive change in functioning as a result of their involvement in reorientation efforts.

The Current Study

The current study is a survey-based descriptive study of dissatisfied same-sex attracted men who have been involved in sexual reorientation efforts. The purpose of the study was not to replicate findings from prior research or establish the efficacy of this treatment. Rather, the research question was: In those men who have involved themselves in SOCE, do certain psychological and social characteristics relate to reported changes in sexual and psychological functioning? Specifically, we investigated whether religiosity, male identity, gender role conflict associated with affectionate behavior between men, sexual identity, and marital status were related to self-reports of change in sexual and psychological functioning.

First, we examined whether the men in our sample who had participated in SOCE would report a change in their sexual and psychological functioning. Given the men would report a change in functioning, we hypothesized that high religiosity, lack of feelings of psychological relatedness to other men, a reduction in gender role conflict associated with affection between men, being married, and a heterosexual identity would be related to men's self-reports of change in their sexual and psychological functioning. In addition to the above psychological characteristics' relation to men's reports of change in functioning, we sought the answers to two exploratory research questions: 1) what motivated the men to seek sexual reorientation, and 2) what therapeutic interventions and techniques did they find to be most and least helpful to them?

Method

Participants

Participants were adult men who had participated in any form of SOCE at least six months prior to participation in the study. Participants were required to have some past or current form of same sex attraction, but did not necessarily have to possess more homosexual feelings than heterosexual feelings to be included. Instead, minimally the homosexual attraction was simply a source of discomfort for the individual that he at some point had a desire to change. One-hundred-seventeen men participated in the study ranging in age from 19 to 82 years old ($M = 39.7$, $SD = 10.69$, $N = 117$). Forty-eight (41%) of the participants were from private sector psychotherapists (e.g., psychologists). Forty-five (38.5%) were from non-religious/non-denominational organizations (e.g., NARTH) and twenty-four (20.5%) were from ex-gay ministries and religious organizations (e.g., EXODUS)

One-hundred-one participants (86.3%) identified as White/Caucasian. The race/ethnicity of 11 other participants were Latino ($n = 5$), Middle-Eastern ($n = 3$), African-American ($n = 1$), Asian ($n = 1$), and Native American ($n = 1$). Six participants did not provide any information on race/ethnicity. Forty-three participants (36.8%) identified as Protestant, 25 (21.4%) as Mormon, 19 (16.2%) identified as Catholic, 11 (9.4%) as Jewish, and 5 (4.3%) identified as not religious. Fourteen subjects (12%) identified themselves with other religious groups (e.g., Baptist, Christian, and Unity). At the time of the study, 56 (47.9%) were single and 49 (41.9%) were married. Eleven other men (9.4%) were engaged, divorced or separated. Fifty men (42.7%) had children, and 66 men (56.4%) did not.

Measures

The Religious Orientation Scale. The Religious Orientation Scale (ROS; Allport & Ross, 1967) measures the role that religion plays in an individual's life. Genia's (1993) revised version of the Intrinsic Religious Orientation Scale was used in this study, which consists of 9 self-report items. These items assess an intrinsic orientation to religion in which religion is primary in the individual's life, and other needs and desires are secondary (Allport & Ross). Participants respond on a Likert-type scale that

ranges from *I strongly disagree* (1) to *I strongly agree* (7), with higher scores indicating higher levels of intrinsic religiosity. The internal consistency reliability of the Intrinsic scale in the current study was .93.

The Restrictive Affectionate Behavior between Men Scale. The Gender Role Conflict Scale (GRCS; O'Neil, Helms, Gable, David, & Wrightsman, 1986) was designed to measure men's conflict with their gender roles. The GRCS is a 37-item self-report instrument in which participants respond to statements by indicating their agreement on a 6-point Likert-type scale ranging from *strongly disagree* (1) to *strongly agree* (6), with higher scores indicating greater gender role conflict. The Restrictive Affectionate Behavior between Men Scale (RABBM), the only subscale used in the current study, consists of 8 items in which participants are asked to report the degree to which they are experiencing conflict associated with men expressing affection toward one another. Participants were asked to complete this scale based on two points in time: at onset of intervention (Onset) and currently (Current). A difference score was derived by subtracting the current score from the onset score and ranged from +40 to -40, with higher (i.e., positive) scores indicating a decrease in conflict associated with men expressing affection toward one another and lower (i.e., negative) scores indicating an increase in conflict associated with men expressing affection toward one another. In the current study, the internal consistency reliabilities for the RABBM were .86 (Onset) and .88 (Current).

The Reference Group Identity Dependence Scale. The Reference Group Identity Dependence Scale – Adult Version (RGIDS-A; Wade, 2001) was used to assess male identity. The RGIDS-A was developed based on the Reference Group Identity Dependence Scale (RGIDS; Wade & Gelso, 1998) that was developed on a college population. The RGIDS was designed to measure theoretical aspects of male reference group identity dependence. The 28-item RGIDS-A is comprised of four scales that assess feelings of psychological relatedness to other men as represented by three male reference group identity dependence statuses. The No Reference Group scale assesses one's lack of psychological relatedness and feelings of disconnectedness with other men. The Reference Group Dependent scale assesses men's psychological relatedness and feelings of connectedness with some men perceived as similar to oneself but not other men who are perceived as dissimilar. The Reference Group Nondependent status is characterized by psychological relatedness and feelings of connectedness with all men and is represented by two subscales: Similarity and Diversity. The Similarity scale assesses feelings of similarity with all men. The Diversity scale assesses one's appreciation of differences among men. Individuals respond to the items on a 6-point Likert-type scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Higher scores on the scales indicate higher levels of the relevant feelings and beliefs associated with each male identity status. In the current study, participants were instructed to "Please answer the following questions in the context of the six months prior to getting help to change your same-sex sexual attraction and/or behavior." The internal consistency re-

liabilities were: No Reference Group, .77; Reference Group Dependent, .57; Reference Group Nondependent Diversity, .69; Reference Group Nondependent Similarity, .83.

The Sexual Feelings and Behavior Questionnaire. In order to assess men's accounts of change in sexual feelings and behavior, a measure was derived from Spitzer's (2001, 2003) sexual orientation study interview. The questionnaire was comprised of 11 questions: 6 targeted sexual feelings and 5 targeted sexual behavior. Since the questions asked concerned both homosexual and heterosexual feelings and behavior, two separate indices were created. The homosexual index comprised 6 questions that related to homosexual feelings and behavior, and the heterosexual index comprised 5 questions that related to heterosexual feelings and behavior. Each question was answered along a 5-point Likert-type scale where 1 = *never*, 2 = *1-5 times in those six months*, 3 = *1-3 times a month*, 4 = *1-4 times a week*, and 5 = *nearly everyday*. Higher scores on the indices indicated greater heterosexual and/or homosexual feelings and behaviors.

In order to assess change in sexual feelings and behavior, the questionnaire was completed based on two points in time: at onset of intervention (Onset) and currently (Current). The homosexual index change score was computed by subtracting the current score from the onset score and ranged from -30 to +30, with higher (i.e., more positive) scores indicating a greater reduction in homosexual feelings and behavior, and lower (i.e., more negative) scores indicating a smaller reduction (or increase) in homosexual feelings and behavior. The heterosexual change score was computed by subtracting the onset score from the current score and ranged from -25 to +25, with higher (more positive) scores indicating an increase in heterosexual feelings and behavior and lower (more negative) scores indicating a decrease in heterosexual feelings and behavior. In the current study, the internal consistency reliability of the sexual feelings and behavior questionnaire was .78 for the heterosexual index (onset and current), and was .67 (onset) and .77 (current) for the homosexual index.

Psychological functioning. A brief measure of psychological functioning was modified from Shidlo and Schroeder's (2002) checklist format to follow a Likert-type rating scale, which gave the participants an opportunity to provide a full range of quantitative responses. The format was modified to state: "*As a result of your change efforts, to what extent have you noticed positive changes in the following areas?*" The list included the following six areas: self esteem, depression, self-harmful behavior, thoughts and attempts of suicide, social functioning, and alcohol and substance abuse. Participants' responses to the six items (representing the abovementioned six areas) were: *not at all* (1), *slightly* (2), *moderately* (3), *markedly* (4), *extremely so* (5), or *not applicable* (0). Higher scores indicate the more one perceived a positive change in his psychological functioning.

The Treatment Motivation Questionnaire. The Treatment Motivation Questionnaire was derived for the purposes of this study to assess participants' reasons for seeking sexual reorientation. The list included 10 possibilities adapted and modified from the sexual orientation study interview conducted by Spitzer (2001, 2003). Participants

were asked, "How important were the following reasons in your wanting to change your sexual orientation?" followed by a list of the following ten possibilities: 1) belief that I could only be happy if I overcame my homosexuality; 2) belief that homosexuality is unnatural; 3) conflict between my religion (God) and homosexuality; 4) desire to be part of mainstream heterosexual society; 5) desire to be married, or stay married; 6) desire to have my own children; 7) belief that the gay lifestyle is not emotionally satisfying; 8) my homosexual relationships were emotionally painful; 9) fear of disease from gay sex; 10) disapproval of homosexuality by my parents or siblings. Participants rated the importance of the reason using a 5-point Likert-type scale where 0 = *not at all*, 1 = *slightly*, 2 = *moderately*, 3 = *markedly*, and 4 = *extremely*, with higher scores indicating the more important the reason in the participant's wanting to change. Thus, data from this questionnaire was used descriptively to elucidate what motivated these participants to seek change.

Therapeutic interventions. Participants were asked to report the therapeutic interventions they pursued, the duration of the time in these interventions and their perceived helpfulness. This checklist was adapted from Spitzer's (2001, 2003) sexual orientation study interview that asked participants to "*Check all the kinds of help that you received to change your sexual orientation (include even if not very helpful).*" The list included ten therapeutic intervention items (see Table 3). Participants were asked to indicate the number of sessions or length of time they participated in each intervention. All participants were then asked to circle the number of the intervention that was most helpful and rate the perceived helpfulness of each intervention in achieving treatment goals using a 6-point Likert-type scale where 0 = *not applicable*, 1 = *not at all*, 2 = *slightly*, 3 = *moderately*, and 4 = *markedly*, and 5 = *extremely so*.

Therapeutic techniques. Participants were asked to complete a checklist indicating which techniques they found most helpful in their efforts to change. The measure was adapted for use in this study based on prior literature that has pointed to a wide variety of mechanisms of change (Nicolosi, Byrd, & Potts, 2000) and homosexual behavior management (HBM) techniques (Shidlo & Schroeder, 2002). These were incorporated into this measure and included such techniques as "getting healthy non-sexual touch from other men" and "doing things that made you feel manly," as well as 14 other techniques (see Table 4). Participants were then asked to rate the helpfulness of each technique in achieving treatment goals on a 6-point Likert-type scale where 0 = *not applicable*, 1 = *not at all*, 2 = *slightly*, 3 = *moderately*, 4 = *markedly*, and 5 = *extremely so*. Thus, higher scores indicate the more one perceived the technique to have been helpful in achieving treatment goals (or a score of zero indicating not applicable).

Demographic questionnaire. Participants completed a demographic questionnaire that contained questions about age, ethnic background, religious affiliation, socioeconomic status, level of education, and geographic residence. In addition, participants were asked to respond to certain demographic questions at one time as based on the

onset of treatment (Onset) and the current time (Current). Specifically, (a) marital status and (b) sexual self-identity were completed in the context of these two time frames. The latter followed a 7-point Likert type scale from (1) *exclusively homosexual* to (7) *exclusively heterosexual*. Participants were asked, "How would you define or describe your sexual identity?" A change score was derived by subtracting the self-identity rating at onset of intervention from the self-identity rating at present. Thus, scores ranged from -6 to +6, with negative scores representing a shift toward a more homosexual self-identity and positive scores representing a shift toward a more heterosexual self-identity.

Procedure

The first author contacted ex-gay ministry groups and affiliated private therapists throughout the United States known to be associated with individuals involved in SOCE (e.g., Courage, Exodus International, Evergreen International, and their national affiliated ministries). Similarly, participants were recruited through the National Association for the Research and Therapy of Homosexuality (NARTH), People Can Change (PCC) and Jews Offering New Alternatives to Homosexuality (JONAH), in an attempt to collect data from non-religious and non-Protestant participants, respectively. Additionally, contact was made with racial/ethnic minority organizations in an effort to recruit people of color for the study.

Once contact people were identified, their assistance was requested in obtaining the names of other individuals that offered reorientation therapy who could be contacted regarding the study. These contact persons requested that a specific number of questionnaire packets be mailed to them based on their assessment of potential interest. The questionnaire packet included a cover letter, the questionnaire and a stamped envelope with a return address. A brief cover letter and letter of permission was also included for the contact person to sign and mail back. In an attempt to increase the response rate, each participant also received a supplementary form to enter a \$250 raffle and the opportunity to receive results of the study once completed. In that identifying information was necessary for the supplementary form, it was mailed back in a separate envelope from the questionnaire. A small number of packets were directly distributed by the researcher to members of a Journey into Manhood (JIM) group, and by e-mail solicitation to recent JIM weekend participants. The latter were then mailed questionnaires via the postal system, which they completed and mailed back per protocol. Each packet included a cover letter to provide informed consent. By returning the questionnaire participants were giving their consent for inclusion in the study. Of the approximately 330 questionnaires distributed 117 men completed valid questionnaires, a 35% response rate.

Results

Descriptive Statistics

Scale means, standard deviations, and ranges for the independent continuous variables are provided in Table 1. First, measurement scales were evaluated for normality

in distribution of scores. The No Reference Group Scale score and the Restrictive Affectionate Behavior Between Men Scale change score were both normally distributed. However, the scores on the sexual self-identity measure (Onset) were positively skewed (skewness = 1.10, $z = 4.91$; kurtosis = .74, $z = 1.67$), suggesting a clustering of scores around homosexual self-identity. In addition, scores on the Intrinsic Religious Orientation Scale were negatively skewed (skewness = -1.64, $z = -7.33$; kurtosis = 2.78, $z = 6.26$). Thus, this sample consisted of a highly intrinsically religious cohort of men.

Item mean response on the Reference Group Identity Dependence Scale indicated participants' highest endorsement was for No Reference Group (i.e., a lack of psychological relatedness to other males) and lowest endorsement was for Reference Group Nondependent Similarity (i.e., feeling similar to all males). These results differ from previous research samples in which No Reference Group has been found to have the lowest endorsement (Wade, 2001; Wade & Brittan-Powell, 2000, 2001; Wade & Gelso, 1998).

There was a statistically significant decrease in discomfort with expressions of affection between men from six months prior to SOCE (onset: $M = 37.09$, $SD = 8.55$) to the time of completing the measures (current: $M = 20.72$, $SD = 7.91$), $t(115) = 16.58$, $p < .001$. The eta-squared statistic (.71) indicated a large effect size. As compared to O'Neil's (n.d.) meta-analysis of 8 studies of White adult men's gender conflict, our participants reported relatively higher levels of conflict six months prior to sexual orientation efforts ($M = 37.09$, $SD = 8.55$) and somewhat lower levels of current conflict ($M = 20.72$, $SD = 7.91$) regarding expressions of affection with other men (from O'Neil, n.d.: $N = 1156$, $M = 26.40$).

Lastly, there was a statistically significant increase in heterosexual self-identity from onset ($M = 2.57$, $SD = 1.49$) to current ($M = 4.81$, $SD = 1.60$), $t(113) = -13.05$, $p < .001$. The eta-squared statistic (.60) indicated a large effect size.

Test of Hypotheses

Before the test of hypotheses, we first examined whether the participants reported a change in sexual and psychological functioning. There was a statistically significant

Table 1
Descriptive Statistics for the Independent Continuous Variables

Measure	<i>N</i>	Min	Max	Mean	<i>SD</i>	Skew (s.e.)	Kurt.(s.e.)
Religious Orientation	117	9	63	52.45	10.95	-1.64 (.22)	2.78 (.44)
RABBM Change	116	-11	36	16.38	10.64	-.36 (.23)	-.45 (.45)
No Reference Group	116	18	54	39.83	8.33	-.45 (.23)	-.26 (.45)
Sex.Self-Iden.(Ons.)	116	1	7	2.55	1.48	1.10 (.23)	.74 (.45)

Note. RABBM = Restrictive Affectionate Behavior between Men; Sex Self-Iden (Ons.) = Sexual Self-Identity at Onset of Interventions.

decrease in reported homosexual feelings and behavior, onset ($M = 18.93, SD = 4.54$), current ($M = 12.21, SD = 4.25$), $t(110) = 12.06, p < .001$. The eta-squared statistic (.57) indicated a large effect size. Additionally, there was a statistically significant increase in reported heterosexual feelings and behavior, onset ($M = 8.45, SD = 3.71$), current ($M = 13.13, SD = 4.62$), $t(113) = -11.33, p < .001$. The eta-squared statistic (.53) indicated a large effect size.

With respect to psychological well-being, on average men reported there was a positive change in their psychological functioning. The greatest amount of change was in their self-esteem ($M = 4.24, SD = .88$) and social functioning ($M = 4.04, SD = .92$), followed by depression ($M = 3.88, SD = 1.07$), self-harmful behavior ($M = 3.88, SD = 1.12$), and thoughts and attempts of suicide ($M = 3.88, SD = 1.49$). Overall, participants reported the least amount of positive change in alcohol and substance abuse ($M = 3.26, SD = 1.65$).

Given the finding that there was a reported change in functioning, we hypothesized that high religiosity, lack of feelings of psychological relatedness to other men, a reduction in conflict associated with affection between men, being married, and a heterosexual identity would be related to self reports of change in sexual and psychological functioning. Specifically, we expected the change in functioning to be reports of decreased homosexual feelings and behavior, increased heterosexual feelings and behavior, and positive change in psychological functioning. The hypothesis about marital status was tested using an ANOVA, whereas the remaining hypotheses were tested using correlations. Results of the correlation analyses are presented in Table 2.

Marital status was divided into the following groups: single, married, engaged, divorced, separated, and widowed. A one-way between groups ANOVA with post-hoc tests revealed that there were significant differences among marital status groups in the change score for sexual feelings and behavior toward men, $F(2,107) = 4.43, p < .05$. The effect size calculated using eta squared was .08, indicating a moderate effect. Post-hoc comparisons using Tukey HSD test indicated that the mean score for married (M

Table 2
Correlations between the Measures and Change Scores

Heterosexual	Heterosexual Change Score	Homosexual Change Score	Change in Psychological Well-Being
Intrinsic Religiosity	-.18	-.21*	-.10
No Reference Group	.23*	.26**	.16
RABBM Change	.27**	.48**	.32**
Sexual Self-Identity	-.29**	-.22*	-.10

Note. RABBM Change = Restrictive affectionate behavior between men change score. Sexual self-identity reflects participants rated sexual identity at beginning SOCE.

* $p < .05$ ** $p < .01$

= 8.82, $SD = 4.60$) was significantly different from single ($M = 5.83$, $SD = 6.23$) at the .05 level of significance. Thus, married men had a change score for sexual feelings and behavior toward men that indicated a greater reduction in homosexual feelings and behavior than single men.

For the correlation analyses, contrary to what was hypothesized, a significant negative correlation was found between intrinsic religiosity and the change score for sexual feelings and behavior toward men. The negative correlation between intrinsic religiosity and the change score for sexual feelings and behavior toward women approached significance ($p = .06$), which was also contrary to what was hypothesized. A significant positive correlation was found between No Reference Group and the change score for sexual feelings and behavior toward men as well as sexual feelings and behavior toward women. For restrictive affectionate behavior between men, having a reduction in conflict associated with expressing affection toward other men significantly positively correlated with all three indices of change: the change score for sexual feelings and behavior toward men, sexual feelings and behavior toward women, and psychological well-being. For sexual identity at beginning of reorientation efforts, contrary to our hypothesis there was a significant negative correlation between a heterosexual identity and the change score for sexual feelings and behavior toward men as well as sexual feelings and behavior toward women.

Exploratory Analyses

We were also interested in probing what motivated men who were dissatisfied with their same-sex attraction to seek sexual reorientation, and what therapeutic interventions and techniques they found to be most and least helpful to them. Participants endorsed different motivations for wanting to change their same-sex attraction and behavior. One-hundred-three participants (88%) rated "conflict between my religion (God) and my homosexuality" and one hundred men (85.5%) rated "belief that the gay lifestyle was not emotionally satisfying" as markedly or extremely important. "Disapproval of homosexuality by my parents or siblings" was the least endorsed reason with 34.2% of the sample rating it as of marked or extreme importance.

In order to examine participants' perceived helpfulness of different therapeutic interventions, mean scores were obtained for each intervention. Overall, participants perceived the most helpful interventions to be a men's weekend/retreat, a psychologist, and a mentoring relationship with an individual for the purpose of changing same-sex sexual attraction and/or behavior (see Table 3). The mean response indicates these interventions were "markedly" helpful. Comparatively, the least helpful intervention was a psychiatrist who was perceived as "slightly" helpful.

In order to examine participants' perceived helpfulness of different therapeutic techniques, mean scores were obtained for each technique (see Table 4). Overall, men found "understanding better the causes of your homosexuality and your emotional needs and issues," "developing nonsexual relationships with same-sex peers, mentors, family members and friends," and "exploring linkages between one's childhood, family experiences and same-sex sexual attraction and behavior" to be the most helpful

Table 3
Helpfulness Ratings for Therapeutic Interventions

Therapeutic intervention	% who received the intervention	Item mean *helpfulness rating	% rated most helpful
Intense individual study	91.4	3.96	4.1
Psychologist	75.2	4.20	36.9
Ex-gay/other religious support group	67.5	3.85	8.2
Men's weekend/men's retreat	64.1	4.28	21.3
Pastoral counselor	58.1	3.57	7.4
A mentoring relationship	49.6	4.17	9.0
Non-religious peer support group	45.3	3.73	2.5
Mental health, family or marriage counselor	42.7	3.67	7.4
Psychiatrist (medical doctor)	28.2	2.15	<1.0
Social worker	22.2	3.08	2.5

Note. *Item means based on the Therapeutic Interventions Scale and range from 1 (not at all helpful) to 5 (extremely so).

strategies. The mean responses indicate that these interventions were “extremely” or “markedly” helpful. Comparatively, the least helpful technique was “using female sex surrogates,” which was deemed “not at all” helpful by the participants.

Discussion

The primary purpose of our research study was to examine whether certain psychological and social characteristics were related to reports of change in sexual and psychological functioning in men who have involved themselves in SOCE. We first examined whether the sample reported a change in their functioning. Next, we examined the hypothesis that high religiosity, lack of feelings of psychological relatedness to other men, a reduction in conflict associated with affection between men, being married, and a heterosexual identity would be characteristics associated with self reports of positive change in sexual and psychological functioning. Change in sexual functioning was assessed by participants responding to a measure that asked about their homosexual and heterosexual feelings and behaviors at two points in time: at onset of intervention and currently. Psychological functioning was assessed by participants responding to a measure that asked the extent to which they have noticed positive changes in the areas of self-esteem, depression, self-harmful behavior, thoughts and attempts of suicide, social functioning, and alcohol and substance abuse as a result of their change efforts. Lastly, we explored what motivated the men to seek sexual reorientation, and what therapeutic interventions and techniques they found to be most and least helpful to them.

Table 4

Percentage Who Received Technique and Helpfulness Ratings

Technique	% who received the technique	Item mean * helpfulness rating	% rated "extremely" helpful
Understanding better the causes of your homosexuality & your emotional needs and issues	98.3	4.52	62.4
Exploring linkages between your childhood and family experiences and your same-sex sexual attraction and behavior	98.3	4.33	55.6
Developing nonsexual relationships with same-sex peers, mentors, family members & friends	95.7	4.48	59.8
Meditation and spiritual work	95.7	3.88	38.5
Avoiding situations that trigger homosexual feelings	94.9	3.49	20.5
Doing things that made you feel manly	94.0	4.02	32.5
The cognitive reframing of homosexual desire as a symptom of emotional distress in order to explain away such desire while lessening fear and guilt	93.2	4.08	41.9
Getting healthy non-sexual touch from other men	91.5	4.08	43.6
Learning to maintain appropriate boundaries	91.5	3.91	32.5
Developing a stronger desire to change	88.9	3.83	28.2
Abstaining from masturbation	88.0	3.08	12.8
Thought stopping	79.5	3.06	12.8
Going to the gym	65.8	3.40	12.8
Imagining getting AIDS	63.2	1.93	4.3
Playing team sports	53.8	2.76	6.8
Using female sex surrogates	32.5	1.45	0.0

Note. *Item means based on the Therapeutic Interventions Scale and range from 1 (not at all helpful) to 5 (extremely so).

On average, the men in our sample reported: a decrease in homosexual feelings and behavior, an increase in heterosexual feelings and behavior, and a positive change in their psychological functioning. Analysis of the self-report data indicated that on average the men in our sample made positive gains as a result of SOCE; and several of the variables we examined related positively to change in functioning while others related negatively. Consistent with our hypothesis, the analysis showed that married men had greater reduction in sexual feelings and behavior toward men than single men. One possibility is that men who are married are more invested in this work because they stand to risk a life-mate (and possible family) if they fail at treatment. Indeed, in Shidlo and Schroeders's (2002) study some participants indicated their motivation to pursue treatment was to save their marriage and keep their children. The married man might also be experiencing less intense homosexual urges; since the married and heterosexual lives they lead may be the sublimation of their homosexual impulses, which somehow contains them.

A salient result emerged when testing the hypotheses regarding restrictive affectionate behavior between men, as well as male identity. These two psychological constructs addressed the extent to which these men experienced conflict expressing non-sexual affection with other men as well as their psychological connectedness toward other men. Analysis of the data indicated a reduction in conflict associated with expressing affection toward other men and feelings of disconnectedness with other men (i.e., the no reference group male identity status) prior to seeking help with one's sexuality related to a decrease in homosexual feelings and behavior and an increase in heterosexual feelings and behavior. Additionally, being better able to accept and express affection with other men related to self-reports of positive changes in psychological well-being. The man who is feeling disconnected from other males, perhaps due to his conflicted sexual identity, would desire to be like other men, as such a state of disconnectedness would be psychologically distressing (Wade, 1998). For dissatisfied same-sex attracted men, this desire may signify a wish to be like other heterosexual men including with regard to their sexuality. It may be this desire and distress that motivates dissatisfied same-sex attracted men to try to make changes in their sexual feelings and behavior. Being able to be close with other men in a nonsexual way may also make one feel better about oneself, thereby having an effect on psychological well-being. Indeed, both proponents and opponents of sexual reorientation therapy in Beckstead and Morrow's (2004) research with Mormons identified the development of emotional same-sex relationships as a positive therapy experience, resulting in enhanced self-worth.

There were two findings that were contrary to what we had expected. First, results indicated intrinsic religiosity was associated with not reducing one's homosexual feelings and behavior. In previous research, intrinsic religiosity related positively to a propensity to seek sexual reorientation therapy (Tozer & Hayes, 2004), which led to our hypothesis that religiosity would be associated with self-reports indicating change. Intrinsic religiosity is derived from Allport and Ross's (1967) notion of mature (versus immature or extrinsic) religious sentiment, where the person's approach to religion is

open-minded, having the ability to maintain links between inconsistencies. Based on this notion, perhaps an intrinsically religious orientation would also allow for a certain open-mindedness to one's sexuality, and thereby not having the strong conviction to reduce one's sexual feelings and behavior toward men.

The second contrary finding from our analysis indicated the more one identified as heterosexual the less change there was in one's sexual feelings and behavior toward women and one's sexual feelings and behavior toward men. Our expectation was that men who are sexually attracted to other men but do not identify as gay would be motivated to accept sexual reorientation therapies and feel that they have benefited from this type of treatment intervention. Additionally, using the Kinsey scale, in Tozer and Hayes's (2004) study a homosexual identity related negatively to a propensity to seek sexual reorientation therapy. However, it stands to reason that the more one identifies as heterosexual, the less likely the individual would even seek to change his sexual orientation to be *more* heterosexual (in terms of sexual feelings and behaviors). Thus, SOCE for men who have same-sex attraction but identify strongly as heterosexual (or homosexual) may be less motivated to change their sexual feelings and behavior than men who are more conflicted in their sexual identity.

The responses to the exploratory research questions provide information about the participants' motives for seeking sexual reorientation and their response to interventions and techniques, in terms of the extent to which they were perceived as helpful. With regard to motivations, a large percentage of the participants endorsed religious and intrapsychic reasons for pursuing reorientation. They indicated that conflict between their religion and their homosexuality and the belief that the gay lifestyle was not emotionally satisfying were very important motivations for seeking sexual reorientation. The religious conflict identified in this study is similar to other studies where the participants were highly religious (see Spitzer, 2001, 2003; Throckmorton, 2002). In that many of the participants in this study were from religious organizations involved in sexual reorientation therapies, it is reasonable that religious conflict would be a strong motivating factor. Being unable to reconcile one's religion (that denounces homosexuality) with a "gay lifestyle" might also contribute to the belief that a gay lifestyle is not (or would not be) emotionally satisfying. Another possibility is that highly religious homosexual men may feel alienated from the gay community. In Shidlo and Schroeder's (2002) study, some participants reported that they had been "out" as lesbians or gay men for many years but felt alienated from other lesbians and gay men. Subsequently, they sought sexual reorientation therapy in an attempt to find a group to belong to.

Participants perceived the most helpful interventions to be a men's weekend/retreat, a psychologist, and a mentoring relationship. What these interventions appear to have in common is a close relationship with another person or persons where the individual feels he is receiving help with his issues. Considering our findings above regarding the significance of male identity and nonsexual affectionate relationships with other men, it is notable that in at least two of these helping relationships the other is also another male. Similarly, participant report that one of the most helpful therapeutic techniques was developing nonsexual relationships with same-sex peers lends support to this finding.

The perceived helpfulness of a psychologist may be related to what participants indicated were the other two most helpful techniques: exploring linkages between one's childhood, family experiences and same-sex sexual attraction and behavior, and understanding better the causes of one's homosexuality and one's emotional needs and issues. However, it is not clear whether or not the use of the techniques was based in theories that support SOCE (e.g., reparative therapy) or traditional theories of psychotherapy. Future research could further investigate the content of these strategies.

This study presents several limitations. First, the study was based on self-reported data, which places restrictions on the conclusions that can be drawn. In that this study was based on self-report at one time, but based on two different time periods, there was a heavy reliance on subjective assessment. Furthermore, given the fallibility of memory for past events, it is impossible to be sure how accurate individuals were in answering questions about their sexual behavior and feelings before initiating therapies aimed at sexual reorientation. Additionally, it is possible that the participants may have exaggerated the magnitude of the changes they experienced due to social desirability or cognitive dissonance. The latter may have influenced them to report success to reduce the psychological discomfort of not having made the desired changes despite an intense desire to do so.

A core issue in any research purporting to change sexual orientation is careful definition and measurement of sexual orientation, so that before and after outcomes might be reliably evaluated. Despite the definition and measurement issues involved, this study relied on subject self-report of a very simple construction of sexual orientation. Therefore, the study's implications speak more to reported changes in sexual feelings and behavior than it does to actual changes in sexual orientation, *per se*. Additionally, the battery of measures utilized are not frequently used, and as such do not have extensive validation research.

The ability to generalize the findings of the survey is limited. The sample was highly religious and racial/ethnic minorities constituted less than 10% of the sample of 117 men, who were primarily European American. Moreover, because there was no control group, comparisons cannot be made between men who participated in reorientation efforts and those who did not. Finally, this study was correlational in nature and therefore causal relationships cannot be attributed to the variables, and the obtained ratings may reflect process measurements more than actual outcomes.

Conclusions

The findings provide some insight into the characteristics of men who have involved themselves in SOCE and report having benefited from these experiences in both sexual and psychological ways. The study findings suggest that some men who are dissatisfied with their same-sex attraction feel disconnected from other men, and feel they benefit from developing non-sexual affectionate relationships with other men. Additionally, married men who seek help with their sexual orientation are more likely than single men to feel they have made changes in their functioning. On the other hand, men who integrate religion into all aspects their life (i.e., intrinsic religiosity) and/or have a

strong heterosexual identity are least likely to report they have changed in their homosexual feelings and behavior.

Lastly, psychologists and mental health professionals who treat dissatisfied same-sex attracted men should consider recommending to their same-sex attracted clients what this sample of similarly conflicted men identified as most helpful: a weekend or retreat for men, and a mentoring relationship. Similarly, they should consider introducing into treatment the therapeutic techniques these men deemed most helpful: understanding better the causes of one's homosexuality and one's emotional needs and issues, and developing non-sexual relationships with same-sex peers, mentors, family members, and friends. Given the American Psychological Association's strong admonition against SOCE, these recommendations do not necessarily imply that the goal of treatment would be sexual reorientation. In fact, the practitioner need not have the goal of sexual reorientation to implement these therapeutic interventions to effectively assist these clients. However, given our findings that men were primarily motivated by religious conflict and a belief that the gay lifestyle was not emotionally satisfying, it is likely that many men sincerely conflicted by their sexuality—even those familiar with the APA's recent position statement—will pursue efforts to change. We therefore view the perspectives of these men and their reports of what helped them most as no less significant.

References

- Allport, G.W., & Ross, J.M. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, 5, 432-443.
- American Psychological Association (APA). (2009). Insufficient evidence that sexual orientation change efforts work, says APA. APA press release, retrieved 08/12/09 from <http://www.apa.org/releases/therapeutic.html>
- Bieschke, K.J., McClanahan, M., Tozer, E., Grzegorek, J.L., & Park, J. (2000). Programmatic research on the treatment of lesbian, gay, and bisexual clients: The past, the present, and the course for the future. In R.M. Perez, K.A. DeBord, & K.J. Bieschke (Eds.), *Handbook of counseling and therapy with lesbian, gay, & bisexual clients* (pp. 309-336). Washington, DC: American Psychological Association.
- Beckstead, A.L., & Morrow, S.L. (2004). Conversion therapies for same-sex attracted clients in religious conflict. *The Counseling Psychologist*, 32(5), 641-650.
- Bawer, B. (1993). *A place at the table*. New York: Poseidon Press.
- Byrd, A.D. (1993). An LDS reparative therapy approach for male homosexuality. *AMCAP Journal*, 19, 91-104.
- Byrd, A.D., Nicolosi, J., & Potts, R.W. (2008). Clients' perceptions of how reorientation therapy and self-help can promote changes in sexual reorientation. *Psychological Reports*, 102, 3-28.
- Cohen, R. (2000). *Coming out straight: Understanding and healing homosexuality*. Winchester, VA: Oakhill Press.
- Consiglio, W. (1991). *Homosexual no more: Practical strategies for Christians overcoming homosexuality*. Wheaton, IL: Victor.

- Davidson, G.C. (1976). Homosexuality: The ethical challenge. *Journal of Consulting & Clinical Psychology, 44*, 157-162.
- Genia, V. (1993). A psychometric evaluation of the Allport-Ross I/E scales in a religiously heterogeneous sample. *Journal for the Scientific Study of Religion, 32*, 284-290.
- Haldeman, D.C. (1996). Spirituality and religion in the lives of lesbians and gay men. In R. Caba & T. Stein (Eds.), *Homosexuality and psychiatry: A comprehensive textbook* (pp. 881-896). Washington, DC: American Psychiatric Association Press.
- Isay, R. (1969). *Being homosexual. Gay men and their development*. New York: Farner, Straus & Giroux.
- JONAH. (2001). Protocol for the Jonah support group for men.
- Lewis, D.K., & Watters, J.K. (1990 June 20-23). *International Conference on AIDS, 6*, 271 (abstract no. F.C.762). University of California, Santa Cruz.
- MacIntosh, H. (1994a). Attitudes and experiences of psychoanalysts in analyzing homosexual patients. *Journal of the American Psychoanalytic Association, 42*(4), 1183-1207.
- MacIntosh, H. (1994b). *Psychoanalyst variables associated with the outcome of psychoanalysis of homosexual patients*. Paper presented at the meeting of the American Psychoanalytic Association, Philadelphia.
- McCounaghy, N. (1969). Subjective and penile plethysmograph responses following aversion-relief and apomorphine aversion therapy for homosexual impulses. *British Journal of Psychiatry, 115*, 723-730.
- McCounaghy, N. (1970). Subjective and penile plethysmograph responses to aversion therapy for homosexuality: A follow-up study. *British Journal of Psychiatry, 117*, 555-560.
- McCounaghy, N. (2003). Penile plethysmography and change in sexual orientation. *Archives of Sexual Behavior, 32*, 444-445.
- Moberly, E. (1983). *Homosexuality: A new Christian ethic*. Greenwood, SC: Attic Press.
- Morrow, S.L. (2000). First do no harm: Therapist issues in psychotherapy with lesbian, gay, and bisexual clients. In R.M. Perez, K.A. DeBord, & K.J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 137-156). Washington, DC: American Psychological Association.
- Nicolosi, J. (1997). *Reparative therapy of male homosexuality: A new clinical approach*. Northvale, NJ: Jason Aronson, Inc.
- Nicolosi, J., Byrd, A.D., & Potts, R.W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*, 1071-1088.
- O'Neil, J.M. (n.d.). Normative data on White adult men's gender role conflict. Retrieved January 14, 2010, from <http://web.uconn.edu/joneil/NormativeData.pdf>
- O'Neil, J.M., Helms, B.J., Gable, R.K., David, L., & Wrightsman, L.S. (1986). Gender-role conflict scale: College men's fear of femininity. *Sex Roles, 14*(6), 335-350.
- Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumers' report. *Professional Psychology: Research & Practice, 33*(3), 249-259.
- Socarides, C. (1979). Some problems encountered in the psychoanalytic treatment of overt male homosexuality. *American Journal of Psychotherapy, 33*(4), 506-520.
- Spitzer, R.L. (2001, May). *200 subjects who claim to have changed their sexual orientation from homosexual to heterosexual*. Paper presented at the meeting of the American Psychiatric Association, New Orleans, LA.
- Spitzer, R.L. (2003). Can some gay men and lesbians change their sexual orientation? 200 Subjects reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior, 32*(5), 403-417.

- Throckmorton, W. (2002). Initial empirical and clinical findings concerning the change process for ex-gays. *Professional Psychology: Research & Practice*, 33(3), 242-248.
- Tozer, E.E., & Hayes, J.A. (2004). Why do individuals seek conversion therapy? The role of religiosity, homonegativity, and identity development. *The Counseling Psychologist*, 32(5), 716-740.
- Wade, J.C. (1998). Male reference group identity dependence: A theory of male identity. *The Counseling Psychologist*, 26(3), 349-383.
- Wade, J.C. (2001). Professional men's attitudes toward race and gender equity. *The Journal of Men's Studies*, 10(1), 73-88.
- Wade, J.C., & Brittan-Powell, C.S. (2000). Male reference group identity dependence: Support for construct validity. *Sex Roles*, 43(5/6), 323-340.
- Wade, J.C., & Brittan-Powell, C.S. (2001). Men's attitudes toward race and gender equity: The importance of masculinity ideology, gender-related traits, and reference group identity dependence. *Psychology of Men and Masculinity*, 2, 42-50.
- Wade, J.C., & Gelso, C.J. (1998). Reference group identity dependence scale: A measure of male identity. *The Counseling Psychologist*, 26(3), 384-412.
- Worthington, R.L., Savoy, H.B., Dillon, F.R., & Vernaglia, E.R. (2002). Heterosexual identity development: A multidimensional model of individual and social identity. *The Counseling Psychologist*, 30(4), 496-531.

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