

Religiously-Motivated Sexual Orientation Change

*Kim W. Schaeffer Ree Ann Hyde Thaya Kroencke
Blanca McCormick Lynde Nottebaum
Point Loma Nazarene University*

Survey research was conducted on 184 males and 64 females to determine if they were experiencing success in changing their sexual orientation from homosexual to heterosexual. The participants were attempting to change their sexual orientation due to their religious beliefs. Mental health, treatment, and religious motivation were also examined. Participants reported currently experiencing significantly more heterosexuality than they recall experiencing at age 18, $F(1,240) = 53.03$, $p = <.001$. The more heterosexuality they reported experiencing, the better their self-reported mental health. No evidence was found for the effectiveness of therapy in changing sexual orientation. However, religious motivation did predict current sexual orientation.

Is it possible for an individual who experiences homosexuality to change his or her sexual orientation¹ to heterosexuality? Most mental health professionals today consider this question to be misguided. They believe that a homosexual individual should accept the essence of his or her sexual being and not attempt to conform to the historical sexual norms which society has traditionally upheld. Many studies (see Satinover, 1996, chap. 12-13) have examined the success of treatment for orientation change with mixed conclusions (Haldeman, 1994; Jones & Workman, 1989). Although there are several therapists who attempt to change one's orientation through reorientation psychotherapy (Nicolosi, 1993; Socarides, 1995), this type of therapy is deemed by many in the mental health community as inappropriate (e.g., Isay, 1989).

Traditional Christian beliefs strongly conflict with the mental health community's presiding viewpoint. Though there is a growing movement towards revising the traditional condemnation of homosexuality by Christianity, as discussed by Haas (1997), many Christians who experience homosexual feelings still believe that homosexual behavior is immoral based upon biblical passages which forbid such activity. Many of these individuals have the eventual goal of living within the context of a heterosexual marriage. Due to the level of commitment to their religious beliefs, these Christians will pursue their goal of heterosexuality regardless of the attitudes of the mental health community.

A number of organizations are available to assist those struggling with unwanted homosexual desires. The largest Christian organization which addresses homosexuality is Exodus International. According to their policy statement (Exodus International, 1996), this organization views:

heterosexuality as God's creative intent for humanity, and subsequently views homosexual expression as outside God's will.

Correspondence concerning this article should be addressed to Dr. Kim W. Schaeffer, Department of Psychology, Point Loma Nazarene University, 3900 Lomaland Drive, San Diego, CA 92106. Electronic mail may be sent via Internet to KimSchaeffer@ptloma.edu.

Exodus cites homosexual tendencies as one of many disorders that beset fallen humanity. ... Exodus upholds redemption for the homosexual person as the process whereby sin's power is broken, and the individual is freed to know and experience true identity as discovered in Christ and His Church. That process entails the freedom to grow into heterosexuality. (paragraphs 8-9)

Exodus is an umbrella referral organization for ministries which help the homosexual Christian. Before being approved by Exodus, these ministries must meet the following stringent requirements: agree with the Exodus doctrinal and policy statements, exist for at least two years, satisfy specific requirements for the ministry director including freedom from immoral sexual behavior and active participation in a local church, maintain local accountability and oversight, and pursue the application process for at least one year.

Although Exodus International has been in existence for over 20 years, individuals associated with this organization have not been systematically studied. Their efforts, including both successes and failures, are typically reported only on an individual basis in the form of personal testimonies at conferences and in organization newsletters. It was decided to undertake a study of this group because they have not been represented in the research literature. Further, past research involving Christian individuals is limited and suffers from small sample size (e.g., Pattison & Pattison, 1980). Through survey research the sexual orientation of individuals associated with Exodus is examined. This study will also address the relationship between current sexual orientation and mental health, therapy, and religious motivation. Although a sample of individuals attending a national Exodus conference is not representative of all Christian individuals attempting to change their orientation, if orientation changes are not found in this motivated sample then it is doubtful that orientation change is possible.

Method

Participants

Participants for this study were attending one of the North American conferences of Exodus International that were held during the summers of 1993-1995. The minimal requirement for individuals attending these conferences is that they respect the doctrinal and policy statements of Exodus while at the conference. Some individuals attending the conference have a long-term relationship with this group while others attending the conference might be there to find out more about the beliefs and practices of Exodus.

The 1993, 1994, and 1995 Exodus conferences were held at Wilmore, KY, Fort Collins, CO, and San Diego, CA, respectively. Two hundred and forty-eight conference attendees volunteered to complete the survey. The sample of 248 subjects consisted of 96 (81 men and 15 women) 1993 conference attendees, 82 (59 men and 23 women) 1994 conference attendees, and 70 (44 men and 26 women) 1995 conference attendees. According to the conference director (Kevin O'Shiro, personal communication, May 24, 1996), 475 (323 men and 152 women), 537 (329 men and 208 women), and 605 (358 men and 247 women) individuals attended the 1993, 1994, and 1995 conferences, respectively. Though statistics are not available, the conference director estimates that approximately 65% of those attending either "struggle with" or have "overcome" homosexuality. The remaining conference attendees are typically family members, clergy, or church lay leaders.

The sample included 228 Caucasians (172 men and 56 women), 6 Asians (3 men and 3 women), 5 African Americans (2 men and 3 women), 3 Hispanics (2 men and 1 woman), 4 participants of other ethnic background (3 men and 1 woman), and 2 participants not reporting their ethnic background (1 man and 1 woman). The mean (with standard deviations in parentheses) age for male participants was 37.16 (9.65) years and the mean age for female participants was 36.33 (8.50) years. Education was measured in years, with 12 years denoting the end of high school, 16 years denoting a college degree, and so on. The mean educational level was 15.69 (2.09) years for male respondents and 14.72 (2.07) years for female respondents.

Gender (male, female) x Conference (1993, 1994, 1995) analyses of variance (ANOVAs) were conducted to determine if males differed from females on age and education, and to determine if the participants from the three different conferences differed on age and education. An alpha level of .05 was used for all statistical tests in this article. Nonsignificant conference main effects and Gender x Conference interactions were found. However, a significant gender main effect was found for education, $F(1,241) = 10.08, p = .002$. The main effect showed that the males were significantly more educated than the females. The gender main effect was not significant for age.

Survey

The survey included both closed and open-ended questions about sexual orientation, mental health, treatment, and religious motivation, as well as other related topics. The sexual orientation scale was based on a Kinsey's (Kinsey, Pomeroy, & Martin, 1948) classification of sexual orientation. Participants rated their sexual orientation based on the following descriptions: "exclusively heterosexual" (scored zero), "mainly heterosexual" (scored one), "mainly heterosexual with a substantial degree of homosexuality" (scored two), "as much heterosexual as homosexual" (scored three), "mainly homosexual with a substantial degree of heterosexuality" (scored four), "mainly homosexual" (scored five), and "exclusively homosexual" (scored six). Participants checked which statement best described their current behavior-based and feeling-based sexual orientation. They then rated their behavior-based and feeling-based sexual orientation as they remembered experiencing it when they were 18 years of age.

The mental health items included graphic rating and step scales. The graphic rating scales were marked "Low" (scored zero points) at the left end of the line and "High" at the right end of the line (scored 9 points). Graphic rating scales were used to measure current self-acceptance, tension, depression, and paranoia. Happiness and outlook on life were measured using step scales. Happiness was measured at three levels (1 = not too happy, 2 = pretty happy, 3 = very happy), and outlook on life was measured at five levels (1 = negative, 2 = more negative than positive, 3 = neutral, 4 = more positive than negative, 5 = positive). Participants who saw a counselor/therapist for the purpose of changing their sexual orientation were asked how much they benefited from therapy. Participants chose from four alternatives (1 = not at all, 2 = very little, 3 = somewhat, 4 = a great deal).

The religion items used a five level Likert scale (1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, 5 = strongly agree), and included statements such as "I have a personal relationship with Christ." Subjects were also asked what was the most important reason for changing their sexual orientation. Possible rea-

Table 1
Mean Values of Sexual Orientation Scales

<i>Sexual Orientation</i>	Male			Female		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Behavior at age 18	3.78	2.13	156	2.32	2.39	57
Current behavior	2.14	2.27	156	.96	1.45	57
Feelings at age 18	4.24	1.69	180	3.21	2.20	62
Current feelings	2.94	1.79	180	2.00	1.65	62

Note. Exclusively heterosexual = 0; exclusively homosexual = 6.

sions included theological beliefs and Christian conversion, but also included family, peer group, religious community, fear of HIV, being booked or arrested for sexual misconduct, organizations like Exodus, psychological stressors, and the desire to have a family.

Procedure

Volunteers were recruited at locations at the conferences which were readily visible to most conference participants. Announcements regarding the study were made during some of the general sessions of the conference and a sign publicized the need for volunteers. The consent sheet attached to the survey requested participants' names and addresses if they would like to be contacted for a follow-up study. When participants returned their surveys the consent sheet was immediately detached from the survey and placed in a secure location to ensure confidentiality. Some conference attendees chose to mail their survey to the primary researcher.

Results

The mean values of the sexual orientation rating scales are presented in Table 1. A Time (age 18, now) x Gender (male, female) ANOVA of the behavior scale revealed a statistically significant time main effect, $F(1,211) = 44.73, p < .001$, a significant gender effect, $F(1,211) = 29.28, p < .001$, and a nonsignificant Time x Gender interaction. On the feeling scale, the Time x Gender ANOVA revealed a similar pattern: a significant time effect, $F(1,240) = 53.03, p < .001$, a significant gender effect, $F(1,240) = 24.23, p < .001$, and a nonsignificant Time x Gender interaction. On both the feeling and behavior scales, participants rated their current sexual orientation as significantly more heterosexual than when they were 18 years of age. Females rated themselves more heterosexual than males.

The next analyses addressed the relationship between mental health and current sexual orientation. The feeling-based sexual orientation scale was correlated with each mental health item. The feeling scale was used in this analysis and all subsequent analyses since many of the participants did not respond to the behavior-based item because they had not engaged in homosexual sex recently. See Table 2 for the mean values of the mental health items. The correlations showed that the less homosexuality experienced: the higher the self-report of happiness, $r(242) = -.49, p < .001$; the more positive an outlook on life, $r(242) = -.38, p < .001$;

Table 2
Mean Values of Mental Health Variables

<i>Mental Health Variables</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Happiness ^a	2.27	0.65	244
Outlook on life ^b	4.04	1.04	244
Self Acceptance ^c	6.33	1.93	242
Tension ^c	5.07	2.34	244
Depression ^c	2.39	2.31	244
Paranoia ^c	1.53	2.14	244

Note. ^aRange: 1-3 (1 = not too happy, 3 = very happy). ^bRange:1-5 (1 = negative, 5 = positive). ^cRange:0-9 (0 = Low, 9 = High).

the higher the level of self-acceptance, $r(240) = -.40, p < .001$; the lower the level of tension, $r(242) = .16, p = .01$; the lower the level of depression, $r(242) = .28, p < .001$; and the lower the level of paranoia, $r(242) = .33, p < .001$. (It should be noted that none of the mental health variables significantly correlated with feeling-based orientation at 18 years of age.)

Concerning treatment, 82% ($n = 203$) of the participants reported consulting a counselor/therapist at some time in their life for a mental health problem. Of those who consulted with a therapist, 92% ($n = 186$) reported consulting with a therapist at least once for the purpose of changing their homosexual orientation. Of these consultations, 77% ($n = 144$) reported that the professional attempted to help them change their sexual orientation. Correlational analyses on these 144 individuals showed that current feeling-based sexual orientation did not correlate with the number of counseling/therapy sessions, nor with participants' self-reported benefit from the sessions.

The benefit of counseling/therapy was also tested by comparing individuals who did not see a therapist at least once for the purpose of changing sexual orientation with those who did. A Time (age 18, now) x Gender (male, female) x Therapy (yes, no) ANOVA was conducted on this data. The means of these groups are presented in Table 3. The analysis revealed a significant therapy main effect, $F(1,196) = 5.00, p = .03$ (those who received therapy reported experiencing significantly less *heterosexuality* than those who did not receive therapy); a nonsignificant Time x Therapy interaction; a nonsignificant Gender x Therapy interaction; and a nonsignificant Time x Gender x Therapy interaction.

The relationship between current feeling-based sexual orientation and Christian experience was examined by correlational analyses. The means of the religious motivation variables are presented in Table 4. The analyses revealed that the less homosexuality currently experienced, the more religious services per week attended, $r(242) = -.15, p = .02$, and the higher the level of agreement with the following statements: "I rely on a 'higher power' or God to provide the focus for behavioral change," $r(243) = -.27, p < .001$; "Christian conversion prompted me to consider changing my homosexual behavior," $r(240) = -.16, p = .01$; and "I have a personal relationship with Christ," $r(243) = -.19, p = .003$. Current feeling-based sexual ori-

Table 3
*Mean Values of Feeling-Based Sexual Orientation
 by Consultation With Professional*

<i>Counseling/Therapy</i>	Sexual Orientation					
	Age 18			Current		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
No consultation						
Male	4.52	1.52	40	2.58	2.00	40
Female	2.63	2.27	19	1.47	1.35	19
Consultation						
Male	4.13	1.75	110	3.11	1.69	110
Female	3.39	2.12	31	2.65	1.66	31

Note. Exclusively heterosexual = 0; exclusively homosexual = 6.

Table 4
Mean Values of Religious Motivation Variables

<i>Religious Motivation Variables</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Theological beliefs influenced me to change ^a	4.66	0.77	244
Christian conversion influenced me to change ^a	3.96	1.41	242
I rely on God to provide the focus for change ^a	4.80	0.59	245
I have a personal relationship with Jesus Christ ^a	4.84	0.56	245
Number of religious events per week attended	1.63	0.54	244
Years associated with Exodus-type ministry	3.49	7.68	217

Note. ^aStrongly disagree = 1, strongly agree = 5.

entation did not correlate with the length of time associated with an Exodus-type ministry, nor with the level of agreement with the statement, "My theological beliefs prompted me to consider changing my homosexual behavior." (It should be noted that none of the religious motivation variables significantly correlated with feeling-based orientation at 18 years of age.)

Discussion

According to their self-report, both males and females who are associated with Exodus International experience more heterosexuality than they remember experiencing at 18 years of age. The more heterosexuality they currently experience the better their self-reported mental health. The failure to find a significant Time x Therapy interaction demonstrated that reorientation therapy was not effective in changing sexual orientation. However, religious motivation did predict current sexual orientation. Due to the potential for misinterpretation of these findings, several caveats need to be discussed.

Asking subjects to remember their sexual orientation at 18 years of age may not have been the most sensitive method to measure magnitude of change. Not all subjects may have been aware of their sexual orientation at age 18. This could be due to a failure to acknowledge same-sex attraction, lack of experience or basic knowledge of sexuality, and so on. In a future study, subjects could also be asked to recall the most homosexual and most heterosexual periods in their lives (and at what ages). These two endpoints could then be used to determine the individual's standing with regard to his or her current sexual orientation.

The correlations found between mental health and sexual orientation should, obviously, be interpreted with extreme caution. Many might be eager to interpret these findings to mean that if individuals change their sexual orientation, they will be happier, less tense, less depressed and so on. This explanation is feasible when one considers that individuals affiliated with Exodus would experience a negative mental status (due to their religious beliefs) if they were not attaining their sexual behavior goals. An alternative explanation is that those who are experiencing better mental health have a higher probability of changing. Truly, the former explanation would not apply to the general gay and lesbian community who accept their sexual orientation.

No evidence was found in this study for the success of sexual orientation change therapy. Indeed, those in therapy reported experiencing less heterosexuality than those not in therapy. This finding is in opposition to earlier studies (see Clippinger, 1974; Jones & Workman, 1989) which report the effectiveness of therapy. Many interpretations of this finding are possible. It could be that those in therapy have a more difficult time changing their orientation even with successful treatment than those not in therapy, due to characteristics or experiences that they do not share with those who have not undergone therapy. Future research could test this hypothesis. An alternative explanation is that those who begin therapy with a stronger feeling-based homosexual orientation become more frustrated with therapy than those who begin with a lower homosexual orientation. To test this idea, all participants who reported moderate homosexuality (scored 3 or 4) or strong homosexuality (scored 5 or 6) on the feeling-based orientation scale at age 18 were included in a Group (moderate homosexuality, strong homosexuality) x Therapy (yes, no) x Time (age 18, now) ANOVA. The Group x Therapy x Time interaction was not significant. The failure to find a significant interaction indicates that in this sample certain levels of feeling-based orientation are not affected differently by therapy than other levels.

Another possible reason that therapy was not found to be effective may be because the analysis treated all participants who had ever consulted a therapist for the purpose of changing orientation as being in therapy, regardless of the number

of sessions attended. To more adequately test the hypothesis, we reconducted the Time x Gender x Therapy ANOVA, treating only participants who attended more than the median number of sessions (15) as being in therapy. This analysis did not reveal any beneficial effects of therapy. These analyses failed to find evidence for the effectiveness of sexual reorientation therapy as it is practiced today. Nonetheless, these findings clearly do not preclude the possibility of there being experts in this field who have successfully helped individuals change their sexual orientation.

The religious motivation results should also be interpreted cautiously. Though possible, higher religious motivation does not necessarily lead to a more heterosexual orientation or vice versa. This idea dangerously suggests that those who are not changing their orientation require an increase in religious motivation in order to change. It may be that those who have been experiencing heterosexuality experience more success and, therefore, interpret their religious motivation to be higher. This idea may also be misunderstood to suggest that, if an individual attempting reorientation for non-religious reasons becomes a Christian for the purpose of changing orientation, he or she will necessarily experience success. Opportunities for future research in this area include the use of more traditional measures of religious motivation than those employed in the present study.

Even though religious motivation did predict current sexual orientation, it is possible that those who are more religiously motivated were more heterosexual to begin with. To test this hypothesis, a Time (age 18, now) x Gender (male, female) x Religious Motivation (highly motivated, motivated) ANOVA was conducted on current feeling-based sexual orientation. Participants were placed in the highly motivated group if they strongly agreed with the statement that they have a personal relationship with Jesus Christ, agreed with the statement that God provides the focus for behavioral change, and listed Christian conversion or theological beliefs as the most important reason that they were trying to change their sexual orientation. All other participants were placed in the motivated group. The descriptive statistics are presented in Table 5. The ANOVA revealed a significant Time x Religious Motivation interaction, $F(1,238) = 4.51, p = .03$. Other interactions involving the religious motivation factor were not significant. The simple effects of the interaction revealed that the highly motivated sample did not differ from the motivated sample at age 18, but the highly motivated group reported currently experiencing more heterosexuality than the motivated group, $F(1,238) = 5.46, p = .02$. Therefore, the highly motivated group experienced significantly more change than the motivated group. Once again, this finding should be interpreted cautiously per the caveats discussed in the prior paragraph.

It should be noted that participants in this study were attending an annual conference of Exodus International and, thus, could represent a highly select sample. The majority of those attending the conferences did not volunteer to fill out a survey. Those who chose to do so could represent a more motivated group. A question that remains is do the participants in this study differ from those who choose not to attend a conference or fill out a survey? Future research in this area could examine a more representative sample of individuals seeking change through qualified reorientation support groups throughout the United States. Plans for such a study are already underway.

In conclusion, the intent of this exploratory study was not to take a stand regarding the theological and philosophical issues surrounding the morality of homosexual behavior. Rather, the intent was to document the experiences of those who are

Table 5*Mean Values of Feeling-Based Sexual Orientation by Religious Motivation*

<i>Religious Motivation</i>	Sexual Orientation					
	Age 18			Current		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Motivated						
Male	4.15	1.68	78	3.33	1.66	78
Female	2.84	2.44	25	2.00	1.85	25
Highly motivated						
Male	4.31	1.71	102	2.64	1.83	102
Female	3.46	2.02	37	2.00	1.53	37

Note. Exclusively heterosexual = 0; exclusively homosexual = 6.

trying to change their sexual orientation for religious reasons. This study found that based on their self-report, individuals affiliated with Exodus International experienced change of sexual orientation. This change of orientation was not a result of counseling/therapy, but was associated with a high degree of religious motivation and positive mental health. A follow-up study is currently in progress to determine the degree of persistence of change over a one year period. Whether one agrees with their goals and/or method, it is unquestionable that organizations like Exodus International will continue to thrive based on the self-reported success of their membership.

Note

1. The phrase *sexual orientation* is controversial because to many it implies the essential and unchanging sexual tendencies of a person. Without implying any philosophical position, it was decided to use the term sexual orientation because it has traditionally been used in sexuality research.

References

- Clippinger, J. A. (1974). Homosexuality can be cured. *Corrective and Social Psychiatry*, 20, 15-28.
- Exodus International (1996, May 20). Exodus International doctrinal and policy statements [WWW document]. URL <http://www.messiah.edu/hpages/facstaff/chase/h/exodus/doctrin.htm>.
- Haas, G. (1997). Exegetical issues in the use of the Bible to justify the acceptance of homosexual practice. *Christian Scholar's Review*, 26, 386-412.
- Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology*, 62, 221-227.
- Isay, R. A. (1989). *Being homosexual: Gay men and their development*. New York: Farrar, Straus & Giroux.
- Jones, S. L., & Workman, D. E. (1989). Homosexuality: The behavioral sciences and the church. *Journal of Psychology and Theology*, 17, 213-225.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia: Saunders.

Nicolosi, J. (1993). *Healing homosexuality: Case stories of reparative therapy*. New York: Jason Aronson.

Pattison, E. M., & Pattison, M. L. (1980). "Ex-gays": Religiously mediated change in homosexuals. *American Journal of Psychiatry*, 137, 1553-1562.

Satinover, J. (1996). *Homosexuality and the politics of truth*. Grand Rapids, MI: Hamewith Books.

Socarides, C. (1995). *Homosexuality: A freedom too far*. Phoenix: Adam Margrave.

Authors

Kim W. Schaeffer, Ph.D., is Professor of Psychology and chair of the Department of Psychology at Point Loma Nazarene University. Ree Ann Hyde earned her B.A. degree in Psychology from Point Loma Nazarene University and her M.A. in theology from Fuller Theological Seminary. Thaya Kroencke earned her B.A. degree in Psychology from Point Loma Nazarene University in the spring of 1995. Blanca McCormick earned her B.A. degree in Psychology from Point Loma Nazarene University in the summer of 1994 and her M.A. in psychology from National University. Lynde Nottebaum earned her B.S. degree in Computer Engineering from the University of California at San Diego in 1987, and is currently a psychology student at Point Loma Nazarene University.