



Are Sexual Orientation Change Efforts (SOCE) Effective? Are They Harmful? What the Evidence Shows

Peter Sprigg

SUMMARY:

“Sexual orientation change efforts” (or SOCE) are efforts to help people with *unwanted* same-sex sexual attractions overcome those attractions and/or abstain from homosexual behavior. SOCE may include professional therapy or less formal (often religious) counseling. Critics of SOCE make two claims – that it is *ineffective*, and that it is *harmful*.

“**Sexual orientation**” is an umbrella term which may refer to sexual attractions, sexual behavior, or sexual self-identification. “**Effective**” SOCE is therapy or counseling that results in any significant shift away from homosexuality and/or toward heterosexuality in any of these components. SOCE can only be judged generally “**harmful**” if the harms exceed the benefits, *and* exceed the harms experienced by comparable populations.

Six studies or surveys from 2000 to 2018 are reviewed, all of which show that SOCE can be effective for some clients in bringing about significant change in some components of sexual orientation. Few harms were reported. Older reports, including 600 studies and five meta-analyses, showed the same. One widely-cited report on harms, with a sample selected for that purpose, offered almost entirely anecdotal rather than statistical evidence.

These studies make clear that the evidence for the effectiveness of SOCE far outweighs the evidence of its harm.

“Sexual orientation change efforts” (or SOCE) is an umbrella term for a variety of techniques that seek to help people who experience *unwanted* same-sex sexual attractions to overcome those attractions and/or abstain from homosexual behavior. SOCE may include professional therapy by licensed mental health providers, as well as less formal (often religiously-based) services provided by unlicensed counselors. (Critics of SOCE and the media usually employ a term, “conversion therapy,” that is no longer used by practitioners of SOCE.)

LGBT (lesbian, gay, bisexual, transgender) activists have long been critical of SOCE. In the 1990’s and 2000’s, they succeeded in enlisting major professional organizations (such as the American Psychological Association) in a campaign to discourage clients from seeking SOCE and therapists/counselors from providing it. More recently, a handful of states have actually enacted legislation prohibiting SOCE for

minors by licensed mental health providers, and at the last minute, California postponed action on an even more sweeping bill (AB 2943) which would have declared it “consumer fraud” for *anyone* to provide SOCE for a fee to a client of *any* age.¹

Critics of SOCE make two main claims. First, they say that sexual orientation change efforts are *ineffective* – implying that sexual orientation is immutable and declaring that it cannot be changed by therapy or counseling. Second, they say that SOCE is *harmful* – that is, that people who attempt to change their sexual orientation actually end up *worse off* (in some cases, depressed or even suicidal) rather than better.

The truth, however, is that there is an abundance of evidence that SOCE can be effective, while there is little but anecdotal evidence – some of it dubious or even fabricated² – that it is harmful. This paper will examine briefly some of that evidence. But first, we must define some terms.

What is “Sexual Orientation?”

Most people assume that “sexual orientation” is a unitary characteristic that is easily understood, and LGBT activists have long promoted the view (again, on little evidence) that it is innate, inborn, and probably genetically or biologically determined.

In reality, “sexual orientation” is an umbrella term which, depending on the context, may refer to one or a combination of three components – an individual’s sexual attractions, sexual behavior, or sexual self-identification. Although LGBT activists contend that sexual orientation cannot be changed because it cannot be chosen, in reality there is a considerable amount of choice involved both in one’s sexual behaviors and one’s self-identification.

What is “Change” (“Effective” SOCE)?

Opponents of SOCE create a straw man, based on the view of sexual orientation as a unitary characteristic, by suggesting that SOCE therapists and counselors guarantee they can, in essence, flip a switch that will change any client from 100 percent gay to 100 percent straight. This stereotype completely misrepresents SOCE in two ways. First of all, no therapist or counselor for *any* condition can “guarantee” that every single client will achieve success, and no one who engages in SOCE makes such a claim. In addition, “sexual orientation change” can refer to any degree of change in *any* of the three components of sexual orientation. If a client experiences any significant reduction in homosexual attractions or behaviors, or increase in heterosexual attractions, as a result of SOCE, then that process can be considered “effective,” and many clients would consider it a success, even if some or occasional same-sex attractions remain. If SOCE is able to reduce the symptoms that cause distress to the client to the same extent as therapy for other conditions (such as depression) does, then it should be judged every bit as “effective” as those standard therapies.

What is “Harm?”

The principal evidence of “harm” offered by critics of SOCE is the personal testimonies of individuals who claim to have undergone SOCE and subsequently had negative life experiences, such as depression or suicidal ideation. Such anecdotal evidence (even if true) would not constitute scientific proof that SOCE is, on the whole, “harmful.” To begin with, we must always bear in mind the familiar axiom that “correlation is not causation,” and remember that a certain percentage of the general population (as well

as a certain percentage of the LGBT-identifying population), will have such negative experiences whether they have undergone SOCE or not.

To scientifically prove that SOCE is generally “harmful,” one would have to prove that *all* of the following are true:

- The number of clients who report harm from SOCE exceeds those who report benefits;³
- Negative mental and physical health indicators among those who have undergone SOCE exceed those among persons who have undergone alternative “gay-affirming” therapy;
- Negative mental and physical health indicators among those who have undergone SOCE exceed those among persons with same-sex attractions who have had no therapy at all.
- Negative mental and physical health indicators among those who have undergone SOCE exceed those among persons who have had therapy or counseling for other conditions.

There simply is no scientific evidence to prove each of these points.

Studies and Surveys Showing SOCE Can Be Effective and Beneficial

If critics of SOCE claim there is “no evidence” that it can *ever* be effective in changing *any* client’s sexual orientation, they are simply wrong (as we will show). If, on the other hand, they claim there is no “proof” (a higher standard than “evidence”) that SOCE is *generally* effective, that is only because the many studies, surveys, and personal testimonies giving evidence of its effectiveness have not risen to a “gold standard” level for social science research.⁴

This paper will highlight briefly some of the most recently published studies or surveys showing that SOCE can be effective without causing harm, and then summarize some of the older research. The studies are presented in reverse chronological order, beginning with the most recent.

Paul L. Santero, PhD, Neil E. Whitehead, PhD, Dolores Ballesteros, PhD, “Effects of Therapy on Religious Men Who Have Unwanted Same-Sex Attraction,” *The Linacre Quarterly*, July 23, 2018; abstract online at: <http://journals.sagepub.com/doi/abs/10.1177/0024363918788559>.

This study, in a peer-reviewed medical journal, surveyed “125 men with active lay religious belief”⁵ who had completed or were in the process of SOCE. Ninety-seven percent of the sample had undergone professional therapy, but 86 percent had also participated in less formal types of SOCE.⁶ According to the authors, “68 percent self-reported some to much reduction in their same-sex attraction and behavior and also an increase in their opposite-sex attraction and behavior.”⁷ This was “comparable to the effectiveness rates of psychotherapy in general for any unwanted issue,” under which “the average person who received counseling for whatever problem was better off than 70 percent to 75 percent of the persons who did not receive counseling.”⁸ While (as noted in the introduction) sexual orientation exists along a continuum and even incremental change may be considered a success, there were 22 men (18 percent of the sample) who “reported feeling heterosexual attraction for the first time,” and of those who rated themselves as having *exclusive* same-sex attractions initially, 14 percent said they had a complete change to *exclusive* opposite-sex attractions.⁹

Far from experiencing harm, the clients in this study experienced overwhelmingly *positive* impacts, which were “marked” in the areas of self-esteem, social functioning, self-harm, and suicidality, and “extreme” with respect to substance abuse.¹⁰ In summary, based on these data, “[t]he hypothesis of

ineffectiveness of SOCE is rejected”¹¹ and “the hypothesis that harm predominates is rejected strongly.”¹²

Stephen H. Black, *The Complete First Stone Ministries Effectiveness Survey Report* (Enumclaw, Wash.: Redemption Press, 2017); available for order online at: <https://www.freedomrealized.org/first-stone-ministries-effectiveness-survey-report>.

First Stone Ministries is a Christian ministry based in Oklahoma City that focuses on “overcoming all forms of sexual brokenness including homosexuality, sexual abuse and addiction to pornography.” They undertook a survey of clients who had participated in their ministry’s programs over a 25-year period (1990-2015). In the end, 185 former clients completed the First Stone survey. While not strictly scientific, this survey provides useful and detailed information on the experiences of many people who have undergone Christian-based counseling. Of those who came to the ministry with same-sex attractions (67 percent of all clients), 23 percent reported an elimination of *all* same-sex attractions¹³ (unfortunately, the First Stone survey apparently did not include any sort of graduated scale of attractions, like the *Linacre Quarterly* study). However, questions apparently focused more on behaviors showed dramatic results – 78 percent said that the ministry had helped them “in overcoming [some] form of sexual sin and/or brokenness.”¹⁴ And of those who reported that they had a “sexual addiction” before coming to First Stone (61 percent of the total), an amazing 93 percent no longer considered themselves “addicted” at the time of the survey.¹⁵ As for harm, Black has been very transparent in publishing all submitted comments, both positive and negative. However, of 98 respondents who wrote concluding comments, 85 were positive in tone, only seven negative, and six mixed.¹⁶

Stanton L. Jones and Mark A. Yarhouse, “A Longitudinal Study of Attempted Religiously Mediated Sexual Orientation Change,” *Journal of Sex and Marital Therapy* 37:5 (2011); abstract online at: <https://www.tandfonline.com/doi/abs/10.1080/0092623X.2011.607052>.

The research by Jones and Yarhouse is significant because it involved “a quasi-experimental longitudinal study spanning 6-7 years,”¹⁷ rather than just retrospective reports. This 2011 article was published in a peer-reviewed scientific journal; earlier detailed reports on the study had been published in a 414-page book in 2007,¹⁸ and reported to the convention of the American Psychological Association in 2009.¹⁹ They began with a sample of 98 subjects (72 men and 26 women) engaged in “religiously mediated” change efforts. After a rate of attrition that “compares favorably to that of respected longitudinal studies,”²⁰ they were able to track 61 subjects through to the end of the study. Jones and Yarhouse found that “53% of the T6 [final] sample that self-categorized did so as some version of success, either as Success: Conversion (23%) or Success: Chastity (30%).”²¹ That was more than twice the number (25 percent) who “self-categorized as a failure . . . (Confused or Gay Identity).”²² Meanwhile, “harm” (“psychological distress”) was measured using a standardized checklist of symptoms, but “the only statistically significant trends . . . indicated *improving* psychological symptoms”²³ (emphasis added).

Elan Y. Karten and Jay C. Wade, “Sexual Orientation Change Efforts in Men: A Client Perspective,” *The Journal of Men’s Studies* 18:1 (2010): 84-102; abstract online at: <http://journals.sagepub.com/doi/abs/10.3149/jms.1801.84>.

This study in a peer-reviewed journal examined “117 men dissatisfied with their same-sex attraction who had pursued sexual orientation change efforts (SOCE).”²⁴ As with most studies in this field, “this sample consisted of a highly intrinsically religious cohort of men.”²⁵ Karten and Wade found that after SOCE:

- “[T]here was a statistically significant increase in heterosexual self-identity,” with “a large effect size;”
- “There was a statistically significant decrease in reported homosexual feelings and behavior,” with “a large effect size;”
- “[T]here was a statistically significant increase in reported heterosexual feelings and behavior,” with “a large effect size;”
- “With respect to psychological well-being, on average men reported there was a positive change in their psychological functioning,” with the greatest positive changes coming in “self-esteem,” “social functioning,” “depression,” “self-harmful behavior,” and “thoughts and attempts of suicide.”²⁶

Robert L. Spitzer, M.D., “Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation,” *Archives of Sexual Behavior* 32:5 (2003): 403-417; abstract online at: <https://www.ncbi.nlm.nih.gov/pubmed/14567650>; full text available online at: <http://www.jpsych.com/pdfs/Spitzer,%202003.pdf>.

Robert L. Spitzer is a psychiatrist who was instrumental in pushing for the controversial 1973 decision of the American Psychiatric Association to remove homosexuality from its list of mental disorders. However, in the early 2000’s, Dr. Spitzer had the intellectual honesty to accept a challenge to study the results of SOCE. He did a structured interview with 200 individuals (143 males, 57 females) “who reported at least some minimal change from homosexual to heterosexual orientation that lasted at least 5 years.”²⁷ As with most studies of this subject, most participants reported some significant but not complete change. After SOCE (which Spitzer referred to as “reparative therapy”²⁸):

- “[C]omplete change [defined as the absence of even “mild and fleeting” homosexual thoughts] was the case for only 11% of the males but a larger percentage of the females, 37%.”
- “26% of the males and 49% of the females reported being bothered ‘not at all’ by unwanted homosexual feelings,” and “only 1 male and no female reported being ‘markedly’ or ‘extremely’ bothered by unwanted homosexual feelings.”
- “Twenty-nine percent of the males and 63% of the females” had “no more than very low values on measures of homosexual orientation.”
- “Sixty-six percent of the males and 44% of the females satisfied the criteria for Good Heterosexual Functioning.”
- “Depression” was not a side effect of change efforts reported by “our participants, who often reported that they were ‘markedly’ or ‘extremely’ depressed [before SOCE] (males 43%, females 47%), but rarely that depressed [after SOCE] (males 1%, females 4%).”²⁹

Spitzer concluded:

This study indicates that some gay men and lesbians, following reparative therapy, report that they have made major changes from a predominantly homosexual orientation to a predominantly heterosexual orientation. The changes following reparative therapy were not limited to sexual behavior and sexual orientation self-identity. The changes encompassed sexual attraction, arousal, fantasy, yearning, and being bothered by homosexual feelings. The changes encompassed the core aspects of sexual orientation. Even participants who only made a limited change nevertheless regarded the therapy as extremely beneficial.³⁰

Because the participants were self-selected, this study does not allow any generalization regarding how likely change is for any given SOCE client—it merely suggests that change *is* possible for at least *some*.

And Spitzer acknowledged from the outset that relying exclusively on self-reporting leaves open a theoretical possibility that the reports could be biased or inaccurate. However, he enumerated six patterns of response that might be expected if this had occurred, and said that none of them were present in his data. He concluded by stating his opinion that “the participants’ self-reports in this study are by-and-large credible and that probably few, if any, elaborated self-deceptive narratives or lied.”³¹ (An LGBT-affirming researcher who analyzed Spitzer’s study, Scott L. Hershberger, agreed with this conclusion, saying, “The orderly, law-like pattern of changes in homosexual behavior, homosexual self-identification and fantasy observed in Spitzer’s study is strong evidence that reparative therapy can assist individuals in changing their homosexual orientation to a heterosexual orientation.”³²)

After publication of this study in 2003, “There was an outpouring of hatred” toward Spitzer from LGBT activists who had once viewed him as a hero. Dutch psychologist Gerard van den Aardweg said that he spoke to Spitzer, who “had nearly broken down emotionally after terrible personal attacks from militant gays and their supporters.”³³ In 2012, after nearly a decade of such abuse, at the age of 80 and suffering from Parkinson’s Disease,³⁴ Spitzer caved in to the pressure and publicly apologized “for making unproven claims of the efficacy of reparative therapy.” He now declared that “there was no way to determine if the participants’ accounts of change were valid.”³⁵ This led some writers to claim that Spitzer had “retracted” his study, but that is not accurate. In fact, the editor of the journal in which Spitzer’s 2003 article (as well as his “apology” in a letter to the editor) appeared, the *Archives of Sexual Behavior*, specifically *refused* to retract the article, saying that a mere change in how the author *interprets* his own data is not grounds for doing so.³⁶

Notwithstanding Spitzer’s 2012 “apology,” his 2003 study continues to provide what it always provided – *evidence* (not “proof”) that *some* (not all) people with a predominantly homosexual orientation can change to having a predominantly heterosexual orientation after seeking and receiving therapy or counseling directed to that end. That is because the “evidence” offered by the article is (and always was) the *testimonies* offered by Spitzer’s 200 subjects – not Dr. Spitzer’s personal opinion of those testimonies. Even in his 2012 statement, Spitzer neither proved nor pointed to evidence of “response bias.” If we are to dismiss the validity of data based on self-reports simply because response bias is *possible*, we would have to dismiss much of social science research altogether, and probably *most* of the research that is done on human sexuality. And given the abuse to which Dr. Spitzer was subjected from 2003 to 2012, his “apology” must be given about as much credence as an “apology” given by a prisoner of war after torture.³⁷

Joseph Nicolosi, A. Dean Byrd, and Richard W. Potts, “Retrospective Self-Reports of Changes in Homosexual Orientation: A Consumer Survey of Conversion Therapy Clients,” *Psychological Reports* 86 (2000): 1071-1088.

Abstract online at: <http://journals.sagepub.com/doi/abs/10.2466/pr0.2000.86.3c.1071>.

In this study in a peer-reviewed journal, using perhaps the largest sample found in any study of SOCE, 882 “dissatisfied homosexually oriented people” (689 were men, or 78 percent; 193 were women, or 22 percent) returned a 75-question survey about their experiences with SOCE.³⁸ Some key findings were:

- “Over 67% of the participants indicated they were exclusively homosexual or almost entirely homosexual at one time in their lives, whereas only 12.8% of them indicated that they now perceived themselves in this manner.”
- “Before treatment or change, only 2.2% of the participants perceived themselves as exclusively or almost entirely heterosexual, whereas after treatment or change 34.3%” did so.

But is change only possible for those who already have some measure of heterosexual or bisexual attraction? “Of the 318 participants who viewed themselves as exclusively homosexual in their orientation before treatment or change:”

- “56 (17.6%) reported that they now view themselves as exclusively heterosexual”
- “53 (16.7%) now view themselves as almost entirely heterosexual”
- “35 (11.1%) of them view themselves as more heterosexual than homosexual”

“Thus, 45.4% of the exclusively homosexual participants retrospectively reported having made major shifts in their sexual orientation.”³⁹

As for harm, only 7.1 percent of participants “reported that they were doing worse on three or more [out of 17] of the psychological, interpersonal, and spiritual well-being items after treatment.”⁴⁰

Older Reports of Successful SOCE

In a thorough review of the literature in 2009 (in response to the APA Task Force Report earlier that year), the *Journal of Human Sexuality* (published by the National Association for Research and Therapy of Homosexuality, or NARTH) reported on “600 reports of clinicians, researchers, and former clients – primarily from professional and peer-reviewed scientific journals,” published over 125 years, documenting “that professionally-assisted and other attempts at volitional change from homosexuality toward heterosexuality has been successful for many and that such change continues to be possible for those who wish to try.”⁴¹ The *Journal* also reported on five “meta-analyses” (studies of the studies) conducted between 1974 and 2002, all of which showed change was possible. “Success rates” in making some shift toward heterosexuality, in the three meta-analyses that reported such figures in percentage terms, ranged from 33 percent to 40 percent.⁴² And although most recent SOCE has occurred in a religious context (among religious clients and religious therapists or counselors), that has not always been the case in the past. Nicholas A. Cummings, a former president of the American Psychological Association and former chief psychologist for Kaiser Permanente, wrote in *USA Today* that “of the patients I oversaw who sought to change their orientation, hundreds were successful.”⁴³

Reports of Harm from SOCE

This paper has reported on six surveys or studies in the last 20 years (five of them in peer-reviewed scientific journals) that have documented the effectiveness of SOCE for some clients. By contrast, there has been only one widely-cited article that has attempted to document harms experienced by SOCE clients. In 2002, self-identified gay researchers Ariel Shidlo and Michael Schroeder published the results of their interviews with “202 consumers of sexual orientation conversion interventions” – research sponsored by the National Lesbian and Gay Health Association and the National Gay and Lesbian Task Force (the latter is a political activist group).⁴⁴

Shidlo and Schroeder made no pretense of being unbiased, nor of recruiting a representative sample of SOCE consumers – their initial recruitment message was labeled “Homophobic Therapies: Documenting the Damage.”⁴⁵ They asked respondents if they felt that “this counseling harmed you or had a negative effect,” and then followed up with a checklist of twelve symptom areas. Oddly, the authors said in their article, “We do not report here on the frequency of responses to these items.” Instead, they used the answers “as qualitative interview prompts to help respondents explore areas of deterioration.”⁴⁶ Therefore this study, despite its scholarly veneer, consists primarily of anecdotal reports of harm, failing to give *statistics* on specific harms even among this (unrepresentative) sample.⁴⁷ Ironically, the one number reported – suicide attempts – showed that 25 participants had attempted suicide *before*

“conversion therapy,” but only 11 had done so *after* such therapy.⁴⁸ This would seem to suggest that SOCE is less likely to provoke suicide attempts than living a “gay” lifestyle is.

Conclusion

In 2009, the American Psychological Association issued a Task Force Report that was critical of SOCE and sought to discourage it. However, after their review of the scientific literature, they stated that “the recent studies do not provide valid causal evidence of the efficacy of SOCE or of its harm.”⁴⁹ The words “valid” and “causal” are qualifiers due to the methodological limitations of the available studies – they do not indicate there is no evidence at all. However, the “recent studies” reviewed in this paper make clear that the evidence for the effectiveness of SOCE far outweighs the evidence of its harm.

Peter Sprigg is a Senior Fellow for Policy Studies at Family Research Council in Washington, D.C.

¹ Evan Low, “Assemblymember Low Statement on Assembly Bill 2943,” press release, August 31, 2018, <https://a28.asmdc.org/press-release/assemblymember-low-statement-assembly-bill-2943>.

² Peter Sprigg, “New York Times Spreads Fake News About Sexual Orientation Therapy,” Family Research Council, January 30, 2018, accessed September 6, 2018, <http://www.frcblog.com/2018/01/new-york-times-spreads-fake-news-about-sexual-orientation-therapy/>.

³ Note that some clients report that SOCE was beneficial to their overall mental health even if it was not “effective” in changing their sexual orientation.

⁴ Such a study would include a prospective, longitudinal design (following the same subjects before, during, and after therapy/counseling). There have been some longitudinal studies of SOCE, but most studies in the field have relied on retrospective self-reports by clients during or after completion of therapy/counseling. The most definitive studies would also include a randomly designated control group that does not receive therapy or receives an alternative type of therapy. It can be argued that use of such a control group would be unethical in this case, since people in distress would either receive no care, or (in the case of “gay-affirming therapy”) care that may be in conflict with their religious beliefs and commitments.

⁵ Santero, et al., 1.

⁶ Ibid., 4.

⁷ Ibid., 5.

⁸ Ibid., 13.

⁹ Ibid., 7.

¹⁰ Ibid., 9.

¹¹ Ibid., 7.

¹² Ibid., 10.

¹³ Calculated from Question 13 (Black, 54) and Question 18 (69).

¹⁴ Black, Question 21, 75.

¹⁵ Calculated from Questions 27 and 28 (Black, 94 and 97).

¹⁶ Some of the “negative” or “mixed” comments did not assert that the respondent suffered personal harm, but simply expressed disagreement with First Stone’s theological position that homosexual conduct is sinful. Black, 100-108.

¹⁷ Jones and Yarhouse 2011, 404.

¹⁸ Stanton L. Jones and Mark A. Yarhouse, *Ex-Gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation* (Downers Grove, Ill.: InterVarsity Press, 2007).

¹⁹ Stanton L. Jones and Mark A. Yarhouse, “Ex Gays? An Extended Longitudinal Study of Attempted Religiously Mediated Change in Sexual Orientation,” Sexual Orientation and Faith Tradition Symposium, APA Convention, 2009, <https://www.cedarville.edu/~media/Files/PDF/Student-Life-Programs/Critical-Concern/Ex-Gays/jones-and-yarhouse-2009.pdf>.

²⁰ Ibid., 410.

²¹ “Success: Conversion” was defined as “a reduction in homosexual attraction and an increase in heterosexual attraction,” while “Success: Chastity” was defined as “a reduction in homosexual attraction and stable behavioral chastity,” which “may also be regarded as a successful outcome” by “conventionally religious persons.” Jones and Yarhouse 2011, 422. Note also that this reflected a *higher* rate of success after six years than they reported in their 2007 book after three years. Between T3 and T6, the “Success: Conversion” portion of the sample grew from 15 percent to 23 percent; the “Success: Chastity” portion from 23 percent to 30 percent; and the total “success” rate from 38 percent to 53 percent. See Jones and Yarhouse 2007, 369. This suggests that rather than relapsing into homosexuality after initial success in overcoming it, as SOCE critics claim, clients are more likely to achieve success the longer they persevere in the process.

²² Ibid.

²³ Ibid., 424.

²⁴ Karten and Wade, 84.

²⁵ Ibid., 92.

²⁶ Ibid., 92-93.

²⁷ Spitzer 2003, 403.

²⁸ “Reparative therapy” is a term that was popularized in the 1990’s by the late Dr. Joseph Nicolosi, a therapist and co-founder of the National Association for Research and Therapy of Homosexuality (NARTH). Strictly speaking, it refers to a specific therapeutic technique used by some professional therapists. Not all sexual orientation change efforts—particularly those undertaken by unlicensed or religious counselors—are actually “reparative therapy,” but the latter term is sometimes used as a synonym for SOCE, as Spitzer did. See Joseph Nicolosi, Ph.D., *Reparative Therapy of Male Homosexuality: A New Clinical Approach* (Northvale, N.J.: Jason Aronson Inc., 1997).

²⁹ Spitzer 2003, 410-412.

³⁰ Ibid., 413.

³¹ Ibid., 412-413.

³² Scott L. Hershberger, “Guttman Scalability Confirms the Effectiveness of Reparative Therapy,” in Jack Drescher and Kenneth J. Zucker, editors, *Ex-Gay Research: Analyzing the Spitzer Study and Its Relation to Science, Religion, Politics, and Culture* (Binghamton, N.Y.: Harrington Park Press, 2006), 137-140; cited in James E. Phelan, Neil Whitehead, Philip M. Sutton, “What Research Shows: NARTH’s Response to the APA Claims on Homosexuality (A Report of the Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality),” *Journal of Human Sexuality*, Vol 1, 15.

³³ Gerard van den Aardweg, “Frail and aged, a giant apologizes,” *MercatorNet*, May 31, 2012, accessed August 31, 2018, https://www.mercatornet.com/articles/view/frail_and_aged_a_giant_apologizes.

³⁴ Ibid.

³⁵ Robert L. Spitzer, “Spitzer Reassesses His 2003 Study of Reparative Therapy of Homosexuality,” *Archives of Sexual Behavior* 41 (May 24, 2012), 757.

³⁶ Alice Dreger, “How to Ex an ‘Ex-Gay’ Study,” *Psychology Today*, April 12, 2012, accessed August 31, 2018, <https://www.psychologytoday.com/blog/fetishes-i-dont-get/201204/how-ex-ex-gay-study>.

³⁷ See also Jerry A. Armelli, Elton L. Moose, Anne Paulk, and James E. Phelan, “A Response to Spitzer’s (2012) Reassessment of His 2003 Study of Reparative Therapy of Homosexuality,” *Archives of Sexual Behavior* (letter to the editor), October 19, 2012. The authors of this letter appear to suggest that they were among the 200 subjects of Spitzer’s 2003 study, saying, “Once thankful to Spitzer for articulating our experience and those of others, we are now blindsided by his ‘reassessment’ . . . We know of other past participants who also feel disappointed that they have been summarily dismissed.”

³⁸ Nicolosi et al. 2000, 1076.

³⁹ Ibid., 1078.

⁴⁰ Ibid., 1081; for list of items, see Table 2, 1080.

⁴¹ James E. Phelan, Neil Whitehead, Philip M. Sutton, “What Research Shows: NARTH’s Response to the APA Claims on Homosexuality (A Report of the Scientific Advisory Committee of the National Association for Research and Therapy of Homosexuality),” *Journal of Human Sexuality* 1 (2009),

http://factsaboutyouth.com/wp-content/uploads/What-research-shows-homosexuality.NARTH_.pdf.

(These quotes are from page 1 of a 4-page summary of the monograph, published separately.)

⁴² Phelan et al., 32.

⁴³ Nicholas A. Cummings, “Sexual reorientation therapy not unethical: Column,” *USA Today*, July 30, 2013, accessed August 31, 2018,

<https://www.usatoday.com/story/opinion/2013/07/30/sexual-reorientation-therapy-not-unethical-column/2601159/>.

⁴⁴ Ariel Shidlo and Michael Schroeder, "Changing Sexual Orientation: A Consumers' Report," *Professional Psychology: Research and Practice* 33:3 (2002), 249-259. Their self-identification and host organizations are mentioned on p. 251. Full text available online at:

<https://pdfs.semanticscholar.org/a8fa/f008ed1c74f105da2ddaf5d20172033e2d4a.pdf>.

⁴⁵ Ibid., 259.

⁴⁶ Ibid., 254.

⁴⁷ To their credit, the authors acknowledge, "The data presented in this article do not provide information on the incidence and the prevalence of failure, success, harm, help, or ethical violations in conversion therapy" (emphasis in the original). Ibid., 250.

⁴⁸ Ibid.

⁴⁹ "Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation," American Psychological Association, August 2009, <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>, 42.