

Initial Empirical and Clinical Findings Concerning the Change Process for Ex-Gays

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Despite the controversy surrounding sexual reorientation, there are only a few published empirical reports concerning the experiences of ex-gays. Summarizing these reports, this article describes the role of religious variables in the change process. Some kind of change appears to occur for many who identify themselves as ex-gay. Although sexual orientation is not an easily defined or measured phenomenon, change over time is not theoretically unfounded or empirically unprecedented. Many of the individuals who report efforts to become ex-gay feel that the efforts were helpful, and a small percentage feel the efforts were harmful.

Ex-gay is a term that often provokes extreme reactions. Many view the term as a misnomer, connoting an impossible situation (Ross, 1977; Schreier, 1998). For instance, the recently issued *Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients* do not mention issues in working with ex-gays and imply becoming one might be impossible (American Psychological Association [APA], 2000). Other clinicians, however, seem interested in exploring the possibility that people might be able to change sexual orientation (Spitzer, 2000; Throckmorton, 1998). A dispassionate response to the concept of ex-gay is rare.¹

Pattison and Pattison (1980, p. 1553) introduced the term *ex-gay* to the professional literature; they defined it to mean someone who had “experienced a basic change in sexual orientation from exclusive homosexuality to exclusive heterosexuality.” Over the past 20 years, as a gay male/lesbian affirming movement has grown, a parallel group of individuals who identify themselves as ex-gay has developed. Recently, ex-gay leader Worthen (2000) wrote the following:

What does *ex-gay* mean? It is a statement of fact: I am no longer the same. God has changed me, He is changing me, and He most certainly will continue to change me. . . . At New Hope Ministry, we do not attempt to make heterosexuals out of homosexuals. Rather, we attempt to change a person’s identity, the way a person looks at himself. We encourage the former gay to drop the label homosexual from his life. However, we do not ask him to become dishonest about his struggle with homosexuality. He is a Christian who has a homosexual problem, rather than a homosexual who believes in Christ Jesus. (pp. 1, 3)

Thus, *ex-gay* refers both to people who have changed and also to people who are in the process of changing their lesbian or gay male identity—as a by-product of religious observance. For the purpose

of this review, I consider the term *ex-gay* to refer to an individual who experiences same-gender sexual attraction but who has changed or desires to modify sexual arousal due to religious motivation.

Ex-gays are often associated with ministry organizations of various faiths. For instance, Exodus International is one of the largest Christian organizations, and it provides referrals to member agencies and organizations. Exodus’s Web site offers the following description:

Exodus is a nonprofit, interdenominational Christian organization promoting the message of “freedom from homosexuality through the power of Jesus Christ.” Since 1976, Exodus International North America has grown to include over 100 local ministries in the USA and Canada. We are also linked with other Exodus world regions outside of North America, totalling [*sic*] over 135 ministries in 17 countries. (2000)

Other faiths also have ministries to ex-gays. For instance, JONAH is a Jewish organization that “intends to deal with homosexual issues in a manner consistent with Jewish principles as set forth in the Torah” (Rosenbluth, 2000, p. 7). The organization is “geared to assist homosexual men and women seeking to change their sexual orientation” (Rosenbluth, 2000, p. 7).

Do Ex-Gay Ministries Help People Change Sexual Orientation?

Research in which the term *ex-gay* is used is sparse. I could locate only 11 reports in the professional literature or under review for publication concerning individuals involved in ex-gay ministries. The extent and degree of impact, positive or negative, of these ministries is currently impossible to gauge. Other authors have provided anecdotal accounts of individuals harmed or disillusioned as a result of their involvement in ex-gay ministries (Bennett, 1998; Haldeman, 1994, 1999; Human Rights Campaign, 2000; Martin, 1984; Stein, 1996). Shidlo and Schroeder (2000) made a more rigorous study of those who report harm from ex-gay

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¹ For the purpose of this article, the term *gay* is used broadly to include lesbians, gay men, and bisexual men and women.

or change efforts. However, these results have yet to be peer reviewed and are not generally available. Specifically, these results are not studies of ex-gays but perhaps of “ex-ex-gays,” although they noted that approximately 3% of their sample felt that change was successful.

To limit the scope of this article, I do not consider sexual reorientation therapies in depth. Such therapies often have objectives similar to those of ex-gay ministries, which is to assist clients who desire an alteration of sexual orientation. However, volunteer counselors often staff ex-gay ministries, as opposed to licensed clinicians who conduct reorientation counseling. Clippenger (1974), Adams and Sturgis (1977), Nicolosi (1991), Yarhouse (1998a), and Throckmorton (1998) have offered reviews of reorientation therapies that conclude with guidelines for ethical use of such approaches. Acosta (1975), Haldeman (1994), Martin (1984), Stein (1996), and Tozer and McClanahan (1999) have provided critical reviews of this literature that yield ethical and clinical cautions against reorientation procedures.

This review does not answer the controversial question, Do ex-gay ministries help people change sexual orientation? There are at least two reasons for this. First, sexual orientation is a concept that is difficult to define and measure (Gonsorick, Sell, & Weinrich, 1995). Being gay, lesbian, bisexual, or straight means different things to different people. Some lay people (and researchers) define *sexual orientation* by behaviors, others consider impulses and fantasies, and others consider some combination of these. Self-report is the most common means of assessing sexual orientation, with all of the limitations known for this assessment method. Moreover, there is no consensus of a direct, physical means of assessing sexual orientation. Gonsorick et al. did not abandon the concept of sexual orientation, but they concluded that “given such significant measurement problems, one could conclude there is serious doubt whether sexual orientation is a valid concept at all” (p. 46).

A second and related problem is the controversy between those holding essentialist and social constructionist views of sexual orientation (DeLamater & Hyde, 1998). Essentialist theorists view sexual orientation as an immutable, inherent trait, whereas social constructionists see sexual orientation as arising from self-reflection in the context of culture. Essentialists often separate sexual orientation from sexual identity and assume the actuality of distinct categories of sexuality (e.g., gay, bisexual, straight), whereas sexual identity is one’s more conscious self-identification. As such, essentialists are not likely to trust self-reported change as sufficient to establish proof of sexual orientation change (Gonsorick et al., 1995). Many constructionists, however, see the lesbian, gay, and bisexual (LGB) identities emerging recently in history (Richardson, 1993). Constructionists place great value on the narratives of those who claim change in the experience of sexual orientation.

The practical implication of this discussion is that one’s presupposition concerning sexual orientation may influence how one views the data concerning change. Essentialist theorists (and therapists) may assume that change reported in the literature is simply change in sexual identification, whereas constructionists may be more inclined to view change data as evidence of the socially constructed nature of sexual orientation (Richardson, 1993).

Religious belief is frequently cited as a motivation for seeking sexual reorientation (Haldeman, 1994; Yarhouse, 1998a). How-

ever, this motivation is only recently receiving research and clinical attention. Prior to 1974, there were numerous reports of clinical efforts to reorient sexual orientation (Bergin, 1969; Wolpe, 1973), but only a few mentioned the reasons given by research participants for the desire to change (e.g., McCrady, 1973). Contemporary practitioners might be caught off guard by religiously motivated requests to modify sexual orientation as well, given the prevailing view that sexual orientation is highly resistant to change (APA, 1997). Although the reports in this article do not provide proof that sexual orientation changes through religious mediation, they do invite mental health professionals and the public to be cautious in assuming that we fully understand the potential and limitations for human change.

Empirical Reports Concerning Religiously Mediated Change

Qualitative Research

Wolkomir (1996). Wolkomir used a qualitative research design to study a group of 5 gay male Christians attending a Metropolitan Community Church (MCC) as well as a group of 5 ex-gay men meeting in a conservative church. The ex-gay group was an Exodus International affiliate group. Wolkomir was interested in how the participants transformed what was once “a stigmatized identity into a moral one.” She found that both groups felt stigma and moral shame from the culture and the church because of their same-sex attractions, and the participants in both groups were observed using their group involvement as a means of transforming a stigmatized identity into an acceptable one. In the case of the MCC group, the pastor conveyed that God loves the members as they are, without the need for change. On the other hand, the ex-gay leaders stressed God’s love but also “normalized” homosexuality by saying it is no worse than any other sin. For instance, having same-sex attraction is no worse for the ex-gay group than being intoxicated, a state which many otherwise moral people have experienced.

In addition to the reinterpreting of previously stigmatized aspects of identity, the institutional support of the church and the social interaction of the group format emerge as supports to identity change. Each group meets with the blessing of a church structure that supports the new identity of its members. In the meetings, Wolkomir (1996) observed the participants discussing the creation of a moral identity. This interaction rehearsed and deepened the meaning of the new identity. For both groups, the processes are similar, but the identity outcomes are quite different. For the former gay men and lesbians, the *ex-gay* label is evidence of a higher moral identity. For the MCC group, their status as children of God is evidence of that moral identity. Because the aim of Wolkomir’s work was not to document reorientation, no follow-up data were recorded nor was any mention made of the outcomes of the men in the study.

Robinson (1998). Robinson analyzed interviews with 7 men who believed that their sexual orientation had changed. These men were affiliated with Evergreen, a ministry of the Church of Jesus Christ of Latter Day Saints. The participants experienced histories of same-sex attraction and behavior and at one time considered themselves to be gay. At the time of the interviews, each participant was heterosexually married and had engaged in no same-sex

sexual behavior for at least the year prior to the study. In his analysis of the interviews, Robinson found nine components that he believed were associated with change for all of the participants. The participants shared common patterns of cognition and emotional sensitivity, as well as a spiritual transformation. After change, the participants no longer felt troubled by the following experiences: feeling different from or rejected by heterosexual men, emotional attraction to men, sexual attraction to men, negative self-appraisal based on having had same-sex desire, social isolation, or compulsive sexual thoughts and behaviors. Finally, participants no longer interpreted their prior same-sex attractions as requiring them to identify themselves as gay.

Many of Robinson's (1998) participants referred to Moberly's (1983) book concerning a new Christian approach to same-gender attraction as being catalytic in the process of change. Moberly posited that same-sex attraction is an inherently unsatisfying means of meeting a legitimate human need for same-sex love and affiliation. If same-sex relations within the family are thwarted in some way, then a person may attempt to repair the deficit in a search for same-gender relationships. In homosexuality, according to Moberly, these legitimate yearnings are eroticized, yielding same-sex sexual attraction. The object of counseling or ministry is to repair this same-sex emotional need via intimate nonsexual same-sex relations.

What do the participants of Robinson's (1998) research tell us regarding this theory? According to Robinson, participants attributed change to the reparative theory but did not actually change in accord with it. Given that reparative theory predicts that change in same-sex attractions comes as same-sex bonding needs are met in nonsexual relationships, one might expect that the men in Robinson's study would report this factor to be the primary agent of change. However, they consistently do not. Instead, the change seems primarily related to adopting a new interpretive schema or framework concerning the causes and implications of their same-sex attraction. Robinson (1998) noted that "the participants in this study often reported that at least the initial change they experienced occurred very rapidly and before any significant effort had been made in forming close same-sex relationships. Some participants even reported that they had made little effort to meet unmet same-sex intimacy needs" (p. 186). Change for them resulted largely from "understanding" the nature of their same-sex attraction.

Even if the conceptual framework is inaccurate, simply having an explanation and a hope for change were deemed powerful catalysts for change. Robinson (1998) viewed the reinterpretation finding as supporting a constructionist perspective concerning sexual orientation. He noted that many of his participants initially held an essentialist view of sexual orientation (i.e., that sexual orientation was a fixed, unalterable trait). What seemed to promote change was a perspective shift generated by Moberly's (1983) theories. The participants then constructed their sexual orientation as changeable and found their experience of sexuality changing as a result. The other factors identified by Robinson were then supportive of this basic paradigmatic shift. Robinson concluded that perhaps the most important aspect of his findings was that some kind of change is possible.

Ponticelli (1996, 1999). Ponticelli provided a look into the workings of Exodus International. In this study, she attempted to extend our theoretical understanding of identity transformation

while maintaining the integrity of human agency in varying contexts. As a participant-observer, she conducted her research during the 1992 and 1994 Exodus annual conferences. She interviewed 15 women and read testimonies of 12 women who were involved in the Exodus International ministry. She found that the process of becoming identified as an ex-lesbian closely paralleled social psychological findings concerning religious conversion.

Ponticelli (1999) identified five factors instrumental to the formation of an ex-lesbian identity. Set in the theoretical background of identity construction and religious conversion, she noted that ex-lesbians adopt a new universe of discourse, reconstruct their personal biographies more in keeping with an ex-lesbian identity, adopt a new explanatory model for important issues in life, accept their new ex-lesbian role, and develop emotional ties to others of like mind. The Exodus ex-gay ministry seems to promote these factors through a variety of behaviors. For instance, giving testimony or telling one's personal story is an aspect of recreating a perspective that helps the ex-lesbian identity make sense. The employment of a new universe of discourse allows the new ex-lesbian identity to be described in a manner consistent with that of others in the social group. Giving testimony allows the ex-lesbian to demonstrate an acceptance of the role of being "saved" or "healed." Ponticelli (1999) noted that role acceptance has been identified as an indicator of conversion. She also asserted that the development of strong emotional bonds with other converts is essential to the success of the ex-lesbian. In her qualitative account, she wrote that "Exodus's never-ending love, support, and acceptance often angered me, but at the same time carried a certain pleasantness in contrast to memories of my childhood" (Ponticelli, 1996, p. 198). Thus, for Ponticelli's participants, a combination of a new and compelling schema concerning sexuality, reinterpretation of one's past according to that schema, and social support seem to lead to the construction of a change in sexual identity.

Survey Research

Pattison and Pattison (1980). Pattison and Pattison interviewed 11 men who claimed to have changed sexual orientation as a result of participation in an ex-gay ministry. All of the men had identified themselves as "gay" by age 15. Nine gave themselves a Kinsey rating of 6 (*exclusively homosexual*), with one rating a 5 and the other a 4.² Postchange, 5 of the men rated themselves as exclusively heterosexual, with 3 having a Kinsey rating of 1 and 3 having a rating of 2. Three of the 11 participants reported no homosexual fantasies, behavior, or impulses. Although some of the men reported homosexual fantasies postchange, Pattison and Pattison did not interpret this finding as evidence that the men had not changed. Rather, they wrote that their data "suggest the gradual development of a rejection of the homosexual object choice as an increased cathexis of the heterosexual object is developed" (Pattison & Pattison, 1980, p. 1555). Thus, the basic shift was assumed, but the implications continued to develop at different rates for each individual.

² Kinsey (Kinsey, Pomeroy, & Martin, 1948) developed a widely used 7-point scale to describe sexual orientation as a continuous variable. A rating of 6 indicated exclusive homosexuality, a 5 indicated more homosexual with minimal heterosexual fantasies or behavior, and so on to zero, indicating exclusive heterosexuality.

This study has been widely criticized (Haldeman, 1994; Krajewski, 1981; Stein, 1996). Many have noted the small, nonrandom sample size, missing detail in the description of participant change, seemingly inconsistent descriptions of participants' sexual orientation status, and the biases of the authors toward viewing the participants as having changed. Pattison (1981) replied to some of these criticisms in a letter to the editor of the *American Journal of Psychiatry*. He noted that the criticisms of his report often assumed that the authors intended it as a formal psychotherapy research outcome study. Rather, as he stated in the original conclusions section (Pattison & Pattison, 1980, p. 1560), he considered the report to be an instance of "folk healing." The participants had viewed themselves as changed, and the Pattisons had documented that some kind of change had occurred from the participant's frame of reference.

Although it is not clear from the data presented in Pattison and Pattison's (1980) study that the participants did, in fact, change sexual orientation, the report does shed some light on processes that might catalyze individuals in their attempt to sustain identity change. Pattison (1981) cited Frank's (1973, p. 853) observation that "folk therapy proceeds from the explicit assumption of an ideological frame of reference." The participants had made an ideological commitment that involved a reorganization of behavior, cognition, emotional responsiveness, and social interaction over time. Implicit in their ideological commitment to one set of beliefs was a rejection of another set of beliefs. Thus, although this value position is offensive to some, adopting such a position seemed for these persons to be associated with maintaining a desired reorganization of their lives.

Nicolosi, Byrd, and Potts (2000). Nicolosi et al. reported the results of a large survey of individuals who had tried sexual reorientation. Surveys were distributed to therapists, ex-gay groups, and ex-gay conferences (e.g., Exodus International). Two factors warrant serious consideration of this study. First, its large sample size (882) made it the largest survey of its kind. Second, the characteristics of the sample closely fit our definition of *ex-gay*. Recruits were drawn from ex-gay ministry groups and conferences, and 96% of the total sample responded that religion was very important to them. According to the report, 216 respondents had participated in reorientation therapy with a professional therapist only, 229 received counseling from both a professional therapist and a pastoral counselor, 223 received assistance from a pastoral counselor only, and 156 received assistance from friends, family, and/or ex-gay ministries. The remaining participants received assistance from some other combination of interventions. Unfortunately, outcomes were not broken down by type of intervention. The clearest presentation of results involved 318 respondents who rated themselves as exclusively homosexual prior to entering reorientation efforts. The respondents were asked to rate their sexual orientation before and after change efforts. Post-therapy, 11.6% of the respondents rated themselves as unchanged, 11.3% as almost entirely homosexual, 24.2% as more homosexual than heterosexual, 6.9% as equally homosexual and heterosexual, 11.6% as more heterosexual than homosexual, 16.7% as almost entirely heterosexual, and 17.6% as exclusively heterosexual. Thus, 22.9% reported no change, 42.7% reported some changes, and 34.3% reported much change.

As a group, respondents rated their therapy or change experience as being helpful on a range of variables, including self-

acceptance, trust of the opposite sex, self-esteem, emotional stability, relationship with God, and depression. However, Nicolosi et al. (2000) also noted that 7.1% of survey respondents said that they were doing worse after intervention than before. Concerning these results, the authors noted that "conversion therapy is not appropriate for all clients. Clients who have decided they wish to affirm a gay identity could feel shamed and emotionally hurt if therapists attempted to impose conversion therapy on them" (Nicolosi et al., 2000, p. 1084).

Although this report seems to provide support for the idea that therapy and/or ex-gay ministries provide reorientation with limited negative side effects for some persons, some limitations should be noted. Although true of all such studies, the sampling method affords little or no opportunity to verify the identity of the respondents. The quality of the interventions received by the respondents cannot be confirmed. The survey used did not define sexual orientation or related terms such as "exclusively homosexual," and the survey did not ask respondents to assess various aspects of sexual orientation, such as fantasies, attractions, and behaviors before and after change, so exact assessment of the degree of change is not exactly known. Furthermore, the sample is not a random sample of gay individuals but rather of a subset of persons who voluntarily sought out sexual orientation change intervention. Although these results do not confirm that sexual orientation changes, the results can be viewed as a broad assessment of self-identity change. Apparently, quite a few respondents saw themselves as gay at one time, but at the time of the survey they saw themselves as predominantly straight.

Schaeffer and colleagues. Schaeffer and colleagues provided three studies of ex-gay ministry participants. These studies all surveyed Exodus International participants (Nottebaum, Schaeffer, Rood, & Leffler, 2000; Schaeffer, Hyde, Kroencke, McCormick, & Nottebaum, 2000; Schaeffer, Nottebaum, Smith, Dech, & Krawczyk, 1999).

Schaeffer et al. (2000) surveyed 184 men and 64 women who were attempting to change sexual orientation with the assistance of an Exodus International ministry and found that Exodus participants were significantly more heterosexually oriented at the time of the study than they remembered being at age 18. The changes reported were positively associated with religious motivation to change and positive mental health.

In a follow-up study of 140 of the original participants, Schaeffer et al. (1999) found that nearly 61% of the male and 71% of the female participants had abstained from any sexual same-sex contact in the past year. Of those 140 participants, 65% were in the process of changing sexual orientation, with 29% indicating that they had already changed sexual orientation in the last year. Of the remaining 8 participants, 2 indicated that they were no longer attempting reorientation, and 6 were unsure concerning continuation. The researchers also compared participants who rated themselves exclusively (Kinsey 6) or almost exclusively homosexual (Kinsey 5) at age 18, with a bisexual group rating themselves 2, 3, or 4 on the Kinsey scale at age 18. Analysis revealed that the reported current reorientation success of the homosexual group ($n = 86$) was not significantly different from that of the bisexual group ($n = 40$). The homosexual group actually reported better behavioral success than the bisexual group (Schaeffer et al., 1999). Finally, the researchers again found that change was positively associated with religious motivation and emotional well-being.

Nottebaum et al. (2000) extended these two studies by comparing 105 participants who accepted a gay male/lesbian identity with a matched sample of Exodus participants who were attempting to change their sexual orientation for primarily religious reasons. Sexual orientation currently and at age 18 were examined, along with the role of emotional well-being, therapy, religion, and childhood experiences. Although the two groups did not differ concerning sexual orientation at age 18 (both reported similar same-sex identities), the Exodus group reported more current heterosexual identification. Although both groups reported good mental health, the gay male/lesbian group reported better mental health in comparison to the Exodus group. The Exodus group was more religious in the traditional sense. For instance, 98.7% of the Exodus group was reared in homes where same-sex attraction and behavior were considered morally wrong, compared with 66.7% of the gay/lesbian group.

Nottebaum et al. (2000) asked participants if they had good relationships with their mothers and fathers while growing up. The gay male/lesbian participants described a significantly better relationship with parents than did the Exodus group. The Exodus men especially disagreed with the question. At least two broad possibilities exist to help clarify this finding. First, the gay men and lesbians who decided to change had childhood experiences different from those who identified themselves as gay (and who continued with that identification). Perhaps those who seek reorientation really do demonstrate a childhood pattern similar to the one predicted by ex-gay theorists Moberly (1983) and Nicolosi (1991). Perhaps, however, those gay men and lesbians who did not seek change experienced more satisfying childhood relationships. If this hypothesis could be supported by additional empirical work, then perhaps reparative theory may only describe those gay men and lesbians who are significantly distressed by their sexual feelings. Another perspective is that each group interpreted their experiences in keeping with the theory of causation of same-sex feelings most acceptable to them. Given that many Exodus groups assert a specific reparative theoretical view of causation, the participants in Exodus could experience a need to reinterpret their experiences through this theoretical framework. Additionally, the report of the gay male and lesbian sample may then have been a better-than-actual representation to avoid fitting the traditional stereotype.

Spitzer. Spitzer (2001) has provided the most recent and possibly the most controversial study. Spitzer's objective was to examine the extent to which a sample of self-labeled ex-gays had been successful in changing sexual orientation across a variety of self-report indicators. He surveyed 200 participants (143 men and 57 women) by telephone. The criterion for being in the sample was that the participants had been successfully involved in a sustained effort of at least 5 years' duration to change their sexual orientation. Spitzer examined self-reports of sexual attraction, sexual thoughts, same-sex fantasies during sexual activity, emotional attachments, and same-sex sexual behavior. On all dimensions, the year prior to the interview was compared with recollection of the year prior to the efforts to change.

The sample was well-educated and quite religious. Seventy-six percent of the participants had completed an undergraduate education, and 93% said religion is "extremely" or "very important" to them. Most participants were Protestant Christian (81%). The two most common reasons for seeking change were that living as a gay

man or lesbian was no longer satisfying (81%) and that same-sex behavior was at odds with the participant's religion (79%).

Concerning extreme change in same-sex sexual attraction, Spitzer (2001) reported that 46% of the men and 42% of the women assessed themselves as exclusively homosexual in the year prior to change. Regarding postchange efforts, 17% of his sample of men and 54% of the women reported exclusively heterosexual attraction. There were changes on other dimensions as well. During the year prior to initiating change, 99% of the male sample and 88% of the female sample affirmed that they had same-sex sexual fantasies, whereas after they experienced change, only 32% of the men and 5% of the women reported the same type of fantasies. A desire for emotional involvement with same-sex individuals went from 78% of the men and 81% of the women to 8% of the men and 4% of the women postchange (Spitzer, 2001). Spitzer concluded that the majority of participants made substantial changes from predominantly or exclusively homosexual to a predominant heterosexual adjustment. Although he noted that complete change was uncommon, he further reported that most of those who made lesser changes felt that those changes were beneficial.

This study was widely reported in the popular media (Duin, 2001). Although presented at the American Psychiatric Association's annual meeting in May 2001, the study has yet to be peer reviewed. However, the results that have been made available by Spitzer are consistent with the research results reported above. Some people do make changes of some kind, and religious meditation seems to energize and maintain those changes.

Implications and Applications

So what should mental health professionals do when presented with clients who request sexual reorientation or who are in distress over sexual orientation? In my view, the uncertainties that surround this topic argue for a careful response from clinicians and theorists on this issue. For instance, clients who request sexual reorientation could be informed that multiple views exist and multiple courses have been pursued with a variety of outcomes (Hart, 1984). The following guidelines are distilled from Throckmorton (1998), Yarhouse (1998a, 1998b), and Shidlo & Schroeder (2000).

1. Informed consent undergirds all the recommendations for dealing with ex-gay issues in practice. Practitioners should do a standard clinical assessment, with the usual attention to the client's competence to give consent and the therapist's nonbiased disclosure of information. Further, therapists should document that clients understand the information presented and that the decisions to seek interventions are voluntary (Dsubanko-Obermayr & Baumann, 1998).

2. Neither gay-affirmative nor ex-gay interventions should be assumed to be the preferred approach to recommend to clients presenting with concerns over sexual identity. Generally, gay-affirmative therapy or referral to such a practitioner should be offered to those clients who want to adjust to and affirm a same-gender sexual orientation. Clients who decide they want to modify same-sex patterns of sexual arousal could consider ex-gay or reorientation therapy or should seek referral to ex-gay ministries. Assessment should be conducted to help clarify the strength and persistence of the client's wishes.

3. Practitioners can inform clients that many mental health professionals believe same-gender sexual orientation cannot be changed but that others believe change is possible. Clients should be informed that some mental health professionals and researchers dispute the concept of an immutable sexual orientation. Practitioners should explain that not all clients who participate in gay-affirming therapy are able to find satisfaction in a gay identity and that not all clients who seek sexual reorientation are successful. When clients cannot decide which therapeutic course to pursue, practitioners could consider suggesting that clients make a choice that is consistent with their values, personal convictions, and/or religious beliefs.

4. A careful, respectful assessment of clients' religious orientation should be included as an aspect of clinical judgment. Because religion is one of the client attributes that mental health professionals are ethically bound to respect, practitioners should take great care in advising those clients dissatisfied with same-sex sexual orientation due to their religious beliefs. Clearly the review above suggests that religious belief is often crucial to both the decision to seek change and the maintenance of change. Indeed, such clients may see their religious orientation as being more crucial than their sexual feelings to how they organize their lives. For clients whose religious beliefs are at odds with same-sex behaviors, ex-gay ministries may hold some value in assisting them toward a healthy adjustment. To accommodate such clients, practitioners could develop expertise in methods of sexual reorientation or develop appropriate referral resources.

5. There are a great number of religious perspectives concerning same-sex orientation. Practitioners should be prepared to refer clients to resources within the client's faith tradition. For instance, for conservative Christians, White (1995) has presented a view that attempts to harmonize same-sex orientation with evangelical Christianity. On the other hand, Dallas (1996) presents a traditional conservative Christian view of same-sex orientation that is more consistent with ex-gay interventions.

6. As documented by Shidlo and Schroeder (2000), there are some ministries and practitioners who use questionable and/or ineffective techniques to facilitate an ex-gay adjustment. Practitioners can delicately provide consultation to a client about such techniques without disparaging the client's objectives of sexual reorientation. For instance, Shidlo and Schroeder described a practitioner's directive to a client to quit taking piano lessons. The "practitioner" asserted that playing piano was a feminine activity and should be replaced by team sports involvement. This recommendation for favoring "nonerotic same-sex activity" (team sports) over piano playing could have been based on Moberly's (1983) theories as described above. However, Robinson's (1998) findings cast doubt on the efficacy of such interventions to effect modification of sexual desires. In light of this article, a practitioner hearing such a recommendation could discuss the harmful ramifications of such a course while remaining basically respectful of the client's desire to seek an ex-gay adjustment.

7. Practitioners have an obligation to respect the dignity and wishes of all clients. Practitioners should not refuse services to clients who pursue an ex-gay course but rather should respect the diversity of choice and consider a referral to an ex-gay ministry or practitioner.

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Received September 18, 2000

Revision received January 8, 2002

Accepted January 11, 2002 ■