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# A CRITICAL REVIEW OF THE “2021 APA [AMERICAN PSYCHOLOGICAL ASSOCIATION] RESOLUTION ON SEXUAL ORIENTATION CHANGE EFFORTS.”

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## Abstract

We examined the “APA [American Psychological Association] RESOLUTION on Sexual Orientation Change Efforts” (APA, 2021) and while doing so have noted several problems. The APA (2021) resolution report is largely flawed in terms of theory, logic, and science. It relies almost exclusively on sexual minority theory when many other theories might be useful. It relies upon seriously flawed logic, treating SOCE as unchanged and unimproved over the past six decades. In addition, it relies upon very weak and limited science, overlooking recent reports on SOCE outcomes, not considering effect sizes for SOCE treatments, treating correlational results as causal, and often overlooking ways of testing more complex models of SOCE. The same limitations apply to much of the material reported in APA’s book edited by Haldeman (2022a), therefore not deserving a separate review. As such, we concluded that readers of the APA (2021) resolution report or Haldeman (2022a) for that matter, would walk away with unequivocal, one-sided, and misguided information about the topic of SOCE and therefore a condensed fact-checked critical analysis is presented.

## Keywords

Sexual Orientation Change Efforts (SOCE), Sexual Orientation, Sexual Minority Stress, Conversion Therapy, Therapeutic Harm, LGBT

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## INTRODUCTION

Examining and fact-checking the “APA RESOLUTION on Sexual Orientation Change Efforts” (APA, 2021) is important because readers of the original report would walk away with unequivocal, or one-sided information about the topic of Sexual Orientation Change Efforts (SOCE). This is also important because the authoritative APA considers their report as “policy” to be based on sound evidence and to be more conclusive than their previous resolution on SOCE (APA, 2009, p. 4). Haldeman’s (2022a) case against conversion therapy is very similar, therefore not deserving an entirely separate review. “Resolutions” and key texts by major scientific organizations are generally precursors to laws and ordinances. As it stands, policymakers are often not properly informed about SOCE. The following is a brief condensed, fact-checked critical analysis.

### *Sexual Orientation Change Efforts (SOCE)*

The APA starts their report by discussing sexual orientation and SOCE. They define sexual orientation as “multidimensional” in terms of patterns of attraction, behavior, identity, and experiences such as fantasy. In their earlier report (APA, 2009) they included “values,” and how one “self-labels.” The APA does not consider sexual orientation to be a conscious choice that can be voluntarily changed. While we agree with multidimensional concepts of sexual orientation, defining and measuring sexual orientation presents significant challenges, including a lack of consensus, narrow interpretations, and lack of validity (Phelan, 2019). Because of this, it would be unfair for them to claim any or all dimensions of sexual orientation, are immutable. In fact, that leaves a monocultural option that forces people into one choice in the matter.

In terms of SOCE, they only describe horrid-like interventions (also, see Drescher, 2022, p. xii). In general, they highlight illegitimate interventions, usually under the auspices of evangelical churches/ministries (also, see Plante, 2022). They do not credit subjective reports of men and woman who have benefited from SOCE; in fact, they accuse all forms of SOCE as potentially harmful for all. The general theme in the APA's most recent book on SOCE is similar: SOCE is not effective and generally harmful (Glassgold, 2022, p. 44; Haldeman, 2022b, p. 4; Haldeman, 2022c). However, Haldeman (2022b) concedes that his 2022 APA book did not address what he calls "more recent iterations of SOCE" or "conversion therapy lite" (p. 8). To her credit, Glassgold (2022) (Chair of the 2009 American Psychological Association Task Force *Appropriate Therapeutic Responses to Sexual Orientation*) makes a clear distinction between older, more aversive forms of SOCE and more modern, recent "verbal" approaches (p. 20). Indeed, Haldeman (2022a) did not address more recent research on SOCE, research included here, below.

The APA asserts, "Because of the social stigma they experience, individuals with same- and multiple-gender attractions and behaviors may be referred to collectively as sexual minorities" (p. 1). When one hears the term "sexual minority" one probably thinks that members of such groups are oppressed by the "sexual majority" and accordingly suffer lower levels of education, income, per capita family income, etc. However, research (Elwood, et al., 2017; Elwood et al., 2020) has found that sexual minorities in at least one state (California) have reported higher levels of education, higher levels of income, and higher levels of per capita income, as well as lower rates of racial minority statuses, than sexual majorities (Schumm, in press, p. 3). It is even possible that their greater socioeconomic status may be a driver in their success in terms of political objectives, outspending their opponents.

In fact, Schmitt, Branscombe, Postmes, and Garcia's (2014) updated meta-analysis found LGB-related discrimination explained less than 9% of the relationship between discrimination and well-being and discrimination and psychological distress. It appears minority stress accounts for only a small minority of the causative influence on sexual orientation health disparities.

### ***Heterosexism and monosexism***

The following statement is found in the APA (2021) report: "Heterosexism and monosexism are social stigmas and societal inequalities that denigrate, discredit, and disadvantage those with same- and multiple-gender attractions, behaviors, and associated identities" (p. 1). The APA is being accusatory and demeaning to individuals and groups with deep religiously beliefs who hold heterosexual patterns and unitary sexuality (within marriage between one man and one woman) as sacredly valued and as a requirement of their faith. Their underlying assumption is if you experience same-sex attractions or attractions to multiple persons, the only possible legitimate authentic response would be to identify with those as part of a group, and to act on those attractions and engage in sexual activity accordingly with that group's support and encouragement, as well as that of society at large. Hendricks (2022) appears to make the same assumption – that an experience of same-sex attraction automatically does and should render a person with a lesbian or gay sexual orientation as a core aspect of their individual identity and as a prospective member of the LGBT community.

Furthermore, heterosexism and monosexism accusations are pejorative with respect to even non-religious persons who want to engage in male-female marriage that involve sexual fidelity. Because cisgender, heterosexual women can ill afford to have husbands who engage in same-sex relationships or opposite-sex relationships outside of their marriage, considering heterosexism and monosexism as "stigmas and societal inequalities" is inherently demeaning and stigmatizing towards such women.

### ***Contexts with multiple stigmas and vulnerabilities***

The APA Resolution report (also, see Hendricks, 2022) tells readers that they are "...concerned about the significant risk of harm to minors from SOCE," (p. 2) and that "LGBTQ+ individuals are exposed to individual, social, and institutional levels of stigma, which negatively affect multiple health domains (Hatzenbuehler & Pachankis, 2016; Robinson, 2017)" (p. 2). Reading this at surface might lead the reader to gasp and think about SOCE as a culprit causing LGBTQ+ health problems. But, if you fact check the two reports they cite, you will see the first citation, Hatzenbuehler & Pachankis (2016) is not research, but rather a review article of theoretical and clinical reports. That paper does nothing to prove that harm has been done on large-scale researched populations. In addition, Robinson's (2017) report about black LGBTQ and gender nonconforming youth in juvenile detention in the United States, is also not research; in fact, the author makes clear that research has not been performed on a large-scale and knowledge about these youth "...under detention or incarceration is speculative..." (p. 12). However, the APA uses these two reports to suggest that some sexual minorities who seek SOCE do so because of stigma and because they "typically" come from "religiously orthodox backgrounds" (p. 2). In fact, the premise of the APA 2021 report is that multiple stigmas are responsible for LGBTQ vulnerabilities. Using primarily one theory, sexual minority theory (e.g., Hendricks, 2022), to interpret and explain such situations, is very limiting. Without more complex theories, other explanations may never come to a scientific test.

### **Science and SOCE**

The reason the APA is against SOCE use is because they feel it distorts others' "valid research" which says homosexuality is innate and immutable. Even though they say that "...sexual orientation can evolve and change for some..." (p. 3), they do not think it can be altered through intervention and they advise against it (also, see Haldeman, 2022b, p. 8).

But, what about heritability? Current large-scale research by Ganna et al (2019), which provided so-called insights into the "genetic architecture of same-sex sexual behavior" is problematic, for example Hamer et al. (2021) noted that the researchers used overly simplistic behavioral phenotype which "...led to widespread public confusion about the meaning of their study. Most accounts of the research, both in the scientific and mass media, focused on the research's implications for 'gay genes,' 'sources of same-sex attraction,' and 'causes of homosexuality,' even though the study did not in fact investigate attraction or sexual orientation" (p. 2). Hamer et al. also pointed out that their use of binary measures has not been tested for reliability or validity.

Furthermore, the APA (also see Drescher, 2022, p. xii) denies that childhood experiences, even adverse childhood experiences (ACEs) have anything to do with the development of sexual orientation. Some treat sexual abuse as having nothing to do with the development of *any* instance of homosexuality (e.g., Fjellstrom, 2013, p. 812). However, a previous review of this literature found numerous studies indicating an association between early childhood sexual abuse and the later development of homosexuality in both men and women (Schumm, 2013). Nicolosi, et al. (2000) and Byrd et al. (2008) reported that 60% of their sample of those surveyed about SOCE had experienced homosexual contact as a child at a median age of 10 years, with older persons (median age of 14). Even the APA's own handbook of human sexuality (Tolman & Diamond, 2014) found the same association; some studies have used longitudinal data so that the early abuse clearly precedes the sexual development, although there are multiple possible explanations yet to be tested (Mustanski, Kuper, & Greene, 2014, pp. 609-610). In addition, male gender non-conformity is often associated with parental and peer rejection in childhood (Landolt, et al., 2004). While the APA resolution claims that the idea that "negative childhood events" might cause "same-gender orientation" has been discredited, that is simply not the case.

And what about immutability? The APA has admitted that they do not know "what actually can or cannot change in human sexuality" (APA, 2009, p. 3). What exists on both sides are self-reports of change and reports of others saying they tried to change their sexual orientation but failed, therefore the APA concludes that it is impossible for all. It is likely the reason why many behavioral efforts alone have failed is because they had been aimed at redirecting sexual urges rather than the multidimensions of sexual orientation. The APA's own multidimensional definition of sexual orientation would indicate that at least some dimensions are indeed mutable. For example, clearly individuals can choose not to identify as LGBTQ in the same way some biologically born men and women choose not to identify with their sex assigned at birth. Ironically, the APA has no problems helping those individuals with those change efforts.

SOCE proponents did not suggest categorical change was the goal of therapy in the first place (NARTH Board of Directors, 2012). Finally, the APA's essentialist view that homosexuality is innate and immutable is more ideological than scientific.

### **Ethical and Professional Concerns**

The APA (also, see Drescher, 2022, p. xii) is concerned that SOCE is associated with stigma and potential to be used coercively. The occurrence of stigma and the use of coercive methods are indeed concerning. However, what the APA fails to discuss is that some individuals who have suggested they have been coerced and to a lesser degree tortured, have provided stories which have not been verified, and in some cases fabricated, but nevertheless remain influential to lawmakers (Constantine, 2021; Doyle, 2019).

We agree with the APA's opposition to things like prejudice and the need for respecting the dignity and worth of all people. However, this resolution is troubling: "WHEREAS minors who have been subjected to SOCE have reported more suicide attempts than those who have not (Green et al., 2020; Ryan et al., 2018), and these SOCE have been deemed "degrading, inhuman and cruel" creating "a significant risk of torture" by the UN HRC (2020, p. 21)"

In doing our fact-checking we found that the UN report relies on several failed notions, for example in their summary they say, SOCE results in "long-lasting psychological and physical damage," (UN HRC, 2020, Summary), however there is no research that specifically studies long-term damage. In fact, longitudinal studies have not revealed significant long-term damage (Jones & Yarhouse, 2007, 2011; Pela & Sutton, 2021). The risk of harm behaviors for those who have experienced SOCE is no different than it is for those who have not experienced SOCE. SOCE experience was found to have no statistically discernible effect on the risk of any present harm measured in terms of suicide ideation, suicide planning, suicide intention, and attempting suicide (Sullins, 2022). Other research is based on self-reports, which is the same type of method they accuse as invalid for supporting SOCE. While the APA frequently associates SOCE with higher suicide rates (Haldeman, 2022a), it is seemingly forgotten that correlation does not equal causation, as Sullins (2022) has demonstrated.

Researchers can easily find reported “harms” from SOCE by advertising for those who might have been harmed and looking for study participants at sites likely to be populated with persons who are not very religious and who are currently and probably were before SOCE strong in an LGB identity, that is, persons much less likely to experience sexual orientation change from SOCE (e.g., Shidlo & Schroeder, 2002). As Sullins et al. (2021) observed regarding the disparate findings in the SOCE literature, “*we propose a plausible explanation to harmonize this literature: Researchers are studying very different subpopulations of sexual minorities, distinguished in large part by their different experiences of contemporary, speech-based forms of SOCE, which should not be generalized to all sexual minorities*” [emphasis added] (Sullins et al., 2021, Harmonizing the SOCE Literature section, para. 1). In other words, results can largely be determined by sampling bias in this area (e.g., Shidlo & Schroeder, 2002), as well as other areas of social science.

## CURRENT CONTEXTS

In this section the APA makes several following points. After each, we have added a fact-checked response:

- Several professional associations have signed on to the United States Joint Statement Against Conversion Efforts (n.d.), which aims to end SOCE and gender identity change efforts.

The fact that SOCE is opposed by several trade organizations and guilds is more of a political domino-effect rather than purely scientific. Consider that since 2014 the leadership of the NASW has endorsed 642 candidates for federal office (e.g., NASW, 2018). Political party affiliations of these endorsed candidates have been 642 Democrat, 0 Republican.

- The research on SOCE published since APA’s (2009) task force report and resolution has continued to support the conclusions that former participants in SOCE look back on those experiences as harmful to them and that there is no evidence of sexual orientation change.

While some participants have reported regret, others have reported satisfaction (Stanus, 2013). Both rely on self-reports, but the APA only chooses to take sides with those who provided negative reports and ignore those who discover positive accounts (Sullins et al., 2021; Rosik et al., 2021).

- The consensus panel at the Substance Abuse and Mental Health Services Administration (SAMHSA) found no credible evidence to support SOCE with children and adolescents and called for an end to SOCE (SAMHSA, 2015).

While that report was published by SAMHSA, many of the “experts” they used were partisan and had preset agendas against SOCE. In addition, the disclaimer section in that report, clearly pointed out that: “*The views, opinions, and content of this publication are those of the author and do not necessarily reflect the views, opinions, or policies of SAMHSA or HHS*” (p. i).

- Decisions in cases that have challenged ordinances prohibiting licensed mental health professionals from providing SOCE to minors (Otto v. Boca Raton, 2019; Pickup v. Brown, 2013; Welch v. Brown, 2013) have upheld the authority of professional oversight bodies to regulate professional mental health care interactions and to prohibit SOCE by mental health professionals.

Those cases have been abrogated by the Supreme Court decision in National Institute of Family and Life Advocates (NIFLA). Moreover, the case from the Eleventh Circuit Court of Appeals out of Florida was struck down.

- Persecution of LGBTQ+ people worldwide is an international humanitarian issue, including systematic abuse, imprisonment, and torture.

We agree that persecution, including systematic abuse, imprisonment, and torture is unacceptable; however, there is no empirical evidence that SOCE supports these atrocities. It is the rhetoric of the APA that fuels certain entities to conduct bans and to eliminate rights and choices. For example, taking away rights to sell books (Ennis, 2019) blocking social media (Picheta, 2020), and manipulating Google searches (GPAHE, n.d.). We have not heard similar reports from SOCE proponents advocating to ban gay-affirmative services and literature.

### ***Apa Claim: “Sexual Orientation Diversity Is Normal And Healthy”***

In this section the APA resolves that “diversity in sexual orientation represents normal human variation” (p. 4). From a perspective of many religions, the original sexual diversity was male-female; in some sense, same-sex sexuality is a retreat from diversity, even a regressive situation. Same-sex sexuality is not uncommon in human history (and “normal” in that sense) but seldom has it been deemed adequate as a total replacement for heterosexuality. The research that has linked adult homosexuality to childhood sexual abuse would seem to suggest that at least certain types of homosexuality are causatively shaped by developmental stresses or trauma and may not be healthy (Schumm, 2013; Tolman & Diamond, 2014).

The APA fails to consider the complexity of the many meanings of normal. Normal can be defined statistically (here heterosexual orientation and behavior could be considered normal by its sheer prevalence), psychologically, and morally. When combined with evaluative terms, such as “a normal and positive variant of human sexuality,” the APA is making moral judgments about sexual behavior that is outside its scope of expertise and where they have no greater authority than religious organizations (if not less authority). Whatever meaning of normality one chooses as applied to sexual orientation, we do know that homosexuality as an identity is anomalous in the animal kingdom. As Bancroft observed, “We should also keep in mind that whereas homosexual interactions are common across many species, exclusive homosexual involvement, with the rejection of opportunities for heterosexual activity, is exceedingly rare in nonhumans” (Jannini et al., 2010; p. 3252).

A paragraph in Przeworski et al. (2021) is worthy of consideration, entitled “LGBQ sexual orientation is not a form of psychopathology.” Most SOCE consumers are highly religious and view their same-sex behavior not as a problem of pathology but one of morality, a domain psychology has no unique authority to arbitrate. Furthermore, it is not clear that SOCE advocates see sexual orientation as necessarily pathological (Sutton, 2019), as Przeworski et al. claims. They cite one study that said the clients were told they could not live fulfilling lives as gay individuals, but on the other hand, some reports (Spitzer, 2003; Whitehead & Whitehead, 1999, pp. 219-223) have found that gay persons themselves have volunteered for SOCE because they felt that the gay life was “emotionally unsatisfying,” which raises the question of who was telling whom what. Przeworski et al. then claim that the view that homosexuality is problematic is “antiquated and has been refuted in recent literature” (p. 92). They and Hancock and Haldeman (2022, p. 131) cite Hooker’s (1957) research, claiming she did not find any differences in the psychological functioning of gay men, even though that claim was not Hooker’s (Schumm, 2015), as she *did* find significant differences between her gay men and her heterosexual sample (Schumm, 2012). Przeworski et al. proceed to cite only six studies that are all 25 to 30 or more years old to support the idea that “Empirical research has since amassed demonstrating that same-sex attraction is not associated with poorer psychological functioning” or that there were no differences in “psychological symptoms and self-esteem” (p. 92). Then they proceed to cite more recent research (although still more than ten years old) in at least seven studies that found increased rates of anxiety, mood disorders, substance use, and suicidality for LGB persons, which is explained away because of discrimination and minority stress. Thus, it’s clear that there are differences in psychological functioning - and were as far back as Hooker’s research - but the causes remain in debate. Researchers should test not merely to see if discrimination might cause *some* of those differences, but whether it actually causes *all* of any differences observed.

#### ***APA Claim: “SOCE reinforces societal stigma for sexual minorities”***

The APA argues that SOCE reinforces the idea that homosexuality is disordered and that the idea that treatment can change sexual orientation is contrary to scientific evidence and leads to stigma against sexual minorities.

Is it the intent of SOCE to stigmatize gays? First, one must consider whether anti-SOCE research itself stigmatizes LGBT persons. For example, Skerven et al. (2019) cite as evidence of harm to LGBT persons, the idea that sexual minority stress shortens the lifespans of LGBT persons by 12 years; however, that idea was based entirely on an article (Hatzenbuehler et al., 2014) that was retracted for statistical errors (Hatzenbuehler et al., 2018) which, when corrected found no change in lifespans (Regnerus, 2017). Second, there is evidence that when persons are surveyed about previous SOCE that did not lead to changes in sexual orientation, they may feel that it was related in some ways to felt stigma (Skerven et al., 2019). However, one confounding factor is whether these were voluntary or involuntary. Even premarital counseling or education that was not voluntary has been found to be less effective (Schumm & Denton, 1979). Parallel logic would suggest that when parents or others impose SOCE on children or adolescents, or religions impose SOCE on adults, that it would be less effective.

In Schumm’s (2022) recent re-analysis of Sullins et al. (2021), even when the SOCE participants increased in their same-sex sexual orientation, a majority rated the experience as favorable, which would seem to be unlikely if they had felt that the experience had been stigmatizing.

#### ***SOCE and risks of harm***

The APA states that SOCE reinforces sexual minority stress and claims that “sexual minority youth and adults who have undergone SOCE are significantly more likely to experience suicidality and depression than those who have not undergone SOCE” (p. 5). There are indeed several studies that feature an apparent association between having experienced SOCE and mental health concerns (Haldeman, 2022a). However, in a reanalysis of Blosnich et al. (2020), one of those studies reporting such an association (and with a nationally representative sample), Sullins (2021) took into account the pre-“SOCE” distress levels of the study subjects. While the effect of controlling for pre-SOCE suicidality was larger for adults than for minors, Sullins reported that after controlling for pre-existing conditions, there no longer remained any positive associations of SOCE with suicidality. Far from increasing suicidality, recourse to SOCE generally reduced it. Furthermore, in Schumm’s (2022) re-analysis of Sullins et al. (2021), he found that even among those currently in or who had already been in SOCE with a current age of 18-25 years, the reported positives experienced in self-esteem, social functioning, suicidality, and depression in general

outweighed any negatives. Observed correlations between SOCE experiences and mental health distress do not prove causation, least of all for SOCE conducted by well-trained professionals (Rosik, 2020).

Studies such as Turban et al. (2020) are touted that LGBT people have an “association” between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts; however, they admit that it is possible that conversion efforts themselves were *not* causative of these poor mental health outcomes. Larzelere et al. (2004) noted, those who engage in psychotherapy concerning suicidal tendencies are far more likely to commit suicide after therapy than control groups, making it appear that psychotherapy causes suicides; however, the result is an artifact of intervention selection bias, the same bias that is often overlooked when reporting correlations between SOCE and suicidality. As Larzelere et al. (2004) stated, “The logical error of affirming the consequent occurs when one observes the implied correlational pattern and concludes that the presumed causal pattern is therefore confirmed. This is a logical error because many other causal patterns could also generate the same correlational pattern” (p. 297). Furthermore, observed correlations can be due to other factors that obscure the true, underlying correlation (Rosenberg, 1968).

Rosik (2020) has discussed many other flaws of recent research intended to prove harm from SOCE. The APA suggests SOCE is harmful to youth, and that it doesn’t work even though there is little outcome research on how SOCE actually affects youth, or the long-term effects of SOCE on consumers. They reference Ryan et al. (2018) but fail to mention the use of this study in buttressing SOCE has been challenged on methodological grounds in the same journal (Rosik, 2020). Even affirmative therapies have garnered some reports of harm (Nicolosi et al., 2000). Psychotherapies in general have risks of deterioration, from 5-24% (Rosik & Popper, 2014). When SOCE was voluntary, non-punitive, and involved highly religious participants or participants who were anticipating heterosexual marriage, results have been positive (Bondy, 2021; Jones & Yarhouse, 2011; Karten & Wade, 2010; Pela & Sutton, 2021; Rosik et al. 2021; Schumm (2022); Spitzer, 2003; Stanus, 2013; Sullins et al., 2021; Sullins, 2022).

Results of SOCE seem relatively good, with far more positive than negative mental health results among samples of persons who are (a) highly motivated and engaging in SOCE voluntarily, (b) highly religious and do not want their identity to be automatically determined by their same-sex attraction (SSA), (c) probably experiencing sexual fluidity, and (d) married or anticipating a heterosexual marriage. Changes, on average, usually have involved medium to large effect sizes and are often statistically significant. Some SOCE clients will become, or at least report, stronger levels of SSA, same-sex identity (SSI), and same-sex behavior (SSB) after SOCE, of whom some will also report that SOCE was helpful for them. At the same time, if one were to study SOCE experience among non-religious persons who currently identify strongly as lesbian or gay and probably did so before or during SOCE, or who engaged in SOCE due to external pressures rather than on their own volition, one can expect to find far more negative results and more frequent reports of harm. However, when compared in research, sexual minority persons who had undergone failed SOCE therapy do not suffer higher psychological or social harm (Sullins, 2022).

The suicide/SOCE connection is drawn in several places in the APA (2021) resolution, Haldeman (2022a), and by recent articles using only cross-sectional surveys, so the APA must be expecting even lay persons to assume that the primary answer to LGBT suicidality lies in eliminating SOCE (i.e., simple theory, simple plan). Scientific theory needs to be much more complex and inclusive of divergent findings.

The best study of minority stress theory found that despite over 50 years of dramatically and progressively increasing societal affirmation of and civil rights for LGB-identified individuals, as well as the censoring of change-exploring therapy, the psychological stress of LGB-identified individuals has continually worsened. The originator of this minority stress theory, Meyer, and colleagues used the same Generations data set as Blossnich and colleagues (2020) and Sullins (2021) used. Meyer and colleagues noted their study of the minority stress theory was the first to use a nationally representative sample, a large-scale study, and questions and measures specific to this population. They concluded the findings did not support the minority stress theory (Meyer, et al., 2021). In addition, Bailey’s (2020) proposed genetic model to explain sexual minority disparities in mental health outcomes is overly simplistic in its causal attributions and that the research evidence for such a model is weak (Meyer, Pachankis, & Klein, 2021).

### ***Alternatives to SOCE***

There is certainly merit in some of the APA’s suggestions; non-punitive and voluntary therapies probably work better regardless of the therapeutic goals for the client. When the client brings their goals to the therapy rather than the therapist determining the goals, that is probably best for the client, regardless of the type of therapy. But it is arbitrary for the APA to assume that in all cases of SOCE, the provider determined the goals for the clients or used punitive methods. Research on more recent SOCE programs suggests that this SOCE has been more voluntary, non-punitive, and open to clients, based on their own self-determination, reaching different goals other than changing one or more aspects of sexual orientation. Since different clients appear to have different results with SOCE, it is probably best to conceptualize therapy as exploration regarding change rather than having a solitary or “one and only” goal of change of all aspects of sexual orientation (e.g., same-sex attraction, same-sex identity,

same-sex behavior). This is part of the reason some professionals have coined the term sexual attraction fluidity exploration in therapy (SAFE-T) (Rosik, 2016).

## CONCLUSION

We have examined the report, “*APA RESOLUTION on Sexual Orientation Change Efforts*” (APA, 2021) and the book edited by Haldeman (2022a) and concluded that readers would walk away with unequivocal, one-sided information about the topic of SOCE. As a result, we investigated the situation in greater detail.

The overarching proverbial messages made in the *APA RESOLUTION on Sexual Orientation Change Efforts* report are that SOCE is rooted in heterosexism and monosexism, encourages stigma, supports horrid-like interventions, does not work, and is inherently harmful. When corrected for methodological oversights, however, the research shows that change-oriented goals did not appear to be a major explanation for current levels of overall distress following SOCE, and the odds of suicide ideation were actually reduced. While only portraying SOCE as supporting horrid-like interventions, they fail to mention any discussion about consumers with positive narratives. Haldeman’s (2022a) book, which is really a regurgitation of the APA (2021) report, did not address more recent research on SOCE. Yet to her credit, Glassgold (2022) (Chair of the 2009 *American Psychological Association Task Force Appropriate Therapeutic Responses to Sexual Orientation*) makes a clear distinction between older, more aversive forms of SOCE and more modern, talk-therapy approaches (p. 20).

The APA (2021) resolution is flawed in terms of theory, logic, and science. It relies almost exclusively on sexual minority theory, when many other theories might be useful. It relies heavily upon seriously flawed logic, treating SOCE as unchanged and unimproved over the past six decades. It relies upon very weak and limited science, overlooking recent reports on SOCE outcomes, not considering effect sizes for SOCE treatments, treating correlational results as causal, and often overlooking ways of testing more complex models of SOCE. Ultimately, it attempts to develop and promote public policy on SOCE with selected studies containing some or all of these severe limitations and impose that policy on entire states and nations. Simultaneously, the APA’s resolution seeks to impose its will on others and discredit any scholars or groups who might disagree with it.

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