

Ex-Gays?

A Longitudinal Study of Religiously Mediated Change in Sexual Orientation

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We report here for the first time the findings of our longitudinal study of religiously mediated sexual orientation change in a sample of men and women involved in a variety of Christian ministries affiliated under the umbrella organization Exodus International. Our findings address directly two of the most contentious and disputed questions of our day: Is change of sexual orientation, particularly change of homosexual orientation, possible at all? And is the attempt to change sexual orientation harmful? We are evangelical Christians committed to the truth-seeking activity of science. In conducting and reporting this study, we took seriously the words of one of our heroes, C. S. Lewis, who said that science produced by Christian persons would have to be “perfectly honest. Science *twisted* in the interests of apologetics would be sin and folly.” In that spirit, we report here at the start that the funding for this study was provided by Exodus, and that we accepted this funding pledging to Exodus that we would be reporting publicly the results of our outcome study regardless of how encouraging or embarrassing Exodus might find those results.¹

In this study we found empirical evidence that change of homosexual orientation is possible for some through involvement in Exodus ministries. Success took two forms. One form of success was an embrace of chastity with a reduction in prominence of homosexual desire. These persons regard themselves as having reestablished their sexual identities in some way other than their homosexual attractions. The second form of success was marked by a diminishing of homosexual attraction and an increase in heterosexual attraction, with resulting satisfactory, if not uncomplicated, heterosexual adjustment. These latter individuals regard themselves as having changed their sexual orientation from homosexual to heterosexual. Further, we found little evidence of harm incurred as a result of the involvement of the participants in the Exodus change process.

These findings would appear to contradict directly the commonly expressed views of the mental health establishment that change of sexual orientation is impossible and that the attempt to change is highly likely to produce harm for those who make such an attempt. In this paper we briefly summarize the major findings of our study reported in full in our book *Ex-Gays? A Longitudinal Study of Religiously Mediated Change in Sexual Orientation*, which has just been released by InterVarsity Press.

What Questions Were We Trying to Answer in This Study and Why?

This study focuses on two questions: Is change of sexual orientation, specifically homosexual

orientation, possible? Is the attempt to change sexual orientation harmful? These questions were framed in the context of strong declarations by sectors of the mental health community that change of sexual orientation is impossible, and that the attempt to change is harmful. There are two sets of methods employed today by those seeking change in sexual orientation: One set of methods involves professional psychotherapy of some kind. These methods are often called reparative or conversion therapies. Independently, there are religious ministries of various kinds that use a combination of spiritual and psychological methods to seek to produce orientation change. Our study addresses the generic questions of whether sexual orientation change is possible and whether the attempt is harmful by focusing only on the religiously mediated change approaches to change. This is not a study of professional psychotherapy.

The declarations by the mental health community are emphatic. The American Psychological Association, our professional organization, asserts an absolute answer to the thorny question of change on their public affairs website: “Can therapy change sexual orientation? No. . . . [H]omosexuality is not an illness. It does not require treatment and is not changeable.”² The same website offered a suitable description of our study: In answering the question “What About So-Called ‘Conversion Therapies?’” the APA states such “claims are poorly documented. For example, treatment outcome is not followed and reported over time as would be the standard to test the validity of any mental health intervention.” In a similar vein, just weeks ago a member of the blue ribbon panel of the American Psychological Association reconsidering the APA’s position on sexual orientation change, psychiatrist Jack Drescher, derided the effectiveness of attempts to change and pronounced the attempt often harmful. Drescher said, “Does it [the change attempt] work? The little scientific study done is not encouraging. Most who try do not change—and *no long-term studies show that those claiming change remain heterosexual.*”³ In this study, we report exactly such long-term, longitudinal treatment outcome data, thus meeting accepted professional standards for these findings. Returning to the APA website pronouncement, in the next paragraph, the APA raises the issue of harm: “The American Psychological Association is concerned about such therapies and their potential harm to patients.”

The American Psychiatric Association’s website provides an even more compressed statement where the twin claims of the impossibility of change and the likelihood of harm are asserted: “[T]here is no published scientific evidence supporting the efficacy of ‘reparative therapy’ as a treatment to change one’s sexual orientation. The potential risks of ‘reparative therapy’ are great, including depression, anxiety and self-destructive behavior.”⁴

The tools of scientific study are ideally suited to empirically investigate such strong, absolute claims. Thus, we framed our hypotheses in agreement with the strong positions urged by our profession. We hypothesized first that change of sexual orientation is impossible, and second that the attempt to change is harmful. The logic of scientific inquiry then drives us, based on our results, to reject both hypotheses and to conclude first that change of sexual orientation is *not* impossible because it indeed appears possible for some, and second that the attempt to change sexual orientation is *not* harmful on average.

What Is Unique About This Study?

We have argued previously that claims like that of the American Psychiatric Association that “there is no published scientific evidence supporting the efficacy of ‘reparative therapy’ as a treatment to change one’s sexual orientation”⁵ are questionable. Literally dozens and dozens of studies published in professionally respected journals have reported evidence of the possibility of

sexual orientation change for some.⁶ Much less of this research has been published in the last several decades as the political climate has made such research professionally threatening, and as the mental health professions have increasingly accepted homosexuality. In this climate, past research has been dismissed cynically as homophobic, biased and hence of no value. This dismissal has been inadequately justified in our view.

Nevertheless, past research has not typically met the highest standards of empirical rigor. In particular, and in the words of the American Psychological Association, “treatment outcome is not followed and reported over time as would be the standard to test the validity of any mental health intervention.”⁷ Further, many of these prior studies utilized obscure or idiosyncratic measures of sexual orientation change, often relied on therapist ratings rather than hearing directly and objectively from the clients themselves, and often utilized reports from memory of past feelings rather than sampling subjects prospectively, following their progress in real time. This study was designed to address those exact weaknesses of these previous studies. Thus, we report here the results of a rigorous, prospective and longitudinal study of a respectably large and arguably representative sample of those seeking to undergo change in sexual orientation via religiously mediated means through Exodus ministries.

Exodus International is a worldwide, interdenominational, “Christian organization dedicated to equipping and uniting agencies and individuals to effectively communicate the message of freedom from homosexuality, as well as how to effectively convey support and understanding to individuals facing the reality of a homosexual loved one.”⁸ Exodus began in 1976 and is the largest umbrella organization for Christian ministries to people who are struggling with sexual behavior or sexual identity concerns. Exodus serves as a support and accountability organization to the independent ministries that join it, serves as a referral source to those seeking help with “sexual brokenness,” and hosts an annual conference among other activities. Exodus sees itself as articulating a Christian perspective that neither rejects homosexual persons nor embraces a “gay” identity. Our focus was on the individuals troubled by their sexual orientation and thus participating in specific Exodus-affiliated ministries to achieve “[f]reedom from homosexuality through the power of Jesus Christ.”⁹

Most Exodus-affiliated ministry groups rely on small groups as the primary intervention setting, and the typical methods of intervention are comprised of worship, prayer, education and discussion. Some Exodus groups have structured curricula, while others are more unstructured. A variety of additional services are provided through specific groups, including residential programs; seminars; individual, couple and family therapy; support groups for family members; and written materials. Success is defined differently by different programs. Some focus primarily on one’s relationship with God and others, including freedom from dependence in relationships. Other programs define success in behavioral terms, including what it means to achieve celibacy and chastity, while others are concerned with change of thoughts, fantasies and feelings which are seen as leading to change of orientation. The motives behind the various ministries are grounded in the traditional Christian moral teaching disapproving of homosexual conduct. The individuals who enter these ministries for help may or may not share that motivation initially, but such religious understandings of homosexual behavior, specifically a shared belief that homosexual behavior and desire are not God’s intention for them, are the backdrop for their experiences in these groups.

We proposed and attained six key criteria for scientific respectability for a study of this kind:

- Our study is prospective. In contrast to retrospective methods that ask participants to remember change experiences that happened in their pasts, a prospective methodology begins assessment when individuals are starting the change process and assesses them as the results unfold. Those who propose that change is possible almost universally agree that change of sexual orientation is a very slow process, with substantial change taking five years or more to solidify. Over half of our sample completed their Time 1 assessment when they had been involved for less than a year, and a second group of subjects had been involved in the change attempt for between one and three years when they were first assessed for our study.
- Our study is longitudinal. That is, our study followed participants over time with multiple assessments rather than simply sampling their status at one static moment in time. In this book, we report the results of change from the Time 1 assessment through two additional assessments at Time 2 and Time 3, covering a span of thirty months to four years.
- Our study examines a representative sample of the population of those in Exodus seeking sexual orientation change. We cannot be absolutely certain of perfect representativeness, since no scientific evidence exists for describing the parameters of such representativeness. Still, we are confident that our participant pool is a good snapshot of those seeking help from Exodus.
- Our study uses the best contemporary self-report measures of sexual orientation to measure change and a respected measure of psychological distress to assess potential harm. On the challenging issue of measuring sexual orientation, we report results from multiple measures, many of which have been published in the respected professional *Journal of Homosexuality*.
- Our study examines a large subject population of 98 subjects.
- Our study examines subjects attempting change through a variety of different Exodus groups.

In layman's terms, this study assessed the sexual orientations and psychological distress levels of a large group of individuals seeking sexual orientation change at the beginning of the change process; we called this the Time 1 assessment. All of the Time 1 assessments were conducted as personal, face-to-face interviews. We then followed these individuals over time, conducting two subsequent assessments, the Time 2 and Time 3 assessments, with the span from the Time 1 to Time 3 assessments covering thirty months to four years. We used multiple, respected and established measures of sexual orientation to track change, and used a respected measure of psychological distress to measure possible harm. The Time 2 assessments were mostly conducted in person, but about 15% were conducted by phone. By the Time 3 assessment, we had switched entirely to phone interviews. The crucial self-report measures were gathered via paper-and-pencil forms and mailed to our research office according to best practices standards.

No empirical study is exempt from criticism, and we expect particular criticism on two points: that we did not use a true experimental design, and that we did not use psychophysiological measures to assess sexual arousal and orientation. We believe our decisions in these areas were defensible. First, implementation of a true experimental design, with random assignment of blind subjects to experimental treatment conditions, including placebo controls, would have been impossible to implement given the unique nature of Exodus ministries, the long time frame for change and the unique characteristics of the participant population. Further, a true

experimental design was not scientifically necessary to rigorously address our primary research question of whether change of orientation is possible. Second, psychophysiological measures assess sexual arousal and orientation by attaching sensors to the genitals of subjects and measuring sexual arousal while the subjects watch pornography. We judged these methods as pragmatically impossible given the dispersed nature of our sample and the limitations of our funding, as morally unacceptable to the bulk of our research participants, and as not justified in light of current research challenging the reliability and validity of the methods themselves.

We believe that the methods we chose in this study were adequate to the questions we were pursuing. We reiterate: This study implemented the most rigorous methodology ever applied to this question of sexual orientation change and harm. Since the prevailing professional opinion is that change is impossible and the attempt harmful, it is an empirically interesting question to see if change through these Exodus groups is in fact impossible and the attempt to change harmful.

What Did We Find?

Retention of our research sample. We began with 98 subjects at Time 1. As expected in all such longitudinal studies, we lost subjects over time for a number of reasons. We know from direct conversation that a few subjects decided to accept gay identity and did not believe that we would honestly report data on their experience. On the other hand, we know from direct conversations that we lost other subjects who believed themselves healed of all homosexual inclinations and who withdrew from the study because continued participation reminded them of the very negative experiences they had had as homosexuals. Generally speaking, as is typical, we lost subjects mostly for unknown reasons.

Over time, our sample eroded from 98 subjects at our initial Time 1 assessment to 85 at Time 2 and 73 at Time 3, which is a Time 1 to Time 3 retention rate of 74.5%. This retention rate compares favorably to that of the best “gold standard” longitudinal studies. For example, the widely respected and amply funded National Longitudinal Study of Adolescent Health (or *Add Health* study) reported a retention rate from Time 1 to Time 3 of 73% for their enormous sample.¹⁰

Sample characteristics. Subjects were required to be at least 18 years old, but we had no subjects that young; our youngest was 21 at the initial or Time 1 assessment. The average age was 37.50. This average age was older than we had expected, and its significance should be underscored. There is an unflattering caricature that Exodus groups appeal primarily to young, naïve, confused and sexually inexperienced individuals. Such individuals might also be expected to have more optimistic possibilities for sexual orientation change, with older, more sexually experienced persons having more pessimistic expectations for change, as increasing age would normally be assumed to be associated with one’s sexual orientation being more “set.”

Our sample was composed of 72 men and 26 women. At Time 1, 64 reported being never married, 27 legally married, 6 as divorced, and 1 as legally married but separated. They are highly educated, with 55 of 98 having finished college and 26 of 98 completing some graduate training.

Our sample was much more religious than a typical sample of the American public. They reported a high level of religious involvement, with 49 of 98 attending religious services weekly or nearly every week, and 36 of 98 attending more than once a week. When asked “Would you say you have been ‘born again’?” 90 of 98 said yes.

Our sample was far from sexually inexperienced. Among the 72 male subjects, looking at the left columns we see that only 16.7% had not had sex with another man as an adult, and the largest group, one-third of the male sample, had had sex with 30 or more other males. In the right columns, we see that about half of these men had never had sex with a woman, and overall the experience of the male sample with sex with women was considerably less than their experience with men. Of the 25 women who gave us meaningful data, we see in the right columns that only 8% had not had sex

with another woman as an adult, and the largest group, 80% of the female sample, had had sex with one to nine other females. The women were less sexually experienced with men; in the left columns we see that 28% had never had sex with a man.

In our book, we provide rich samples of other crucial variables for understanding this complex sample of individuals seeking change of sexual orientation.

Quantitative analysis of sexual orientation outcomes. Now we come to the key findings of our study.

It is vital to note that we conducted statistical analyses of our findings for changes from Time 1 to Time 2, Time 1 to Time 3, and Time 2 to Time 3. Overall, as you will soon see, the most notable change in sexual orientation on average tended to occur from Time 1 to Time 2, with the change from Time 2 to Time 3 holding steady or even eroding slightly. This meant that with some consistency, we found the majority of measured changes from Time 1 to Time 2 and from Time 1 to Time 3 to achieve statistical significance. In contrast, Time 2 to Time 3 changes did not attain statistical significance.

We performed every statistical analysis on three aspects of our experimental population. We conducted our analyses on the experimental population as a whole, but also conducted every analysis on two subpopulations that were created on empirical bases. First, we conducted every analysis on what we called the “Phase 1” subpopulation. This subpopulation was comprised of the 57 subjects (out of the total 98) who had been in the change process for less than one year at Time 1. These were the individuals who best met our standards for making the study truly prospective by starting our assessments with them as early as possible in the change process. These were individuals inducted early in the change process and followed most closely. We expected that the results of change would be somewhat less positive in this group, as individuals experiencing difficulty with change would be likely to get frustrated or discouraged early on and drop out of the change process. We were able to retain these Phase 1 subjects in our study at the same rate as the whole population, and indeed found that change results for them were a bit less positive.

The second subpopulation was formed to address a frequent criticism in response to claims by “ex-gays” to have changed sexual orientation. When such claims are made, critics often respond that anyone who really has changed must not have really been gay to start with, but rather to have been bisexual. “Anyone who claims to have changed was not truly gay,” the critics say. To examine this claim, we developed a set of empirical markers to define a “Truly

Adult Lifetime Sexual Partners

Number	Male Interviewees			
	Male partners		Female partners	
	N	%	N	%
0	12	16.8	32	45.4
1-9	21	29.2	37	51.4
10-30	15	20.8	3	4.2
30+	24	33.3	-	-

Adult Lifetime Sexual Partners

Number	Female Interviewees			
	Male partners		Female partners	
	N	%	N	%
0	7	28.0	2	8.0
1-9	16	64.0	20	80.0
10-30	1	4.0	2	8.0
30+	1	4.0	1	4.0

Gay” subpopulation. These subjects scored above the scale midpoint for measures of homosexual attraction, and for homosexual behavior in the past, and for having previously embraced full homosexual or gay identity. So to be classed as truly gay, subjects must have reported above average homosexual attraction *and* reported homosexual behavior *and* reported a past embrace of gay identity. We would emphasize that these were much more rigorous standards than are typically employed in empirical studies to classify research subjects as homosexual. Using this method, 45 out of our total of 98 subjects were classed as “Truly Gay,” just less than half the sample. We expected that the results of change for the Truly Gay subpopulation would be less positive, as these individuals would be those more set and stable in their sexual orientation. This is not what we found. Rather, the change reported by the Truly Gay subpopulation was consistently stronger than that reported by others.

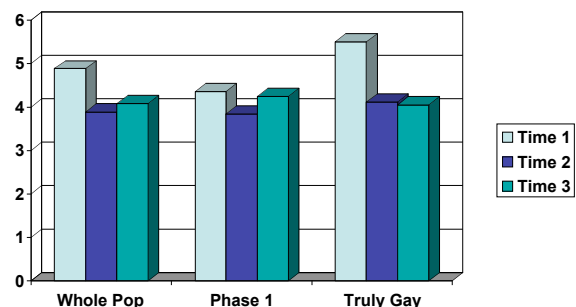
Is change possible? Here we only provide the highlights of hundreds of statistical analyses and pages and pages of tables. We found sufficient evidence to conclude that change of sexual orientation is *not* impossible, that indeed the attempt to change results in success for some individuals. One of the first measures of sexual orientation was a simple question about sexual identity, namely, “Do you think of yourself as heterosexual, homosexual, bisexual, or other?” We looked at change in this self-description from Time 1 to Time 3 using these categories, and found that the largest group reported positive change and very few reported negative change.

- 33 people reported positive change (moving from homosexual, bisexual or other at Time 1 to heterosexual at Time 3; or homosexual at Time 1 to bisexual or other at Time 3)
- 29 reported no change (that is, reporting the same rating at Time 1 and Time 3)
- 8 reported negative change (moving from heterosexual, bisexual or other at Time 1 to homosexual at Time 3; or from heterosexual at Time 1 to bisexual or other at Time 3)
- 3 reported uncertain change (moving from bisexual to other, or the reverse)

This profile of change summaries would be viewed positively as an outcome grid for an experimental treatment for a psychological or emotional condition that is judged difficult to treat, such as an addiction or a personality disorder. To take a seemingly less complex area, imagine that this were the outcome grid for a new approach to marital counseling. An outcome study of marital therapy that reported these same proportions—that 45% were improved, 40% were unchanged and only 11% had gotten worse (i.e., divorced)—would be viewed as having an extremely compelling set of outcomes. This pattern of change was highly significant statistically. The pattern of change for the Phase 1 population was roughly the same as that for the whole population. The pattern of change for the Truly Gay subpopulation was more positive than that for the whole population, with 51% reporting positive change and 33% reporting no change.

The more important results come from analysis of those psychological measures that obtain more fine-grained ratings of sexual attraction. In this summary, we will present the results from two measures, beginning with the Kinsey scale. The Kinsey scales ask subjects to rate their sexual orientation from a score of 0 for completely heterosexual to a score of 6 for completely homosexual. The average shift of

Kinsey 1-Item Results (0 to 6)

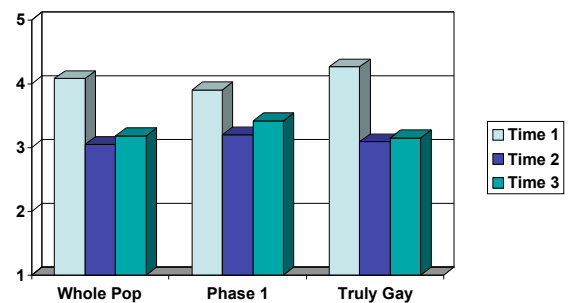


about one point on this scale for the whole population was highly statistically significant. It would appear that the bulk of reported change occurred from Time 1 to Time 2 rather than between Time 2 and Time 3. As reported earlier, Time 2 to Time 3 changes were not statistically significant. The changes on this variable for the Phase 1 subpopulation were not statistically significant, but the changes on this variable for the Truly Gay subpopulation were more statistically significant than those for the whole population.

It is important to note that changes like these can be statistically significant without being large in absolute magnitude. “Effect size” is a standardized measure used by behavioral scientists to compare the relative size of the effects (or changes) they observe in their studies. The effect sizes for the changes are typically categorized as small, medium or large based on comparisons across all sorts of psychological and medical studies. The changes reported here for the whole population and the Truly Gay subpopulation appear to be medium effect sizes, which means they are very respectable changes compared to other studies of, for instance, drug effects or the results of psychotherapies. These effect sizes would be meaningful if reported as the results of any scientific study of an attempt to change any behavioral or psychological pattern, but they assume considerably more significance in light of the fact that we are reporting change on a dimension of human functioning that is supposed to be *impossible to change*.

Next we move to the findings using the Shively and DeCecco scale. The Shively and DeCecco scale obtains separate ratings of heterosexual and homosexual attraction, and these results are important. Changes on the Shively and DeCecco ratings for all three of our analyses follow a stable pattern. All comparisons show statistically significant changes in the direction intended by the Exodus process, specifically, movement toward less homosexual attraction and toward more heterosexual attraction. Further, we see that changes away from homosexual orientation are consistently about *twice* the magnitude of changes toward heterosexual orientation. It would appear, then, that while change away from homosexual orientation is related to change toward heterosexual orientation, the two are not identical processes. The subjects appear to more easily decrease homosexual attraction than they increase heterosexual attraction. Here are the results for homosexual attraction. All of the changes from Time 1 to Time 2 and Time 1 to Time 3 attained statistical significance. Further, the measure of effect size indicates that changes toward being less homosexual (a decrease in reporting of homosexual orientation) were consistently in the large effect size range. These are dramatic findings for movement toward less homosexual attraction. The findings for the Truly Gay subpopulation were again the strongest and results for the Phase 1 subpopulation were the least strong, but all were very significant.

Shively-DeCecco Homosexual Attraction Results (1 to 5)



Now we turn to the Shively and DeCecco results for development of heterosexual attraction. Subjects reported less heterosexual attraction at the start, and moved on average toward more heterosexual attraction. Again, all of the changes from Time 1 to Time 2 and Time 1 to Time 3 attained statistical significance. But you can see that the findings were of less magnitude, about half the size, of the movement away from homosexual attraction. The measure

of effect size indicates that changes toward being more heterosexual were consistently in the medium to small effect size range. These findings then are of movement toward more heterosexual attraction, but to a less dramatic degree than the movement away from homosexual attraction. The findings for the Truly Gay subpopulation were again the strongest and results for the Phase 1 subpopulation were the least strong, and all were significant.

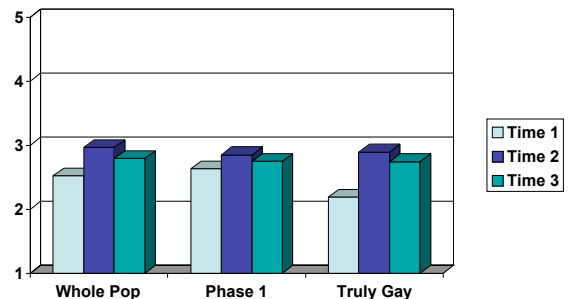
The general picture that emerges from our analyses of these data is that, on average, this population has experienced significant change away from homosexual orientation and toward heterosexual orientation. By empirically derived standards of effect size, the average movement away from homosexual orientation may be termed medium to large, and the average shift toward heterosexual orientation small. This generalization is, of course, not true for every single test of every variable, but this is the clear trend in the data. Our most surprising single finding, and one that is replicated over several different measures, is that the population most likely on average to manifest significant change is the Truly Gay subpopulation. The Phase 1 subpopulation (those in the change process for less than one year at the Time 1 assessment) showed the least degree of change. They reported many significant changes, but not to the degree of the Truly Gay subpopulation.

The reporting and analysis of “average change” scores mask the results shown by particular individuals. In other words, these average changes are comprised of some dramatic changes by some who resume gay identity, but also of others who report dramatic changes away from homosexual orientation. These findings were revealed in our qualitative analyses.

Qualitative analysis of sexual orientation outcomes. To get at the individual changes, we worked not from the standardized measures of sexual orientation, but from the transcripts of the open-ended questions that we asked each participant about their sexual attractions, experiences and identity, as well as their own judgment about whether change had been successful. Based on our reading of these transcripts, research participants were categorized in one of six categories:

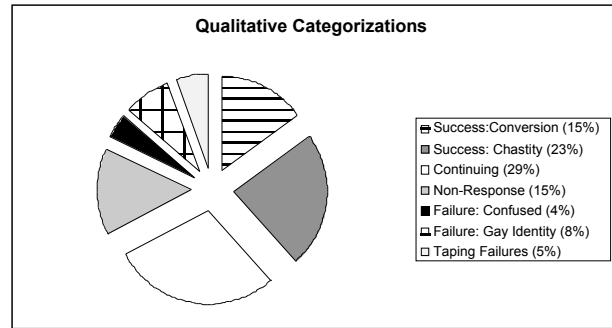
- “Success: Conversion”: These were subjects who reported that they felt their change to be successful, and who reported substantial reductions in homosexual attraction and substantial conversion to heterosexual attraction and functioning. 15% of the sample at Time 3 met this standard.
- “Success: Chastity”: These were subjects who reported that they felt their change to be successful, and who reported homosexual attraction to be present only incidentally or in a way that does not seem to bring about distress, allowing them to live happily without overt sexual activity. 23% of the sample at Time 3 met this standard.
- “Continuing”: These persons may have experienced modest decreases in homosexual attraction, but were not satisfied with their degree of change and remained committed to the change process. 29% of the sample at Time 3 met this standard.
- “Non-Response”: These persons had experienced no significant sexual orientation change. These subjects had *not* given up on the change process, but may be confused or

Shively-DeCecco Heterosexual Attraction Results (1 to 5)



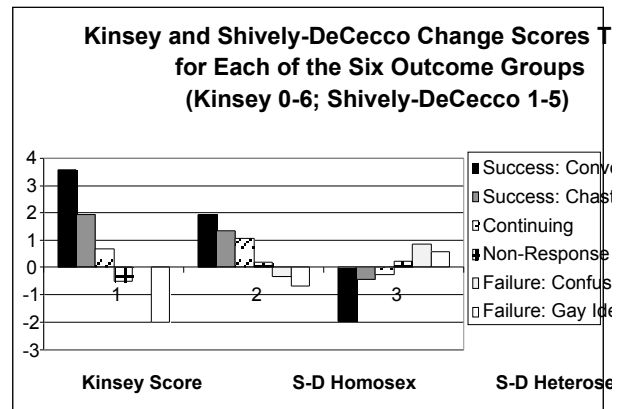
conflicted about which direction to turn next. 15% of the sample at Time 3 were in this category.

- “Failure: Confused”: These persons had experienced no significant sexual orientation change and had given up on the change process but without yet embracing gay identity. 4% of the sample at Time 3 were in this category.
- “Failure: Gay Identity”: These persons had clearly given up on the change process and embraced gay identity. 8% of the sample at Time 3 were in this category.



How would such a pattern of results compare to outcomes in other areas of the mental health field? If we treat our two success categories (conversion and chastity; together 38%) as paralleling strongly positive outcomes, the continuing group (29%) as paralleling an improved-but-with-room-for-continued-growth category, the non-responders (15%) as paralleling a no-change outcome and the two failure groups (together 12%) representing negative outcomes (in the estimation of Exodus), this outcome array would be regarded as respectable in the mental health field. Interventions such as psychotherapy or drug treatments always have successes, improvers, non-responders and some negative outcomes. We note as well that what Exodus calls failure would not be considered failure at all by the majority of mental health professionals, in that an embrace of same-sex erotic orientation would be seen as the most positive outcome by many psychologists today.

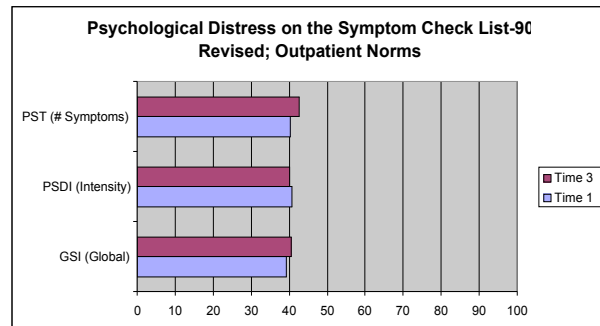
We explored further the meaning of these findings by examining the quantitative outcomes for our subjects when divided into these general outcome groups. In other words, instead of looking at global outcomes of the entire population all averaged together as we did previously, we returned to our quantitative outcome measures by outcome group and present here a summary of these findings for each group. These outcomes are exactly as would be predicted if our qualitative categorization were valid. Look at the results



for the two groups at the opposite extremes, the Success: Conversion group (the black bars) and the Failure: Gay Identity group (the white bars). On the Kinsey scale, you can see the Success: Conversion group showing dramatic change upward, away from homosexual orientation and toward heterosexuality, while the Failure: Gay Identity group moves in the opposite direction toward homosexual orientation. On the Shively and DeCecco scales, we see in the middle the Success: Conversion group showing change upward away from homosexual orientation while the Failure: Gay Identity group moves in the opposite direction toward homosexual orientation. On the right of the graph we see the Success: Conversion group showing significant change downward toward heterosexuality, while the Failure: Gay Identity group moves in the opposite direction upward away from heterosexual orientation.

Outcomes for harm. We assessed harm by administering at each assessment the Symptom Check List-90-Revised (SCL), a respected measure of psychological distress that is often used to measure the effects of psychotherapy. If the attempt to change is harmful, we should see elevated distress scores, particularly among those who continue to attempt change of sexual orientation. Our analysis yielded no support for the hypothesis that our participants would show significant movement toward worsened psychological functioning as a result of Exodus involvement in their scores on the SCL. The SCL generates three summary scores, one for number of psychological symptoms of distress, one for intensity of distress and a global score which is the most important. Generally, the changes noted were small and statistically insignificant. In this slide you can see the tiny changes on the scores as measured against norms for persons who are in outpatient counseling. Overall, our subjects averaged less distressed than the average person in outpatient counseling, and did not move much from Time 1 to Time 3, indicating that the commitment to the change attempt of our subjects did not create psychological distress.

We then examined a more rigorous hypothesis. Recognizing that some might suppose that the good mental health of those who had embraced their gay identities might be masking (by averaging out) the decaying mental health of those seeking change, we analyzed our data again including only those subjects who reported continuing down the path of seeking sexual orientation change at Time 3. Surely, we reasoned, if the attempt at the change process was going to be harmful, this harm would show up among those continuing to pursue change over a period of years. Contrary to these expectations, we found no evidence of movement toward increased distress or other evidence of harm as a result of Exodus involvement. Contrary to the clear predictions of the professional associations regarding psychological distress, scores showed little indication of change over time.



Summary: What Did We Find?

Our first hypothesis was that change of sexual orientation is impossible. Instead, we found considerable evidence that change of sexual orientation is possible for some individuals.

Our second hypothesis was that the attempt to change sexual orientation is harmful. Instead, we found no evidence that the attempt to change sexual orientation was harmful on average for these individuals.

The logic of scientific inquiry then drives us, based on our results, to reject both hypotheses and to conclude first that change of sexual orientation is *not* impossible because it indeed appears possible for some, and second that the attempt to change sexual orientation is *not* harmful on average.

What Did We *Not* Find?

In addition to clarifying what we did find, it is equally important to clarify what we did not find. Given the controversial and volatile nature of discourse about this highly controversial topic, it is

likely that commentators of all sorts will draw varying conclusions about this work, and so we want to give our best logical take on what we believe would be some improper or illicit conclusions to draw from this study.

- First, we did not find that everyone can change. While our findings firmly refute any notion that change of sexual orientation is impossible, saying that change is not impossible in general is not the same thing as saying that everyone can change, that anyone can change or that change is necessarily possible for any given individual.
- Second, while we found that part of our research population experienced success to the degree that it might be called (as we have here) “conversion,” our evidence does not indicate that these changes are categorical, resulting in uncomplicated, dichotomous and unequivocal reversal of sexual orientation from utterly homosexual to utterly heterosexual. The change reported was not simple. Most of the individuals who reported that they were heterosexual at Time 3 did not report themselves to be without experience of homosexual arousal, and they did not report heterosexual orientation to be unequivocal and uncomplicated.
- Third, these findings do not refute the anecdotal reports of specific individuals that they could not change. But then neither do the anecdotal reports of persons who could not change refute the reality that some of the individuals in this study did experience quite significant change.
- Fourth, because the change results documented in this study are the results of a set of diverse, religiously based intervention programs, these findings do not speak directly to the issue of the effectiveness of professionally based psychotherapy interventions, what are commonly called reorientation or conversion therapies. However, though this study does nothing direct to establish evidence for the effectiveness of professional conversion therapies, to the degree that the contemporary mental health field regards such conversion therapies as discredited on the presumptive basis that it is in fact impossible to change sexual orientation, these results may and perhaps should open the door for a reconsideration of the efficacy of such therapies. In other words, if change of sexual orientation is ever possible by these religious means, perhaps it is sometimes possible through professionally based psychotherapy interventions.
- Fifth, despite our finding that on average participants experienced no harm from the attempt to change, we cannot conclude that particular individuals have not been harmed by an attempt to change. It is important to remember here that life is dangerous and filled with potential harm. Specific individuals may claim to have experienced harm from the attempt to change, and those claims may be legitimate, but it may be that the harm was caused by intervention methods that were inept, harsh, punitive or otherwise ill-conceived, and not from the attempt to change itself.

What Are the Implications of This Study?

Most importantly, we want to argue that these results suggest the importance of respecting the autonomy of individuals who, because of their personal values, religious or not, desire to seek change of their sexual orientation just as we respect those who desire to affirm and consolidate their sexual orientation. Scientific findings should inform our ethical reasoning and professional conduct. The findings from this study certainly support keeping a range of professional and ministry options open to clients who experience same-sex attraction, are distressed by this because of their moral or religious beliefs and who may benefit from hearing about a number of

intervention modalities. We would do well to put as much information in the hands of the consumer so that they are able to make informed decisions and wise choices among treatment options.

Conclusion

In the end we believe we have provided evidence that change of homosexual orientation may be possible for some persons through involvement in Exodus ministries. The change may take the form of a reduction in homosexual attraction and behavioral chastity; it may also take the form of a reduction in homosexual attraction and an increase in heterosexual attraction with what might be and is described as satisfactory heterosexual adjustment. Those who report chastity regard themselves as having reestablished their sexual identities to be defined in some way other than by their homosexual attractions. Those who report a heterosexual adjustment regard themselves as having changed their sexual orientation.

We found little evidence that involvement in the Exodus change process was harmful to participants in this study.

Taken together, these findings would appear to contradict the commonly expressed view of the mental health establishment that change of sexual orientation is impossible and that the attempt to change is highly likely to produce harm for those who make such an attempt.

¹This matter, as well as every other in this paper, is discussed in detail in our book, Jones, S. L., & Yarhouse, M. A. (2007). *Ex-Gays? A longitudinal study of religiously mediated change in sexual orientation*. Downers Grove, IL: InterVarsity Press.

²American Psychological Association, "Answers to Your Questions About Sexual Orientation and Homosexuality." Retrieved April 4, 2005, from www.apa.org/pubinfo/answers.html.

³Drescher, J. (2007, August 16). Conversion attempts mostly lead to harm. *Tennessean*. Retrieved August 23, 2007, from <http://www.tennessean.com/apps/pbcs.dll/article?AID=/20070816/OPINION01/708160395/1008>, emphasis ours.

⁴American Psychiatric Association, "Position Statement on Psychiatric Treatment and Sexual Orientation." Retrieved December 12, 2005, from www.psych.org/archives/news_room/press_releases/rep_therapy.cfm.

⁵Ibid.

⁶Jones, S. L., & Yarhouse, M. A. (2000). *Homosexuality: The use of scientific research in the church's moral debate*. Downers Grove, IL: InterVarsity Press. Jones, S. L., & Kwee, A. W. (2005). Scientific research, homosexuality, and the church's moral debate: An update. *Journal of Psychology and Christianity*, 24(4), 304-316.

⁷American Psychological Association, "Answers to Your Questions About Sexual Orientation and Homosexuality." Retrieved April 4, 2005, from www.apa.org/pubinfo/answers.html.

⁸Exodus International, "Policy Statements: Statement on Homosexuality." Retrieved March 23, 2007, from <http://exodus.to/content/view/34/118/>.

⁹Exodus International, "Who We Are." Retrieved December 23, 2005, from www.exodus.to/about_exodus.shtml.

¹⁰"Of the original *Add Health* wave 1 respondents (n = 20,745), 15,170 individuals or 73%, participated in wave 3." Brückner, H., & Bearman, P. (2005). After the promise: The STD consequences of adolescent virginity pledges. *Journal of Adolescent Health*, 36, 272.