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Review of ‘Perceived Effectiveness and Risk of Sexual Orientation Change Efforts (SOCE): Perspectives of a US Sample of 125 Male Clients’

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This paper makes an important contribution. Its authors, Sullins & Rosik, argue that research presenting a negative perspective on sexual orientation change efforts (SOCE) tends to use a biased sample, namely those who at the time of the research identify as a sexual orientation minority (gay, lesbian, or bisexual), rather than those who do not identify as a sexual orientation minority and repudiate their same-sex attractions or behaviours. This creates a research literature that appears polarized—with the majority taking SOCE to be futile and harmful and a minority taking SOCE to be possible and beneficial—when this is really a result of studying different populations. The authors argue, and I agree with them, that a positive perspective on SOCE is under-studied. Thus, I think this paper takes an important step toward articulating the benefits of SOCE, and being clear about which demographic group(s) SOCE is most likely to be of benefit to.

In Victoria, Australia (where I live) there is a law preventing the ‘change or suppression’ of sexual orientation (Change or Suppression (Conversion) Practices Prohibition Act 2021). Health service providers are exempt if their ‘practice or conduct... is, in the health service provider’s reasonable professional judgement, necessary—(i) to provide a health service, or (ii) to comply with the legal or professional obligations of the health service provider’ (quoted in Lawford-Smith 2023, p. 4 fn. 9). But all other third parties are subject to the law, and that would include the religious support groups, pastoral counsellors, same-sex retreats, marriage or family counsellors, non-religious support groups, and social workers (leaving out only the psychologists and psychiatrists) that Sullins & Rosik report men in their sample seeking out as ‘help for their conflicted sexuality’. Were such practices to take place in Victoria, and to be established to have caused injury or serious injury (as defined under our Crimes Act), individual third parties face maximum penalties of 10 years imprisonment or \$237,108 in fines (penalty units as at July 1st 2024). And even without causing injury or serious injury, the legislation aims at stigmatizing

SOCE: listed first under ‘main purposes’ of the law is ‘to denounce and prohibit change or suppression practices’ (p. 1); and listed under ‘objectives’ of the law is ‘to eliminate so far as possible the occurrence of change or suppression practices in Victoria’, and ‘to ensure that all people, regardless of sexual orientation... feel welcome and valued in Victoria and are able to live authentically and with pride’ (p. 3). The law positions SOCE in a particular way, as causing ‘serious harm’, as implying that minority sexual orientations are ‘broken and in need of fixing’, as conceiving minority sexual orientations as ‘disorder, disease, illness, deficiency or shortcoming’, and as being ‘deceptive’ (if change of sexual orientation is impossible, then people who want it are being offered false hope) (p. 3).

There was considerable opposition to the law from religious groups, but insufficient to stop it passing. I suspect that public support for the law traded on ignorance about what ‘conversion practices’ are, with the public imagining e.g. the ice baths and lobotomies imposed on lesbians portrayed recently in *Ratched* (2020), rather than religious support groups or marriage counselling (what sometimes gets called ‘talk therapy’, as opposed to the more physically invasive ‘aversion therapy’). It might be true that even talk therapy can be harmful to children and adolescents, if it creates shame rather than self-acceptance. Sullins & Rosik talk in their paper about how heterosexuals tend to have a high level of congruity between their sexual identity, sexual attractions, and sexual behaviours, e.g. a straight male thinking of himself as heterosexual, experiencing attraction to women, and having sex with women; while for sexual orientation minorities there are high levels of incongruence between these three elements. If it is the talk therapy that causes or creates incongruence, then that may be a reason to object to it. But Sullins and Rosik are interested in an adult population of same-sex attracted men who repudiate sexual minority identification (i.e. they do not conceive of themselves as gay men) and feel conflicted about their same-sex behaviour (for religious reasons they wish to be in heterosexual family units and not unfaithful to their wives). Liberal societies are designed to let adults decide upon their own conceptions of the good and to pursue them; the state must remain neutral on whose conceptions of the good it prefers. My own state is in violation of liberal neutrality, because it declares the project of faith and family inferior to the project of embracing and celebrating one’s minority sexual orientation. My state wants anyone who experiences same-sex attraction to embrace sexual minority identification and behaviour (and therefore to either live in conflict with their religion or to repudiate religion), rather than to resolve internal conflicts between those three elements in a way that leads to the rejection of sexual minority identification or behaviour. In that respect, it is illiberal; and because I am a liberal, I believe the law has overstepped. I think SOCE (in the form of talk therapy) should be available to adults who are capable of giving informed consent to it and who themselves seek it out. For that reason, I think more research into the extent of change that is possible, and the benefits that might accrue from those choosing SOCE, is a good thing. (And it’s a good thing even if, as Sullins & Rosik themselves suggest, there is a limited population for which it is likely to be effective—because if this is established and communicated clearly, then the characterisation of SOCE as ‘deceptive’ can be undercut).

Here are some minor points that Sullins & Rosik might consider for revision (I have no major objections). First, I was surprised not to see Joseph Nicolosi’s (1993) book cited, given that he also reports some success with SOCE from a practitioner perspective (the book offers composite case studies of his patients). Second, I think it could be worth the authors taking the time to clarify what they mean to include under the umbrella of SOCE practices, given that much of the

popular understanding of change efforts includes aversion therapies. Because the topic of change of sexual orientation is controversial, and because opponents are not always charitable, it's a good idea to be clear about which types of 'change efforts' the authors do repudiate, and which remain on the table for them. (Peter Gajdics in his memoir *The Inheritance of Shame* (2017) talks about e.g. the aversion therapies of snapping an elastic band on his wrist or sniffing a vial of excrement—these are not invasive in the same way a lobotomy is invasive, but they still seem to me the 'wrong type of treatment'. Do the authors agree?) Third, I wonder if it's worth emphasising a little more the indirect benefits of SOCE for those for whom it had positive effects (or the possibility of them). I was struck by the fact that married men were cheating on their wives (with men), and that SOCE helped them to stop doing that—and so to become, by their own lights and presumably by the lights of their religion—better husbands and fathers (perhaps better men). This is not just good for the men, in the sense of reducing internal conflict, it is also good for the wives and children. Indeed, it makes me wonder, if there was a talk therapy that could stop heterosexual men cheating on their wives and make them better husbands and fathers, whether by helping them to reduce the extent to which they acted on their sexual attractions (i.e. to diminish the correlation between sexual attraction and sexual behaviour), or to channel their sexual attractions back toward their wives (rather than other women), wouldn't progressives be all for it?