

No. 24-539

In the Supreme Court of the United States

KALEY CHILES,
Petitioner,

v.

PATTY SALAZAR, IN HER OFFICIAL CAPACITY
AS EXECUTIVE DIRECTOR OF THE COLORADO
DEPARTMENT OF REGULATORY AGENCIES, ET AL.,
Respondents.

On Writ of Certiorari to
the United States Court of Appeals
for the Tenth Circuit

**BRIEF FOR *AMICUS CURIAE*
THE ALLIANCE FOR THERAPEUTIC CHOICE
AND SCIENTIFIC INTEGRITY
SUPPORTING PETITIONER**

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INTRODUCTION AND INTEREST OF AMICUS CURIAE¹

This case intersects with an area of intense social concern: support and care for those who experience unwanted same-sex feelings and gender incongruence. A somewhat monolithic conventional wisdom has descended on the field and asserts that such feelings and incongruence should always be affirmed, and never explored, modified, or resisted. But constitutional protections do not give way at popular behest. This Court should not—indeed, cannot—shirk its responsibility to defend the speech and associational rights of those who seek to benefit from and offer alternate pathways of care.

This issue is particularly important to the Alliance for Therapeutic Choice and Scientific Integrity (ATCSI), a national association of licensed counselors engaged in change-exploring, speech-based counseling. ATCSI's members include licensed psychologists, psychiatrists, social workers, marriage and family counselors, and other professional counselors. ATCSI is dedicated to defending the rights of its clients to receive, and counselors to provide, emotional, behavioral, and relational care that aligns with its clients' values and objectives concerning same-sex feelings and gender incongruence. For over thirty years, ATCSI affiliates have conducted research, provided counseling, and educated and

¹ This brief was not authored in whole or in part by counsel for any party, and no person or entity other than *amicus curiae* or its counsel has made a monetary contribution toward the brief's preparation or submission.

informed the public on matters central to these concerns.

SUMMARY OF ARGUMENT

As Petitioners show, the Court should reverse because Colorado has not demonstrated that the statute regulating the challenged speech-based therapy satisfies even rational basis. ATCSI writes to highlight the neglected scientific context for that evidence and the consequence of such neglect.

The district court broadly characterized the speech-based counseling at issue here as “ineffective and harm[ful to] minors who identify as gay, lesbian, bisexual, transgender, or gender nonconforming,” and reflective of “harmful therapeutic modalities.” Pet.App.158a. The court’s evidentiary basis included (1) a declaration by a Rutgers University psychologist who specializes in LGBT issues; (2) a 2009 American Psychological Association (APA) Task Force report titled “Appropriate Therapeutic Responses to Sexual Orientation”; and (3) a Substance Abuse and Mental Health Services Administration (SAMHSA) report titled Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth. Pet.App.16a n.9.

Relying on this scant support, the district court determined that talk counseling that does not take the approach dictated by the Colorado statute is inherently harmful to minors based on the “prevailing medical consensus” and “the preponderating opinion in the medical community[.]” Pet.App.159a n.10. The Tenth Circuit agreed. Pet.App.63a-64a. On that basis, the Tenth Circuit held that the Colorado statute satisfies a “rational basis” test and does not violate the

First and Fourteenth Amendments’ guarantee of freedom of speech. Pet.App.59a, 61a.

But this evidence is unsupported by reliable research. Contrary to the lower courts’ cursory analysis, these supposed “medical” authorities and the purported “medical consensus” they reflect do not establish facts and are not evidence that speech-based counseling that does not comport with transgender or LGB ideology is inherently harmful.

Instead, as shown below, these authorities and the consensus they reflect are founded on ideological biases and flawed assumptions. Consequently, the lower courts’ conclusion that Ms. Chiles does not have a likelihood of success on the merits is wrong, and the Tenth Circuit’s decision denying her motion for a preliminary injunction must be reversed.

This Court should reverse the decision below, confident that vindicating both client and provider rights in this sensitive context will be consistent with—not contrary to—accurate evidence.

ARGUMENT

Organized psychology (particularly its leadership) operates within an ideological monoculture that is much more politically left than the general population.² The community of sexuality researchers, including those who research “sexual orientation and gender identity change efforts”

² Alexander A. Kaurov et al., *Trends in American Scientists’ Political Donations and Implications for Trust in Science*, 9 Hum. & Soc. Sci. Comms. 368, 370 (2022) (less than 5% of U.S. science professors surveyed make donations to Republican candidates).

(SOGICE), is similarly socio-politically situated. This is true with reference to the social and psychological sciences, as well as specific, well-known mental health organizations. But this ideological monoculture undercuts the credibility of appeals to these authorities as it relates to contested social issues with significant political and policy ramifications.³

Contemporary disagreement over change-exploring talk counseling reflects an ideological conflict more than a scientific one. Nearly a decade ago, Rutgers Distinguished Professor Lee Jussim and colleagues offered this pertinent observation: “If scientists believe that it is their moral obligation to marginalize their ignorant and immoral ideological opponents, they put themselves at risk for purveying invalid scientific claims. Because strongly held ideological beliefs subjectively feel like objective truths * * *, it is possible that such scientists are unaware of the biased nature of their science; squashing their ideological opponents may be subjectively experienced as a core component of advancing science.”⁴ This is no less true today.

I. Mental Health Associations and Academic Researchers Operate Within Ideological Monocultures.

The ability of mental health and scientific communities to provide accurate and thorough

³ José L. Duarte et al., *Political Diversity Will Improve Psychological Science*, 38 Behav. & Brain Scis. 1, 4-7 (2015).

⁴ Lee Jussim et al., *Can High Moral Purposes Undermine Scientific Integrity?*, in *The Social Psychology of Morality* 173, 184 (Joseph P. Forgas et al. eds., 2016).

empirical evidence and analysis on contentious social topics depends on there being a diversity of perspectives represented in the process. Unfortunately, the social scientific enterprise altogether lacks this ideological diversity. A plethora of supporting examples could be provided, but only a select few of particular significance are offered below.

A. Social science, in general, and psychological science, in particular, lack diverse perspectives.

In North America, in the social sciences generally and organized psychology specifically, self-identified liberals/progressives consistently outnumber self-identified conservatives by unusually large margins. Ratios of liberals to conservatives across social and psychological sciences range from as low as 11.6:1 to as high as 76:1, depending on the particular group (sociology, academic psychology, or social psychology) or variable examined.⁵ In a review of relevant literature, Rutgers professors Honeycutt and Jussim concluded, “The data, obtained from multiple independent researchers using a wide range of methodologies, all lead to the same conclusion: non-

⁵ Nina Silander & Anthony Tarescavage, *Ideological Bias in American Psychological Association Communications: Another Threat to the Credibility of Professional Psychology*, in *Ideological and Political Bias in Psychology* 315, 319 (Craig L. Frisby et al. eds., 2023) [hereinafter “*Ideological Bias in APA Communications*”].

left scientists in psychology are an endangered species.”⁶

Issues related to human sexuality often activate ideological passions in the social sciences. Esteemed Northwestern Professor Michael Bailey puts this even more starkly: “[T]here can be no doubt that sex research is among the most ideologically suspect of disciplines.”⁷ He concluded that the alleged progress surrounding transgender science “has had nothing to do with scientific advances and everything to do with ideology” and listed several important questions in need of scientific research that are “ideologically off limits for the progressive” (e.g., “whether an adolescent girl who decides she is transgender might be wrong” or “whether gender-dysphoric children should be required to wait before ‘gender affirmation’”).⁸ Bailey confessed, “I have never been as worried about the future of sex research specifically, and social science generally, as I have been in recent years.”⁹

B. The American Psychological Association is similarly conformist.

The APA, the authoring organization of the principal report on which the lower courts relied, has

⁶ Nathan Honeycutt & Lee Jussim, *Political Bias in the Social Sciences: A Critical, Theoretical, and Empirical Review*, in *Ideological and Political Bias in Psychology* 97, 98 (Craig L. Frisby et al. eds., 2023).

⁷ J. Michael Bailey, *How to Ruin Sex Research*, 48 *Archives Sexual Behav.* 1007, 1009-1010 (2019).

⁸ *Id.* at 1010.

⁹ *Ibid.*

had a demonstrably long history committed to left-wing policy interests.¹⁰ “From writing amicus briefs on controversial Supreme Court cases only loosely related to psychology * * * to receiving research grant funding from multiple known left-wing organizations, the APA’s historical activities have consistently and predictably adopted left-of-center leanings” while presuming unanimous ideological support amongst its members.¹¹

To test this, Silander and Tarescavage conducted an analysis of the APA’s official press releases between 2000 and April 2020.¹² The authors found that the APA has become increasingly likely to make explicitly political press releases¹³: “From 2000 through 2002, only 6 out of 144 press releases (4.1%) directly commented on political topics. In stark contrast, between 2017 and 2019, 77 out of [the APA’s] 297 press releases (25.9%) were political (a 532% increase).”¹⁴ And the ideology of the APA’s positions in press releases has also swung substantially. From 2000 through 2002, 0 out of the 6 political press releases slanted left and 1 slanted right.¹⁵ From 2017 through 2019, 61 of 77 political press releases slanted left (79.2%), whereas only 3 slanted right (3.9%).¹⁶ In this

¹⁰ *Ideological Bias in APA Communications*, *supra* note 5, at 322-323.

¹¹ *Ibid.*

¹² *Id.* at 322-333.

¹³ *Id.* at 325-326.

¹⁴ *Id.* at 326.

¹⁵ *Ibid.*

¹⁶ *Ibid.*

same period, the authors observed only 13 press releases coded as neutral (16.8%).¹⁷

One example reflecting a left-leaning slant is particularly instructive. On September 24, 2018, the APA president released a statement on under-reporting of sexual assault “in light of the allegation by Christine Blasey Ford, PhD, with respect to Supreme Court nominee Brett Kavanaugh.”¹⁸ The statement first reviewed research indicating that women are likely to under-report sexual assault and are unlikely to make false claims about sexual assault.¹⁹ The statement then continued, “Ford’s alleged assault is reported to have occurred when she was 15—the developmental stage of exploring and determining one’s identity, a time when many teenagers do not feel comfortable discussing any sexual issues with their parents, let alone an assault.”²⁰

Overall, the president of the APA was making the case that Dr. Ford’s testimony was most likely accurate (and by extension that Justice Kavanaugh sexually assaulted her). This impression was reinforced when, on January 23, 2019, the APA made another press release—describing the development of

¹⁷ *Ibid.*

¹⁸ Press Release, Am. Psych. Ass’n, Statement of APA President Regarding the Science Behind Why Women May Not Report Sexual Assault (Sept. 24, 2018), <https://tinyurl.com/y6bunncm>.

¹⁹ *Ibid.*

²⁰ *Ibid.*

a grant in Dr. Ford’s name, intended to fund sexual trauma research.²¹

Ideological bias within the APA has also led to the exclusion of conservative viewpoints from influential documents regarding change-exploring counseling (often inaccurately termed “SOGICE”)—specifically including the principal report on which the District Court relied. For example, “although many qualified conservative psychologists were nominated to serve on the task force” that published the 2009 Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation, all of them were rejected.²²

This fact was noted in a book co-edited by a past president of the APA.²³ The director of the APA’s Lesbian, Gay and Bisexual Concerns Office, Clinton Anderson, offered the following defense: “We cannot take into account what are fundamentally negative religious perceptions of homosexuality—they don’t fit into our world view.”²⁴ It appears that the APA operated with an ideological litmus test when considering task-force membership—the only views of

²¹ Press Release, Am. Psych. Ass’n, American Psychological Foundation Establishes Grant Honoring Christine Blasey Ford (Apr. 23, 2019), <https://tinyurl.com/muevawbk>.

²² Mark A. Yarhouse, *The Battle Regarding Sexuality*, in *Psychology’s War on Religion* 63, 74 (Nicholas Cummings, William O’Donohue & Janet Cummings eds., 2009).

²³ *Ibid.*

²⁴ David Crary, *Psychological Group to Review Counseling on Sexual Orientation*, Star News Online (July 11, 2007), <https://tinyurl.com/4yvj57ej>.

homosexuality tolerated were those that uniformly endorsed same-sex behavior as a moral good.

Finally, the APA frequently refers to a Report from the U.S. Substance Abuse and Mental Health Services Administration.²⁵ Of note is that this Report was “prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by Abt Associates.” Importantly, “prepared for” (not “prepared by”) SAMHSA, the Report includes this disclaimer: “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.”²⁶

The report often uses disparaging moral language in referring to religious viewpoints pertaining to sexual orientation.²⁷ Its portrayal of “conversion therapy” completely fails to acknowledge that ethical change-exploring speech-based counseling provided by licensed counselors is non-coercive and based on the freely determined goals of clients.²⁸ The Report even acknowledges the research base is poor: “[N]o research demonstrating the harms of conversion therapy with gender minority youth has been published.”²⁹

²⁵ Substance Abuse & Mental Health Servs. Admin. (SAMHSA), U.S. Dep’t Health & Hum. Servs., No. 15-4928, Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth (2015), <https://tinyurl.com/2ctehkm3>.

²⁶ *Id.* at i.

²⁷ *E.g., id.* at 21-22.

²⁸ See *generally id.*

²⁹ *Id.* at 26.

C. The World Professional Association for Transgender Healthcare (WPATH) is also ideologically biased.

WPATH describes itself as an international, multidisciplinary, professional association whose mission is to promote evidence-based care, education, research, public policy, and respect in transgender health.³⁰ The APA relied heavily on the WPATH Standards of Care 8th Edition³¹ (SOC-8), promoted as providing clinical guidance to healthcare professionals in assisting transgender and gender diverse people, in its recent amicus brief in *United States v. Skrametti*.³²

However, disclosures of internal documents reveal that WPATH is neither an objective medical organization nor an objective scientific organization. In May 2025, a number of plaintiff groups including the Southern Poverty Law Center, the Human Rights Campaign Foundation, and others withdrew their challenge to Alabama’s ban on medical and surgical treatment of minors after discovery revealed that WPATH suppressed the publication of the results of systematic reviews that it had commissioned because

³⁰ *About WPATH*, World Pro. Ass’n for Transgender Health, <https://wpath.org/about/mission-and-vision> (last visited June 5, 2025).

³¹ Eli Coleman et al., *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, 23 Int’l J. Transgender Health S1 (2022) [hereinafter “SOC-8”].

³² Br. Amici Curiae of American Academy of Pediatrics and Additional National and State Medical and Mental Health Organizations at 10-13, 16, *United States v. Skrametti*, No. 23-477 (U.S. Sept. 3, 2024).

they did not support their recommendations for hormonal treatment.³³

This revelation of suppression has attracted the attention of other courts. See, *e.g.*, *State v. Loe*, 692 S.W.3d 215, 233 n.13 (Tex. 2024) (“Earlier this year, a series of leaked internal communications revealed that the provision of so-called gender-affirming care is riddled with far more doubt than WPATH’s message that such treatments are not considered experimental.”) (cleaned up). And it has inspired successful subpoenas of WPATH in similar cases. See *Richardson v. Commissioner, Ind. Dep’t of Corr.*, No. 24-CV-12395, 2025 WL 1311032, at *5 (N.D. Ill. May 6, 2025); *M.H. v. Adams*, No. 24-CV-12051, 2025 WL 1282678, at *4 (N.D. Ill. May 2, 2025).

Communication between WPATH leaders made clear that they are fully aware that children and adolescents cannot comprehend the lifelong consequences of medicalized gender transition: “The files provide clear evidence that doctors and therapists are aware they are offering minors life-changing treatments they cannot fully understand.”³⁴ See *Eknes-Tucker v. Governor of Ala.*, 114 F.4th 1241, 1249 (11th Cir. 2024) (Lagoa, J., concurring in denial

³³ Jt. Stip. of Dismissal, *Boe v. Marshall*, No. 2:22-cv-00184-LCB-CWB (M.D. Ala. May 5, 2025); Br. of Amici Curiae State of Alabama and 23 Other States in Support of Jurisdiction at 5-10, *Moe v. Yost*, No. 2025-0472 (Ohio 2025) (explaining evidence found in discovery).

³⁴ Mia Hughes, *The WPATH Files: Pseudoscientific Surgical and Hormonal Experiments on Children, Adolescents, and Vulnerable Adults*, Env’t Progress (Mar. 4, 2024), <https://environmentalprogress.org/big-news/wpath-files>.

of rehearing en banc) (“The leaked documents suggest that WPATH officials are aware of the risks of cross-sex hormones and other procedures yet are mischaracterizing and ignoring information about those risks.”).

Similarly, the 2024 Cass Review, commissioned by the National Health Service of England and representing the most extensive systematic review of the literature to date, appraised the WPATH SOC-8 guidelines and found them to provide “insufficient evidence about the risks and benefits of medical treatment in adolescents, particularly in relation to long-term outcomes.”³⁵ Yet the WPATH guidelines cite this same evidence to recommend medical treatments.³⁶

³⁵ Hilary Cass for NHS England, *Independent Review of Gender Identity Services for Children and Young People: Final Report* 130 (updated Dec. 2024) [hereinafter “Cass Review”], <https://tinyurl.com/2s4846dk>. After the Cass Review was released, “The Integrity Project” was posted to the Yale School of Law website by eight prominent proponents of affirmative care. See Meredith McNamara et al., *An Evidence-Based Critique of “The Cass Review” on Gender-affirming Care for Adolescent Gender Dysphoria* (2024), <https://tinyurl.com/3dbmycuz>. This paper, which was not peer-reviewed, consisted of 38 pages of criticism and concluded that the Cass Review was not credible and should be ignored. Two separate peer-reviewed articles looked at the arguments made on the Yale School of Law website, refuting most of the criticisms item by item. See C. Ronny Cheung et al., *Gender Medicine and the Cass Review: Why Medicine and the Law Make Poor Bedfellows*, 110 *Archives Disease Childhood* 251 (2025); Kathleen McDeavitt, *Critiques of the Cass Review: Fact-Checking the Peer-Reviewed and Grey Literature*, 51 *J. Sex & Marital Therapy* 175 (2025).

³⁶ SOC-8, *supra* note 31, at 543-579.

The Cass Review observed that WPATH SOC-8 cited many other national and regional guidelines to support some of its recommendations, despite these guidelines having been considerably influenced by the prior version (SOC-7) of the WPATH guidelines.³⁷ The Review observed that “[t]he circularity of this approach may explain why there has been an apparent consensus on key areas of practice despite the evidence being poor.”³⁸

Therefore, the Cass Review did not recommend the WPATH guidelines, affirming only the guidelines put forth by the Swedish and Finnish governments.³⁹ These guidelines differed from those of WPATH “by linking the lack of robust evidence about medical treatments to a recommendation that treatments should be provided under a research framework or within a research clinic.”⁴⁰ These guidelines also relied more heavily on systematic reviews of the evidence compared to WPATH’s reliance on expert opinion.⁴¹

WPATH appears to be a fairly insular advocacy group of ideologically similar professionals whose guidance remains influential among American health organizations, even though WPATH’s membership plummeted by 60% in 2023, and its views move with

³⁷ *Cass Review*, *supra* note 35, at 130.

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ *Ibid.*

⁴¹ *Ibid.*

the whim of idealogues.⁴² For instance, in August 2022, SOC-8 provided age limits for mastectomy and genital surgery, but after Admiral Rachel Levine of the U.S. Department of Health and Human Services and the American Academy of Pediatrics objected, all age limits disappeared.⁴³ Both the U.S. and European governments increasingly distance themselves from the WPATH directives for minors: On May 1, 2025, the U.S. Department of Health and Human Services (HHS) released a 409-page report reviewing evidence and best practices for treating children and adolescents with gender dysphoria that rated SOC-8 too low in quality to recommend its use.⁴⁴

D. Ideological monoculture undermines any appeal to authority from biased associations and researchers.

Uncritical acceptance of these organizations' positions would be a serious and naïve mistake. Supporters of Colorado's statute are likely to offer a laundry list of these organizations that favor banning speech-based counseling that is open to an adolescent client's self-determined goal to explore their potential for change in same-sex attractions and gender incongruence. The reality is that these authorities are

⁴² Peter Jenkins, *Breaking News: What Future for WPATH as Membership Plummets?*, Critical Therapy Antidote (Jan. 17, 2024), <https://tinyurl.com/mtsbpzd4>.

⁴³ Azeen Ghorayshi, *Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show*, N.Y. Times (June 25, 2024), <https://tinyurl.com/46y2j4hk>.

⁴⁴ Dep't Health & Hum. Servs., *Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices* (as corrected 2025), <https://tinyurl.com/yxne27jv>.

sometimes wrong. That danger is greatly magnified in the gender and sexuality context because their positions are grounded in ideological premises rather than on verified (or verifiable) facts.

The documents on which the lower courts relied concluded that ordinary talk counseling open to the possibility of change in a minor individual's feelings about his or her biological sex or same-sex sexual attractions is inherently harmful. That conclusion necessarily assumes that both a transgender "identity" and erotic attractions to persons of the same sex are innate and immutable.

The idea of a fixed "gender identity" inconsistent with an individual's biological sex is grounded on two closely related propositions. The first is the concept that a person can be "born into the wrong body"—that is, a boy can be born into a girl's body, or a girl can be born into a boy's body. (This idea is often stated in different words, such as a boy being born with a "female brain" and vice versa, but in substance the concept is the same.) But this is a purely ideological proposition. The idea itself defies any objective test or measurement.

Subjective negative feelings on the part of an individual regarding his or her biological sex are not scientific evidence that the person in fact was born into the wrong body—any more than an anorexic's confusion or delusion that she is fat constitutes scientific evidence that she is, in fact, fat. That an individual's present emotions and thoughts determine reality is in direct conflict with objectively

ascertainable reality. This idea also is purely ideological.

Further, minors experiencing confused gender feelings also experience high rates of resolving those feelings by the time of adulthood in favor of their biological sex, even without professional therapeutic intervention.⁴⁵ In light of all of this, concluding that a “transgender identity” is fixed and immutable is indefensible.

Currently, American mental health organizations remain supportive of unrestricted access to medical transitioning of transgender minors while the psychological and medical authorities in European countries are increasingly limiting such hormonal and surgical interventions to strict research protocols due to lack of evidence.⁴⁶ These trends make clear that one side of this conflict between professional authorities will eventually be found to be not only wrong, but entirely misguided.

With respect to erotic attractions to persons of the same sex, even the APA must acknowledge that there is much left to learn about the complex origins of same-sex attractions and behavior. The APA’s own stance on the alleged biological origin of sexual orientation has shifted over the years. In 1998, the APA appeared to support the theory that homosexuality is innate and people were simply “born that way”: “There is considerable recent evidence to suggest that biology,

⁴⁵ See *Cass Review*, *supra* note 35, at 20.

⁴⁶ See *id.* at 130.

including genetic or inborn hormonal factors, play a significant role in a person's sexuality."⁴⁷

But just ten years later, in 2008, the APA described the matter differently: "There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles."⁴⁸

Thus, the frequency of fluidity in sexual attraction and gender perception has been well documented.⁴⁹ The typical assertion by supporters of these laws is that such naturalistic change occurs spontaneously and hence can never be achieved through the agency of clients in change-exploring talk counseling. This is to contend that changes in sexual orientation and gender feelings may occur via many influences and in a variety of settings, with the

⁴⁷ Am. Psych. Ass'n, *Answers to Your Questions for a Better Understanding of Sexual Orientation and Homosexuality* (1998).

⁴⁸ Am. Psych. Ass'n, *Answers to Your Questions for a Better Understanding of Sexual Orientation and Homosexuality* 2 (2008), <https://www.apa.org/topics/lgbtq/orientation.pdf>.

⁴⁹ See, e.g., Lisa M. Diamond & Clifford J. Rosky, *Scrutinizing Immutability: Research on Sexual Orientation and U.S. Legal Advocacy for Sexual Minorities*, 53 J. Sex Rsch. 363 (2016).

singular exception of involving the assistance of a licensed counselor.

It is neither logical nor reasonable that some adolescents who emotionally believe that they are the wrong biological sex are allowed and even *encouraged* to hormonally and surgically *alter* their bodies⁵⁰; while others with unwanted gender confusion or same-sex attractions and behavior are *prohibited* from even *talking* to a licensed counselor to even explore the potential for change in those feelings.

Given the ideological monoculture within the mental health and the sexuality research community, the concerns of Chambers et al. are well founded: “To the extent that social scientists operate under one set of assumptions and values, and fail to recognize important alternatives, their scientific conclusions * * * and social-policy recommendations are likely to be tainted.”⁵¹

II. The Ideological Monoculture of Social Science and Policy Produces Negative Downstream Effects.

Private groups have every right to be as ideologically partisan as they wish. But these associations may not assert that they alone speak for “what the science says.” As shown below, what these entities present is often a left-of-center interpretation

⁵⁰ *Urging Congress to Protect Access to Gender-Affirming Care for Transgender Youth*, Am. Psych. Ass’n Servs., Inc. (Aug. 9, 2023), <https://tinyurl.com/6xanzumt>.

⁵¹ John R. Chambers et al., *Ideology and Prejudice: The Role of Value Conflicts*, 24 Psych. Sci. 140, 148 (2013).

of the science, which is, at best, incomplete and, at worst, damaging.

A. The Court should not accept at face value caricatures of counselors who support a client's decision to explore their potential for change.

Commonly, opponents of change-exploring talk counseling paint a picture of mental health professionals who engage in such counseling as essentially monstrous human beings. These counselors are described as universally seeing same-sex attractions as psychopathological disorders, having predetermined causes, coercing and pressuring clients into counseling, imposing an a priori counseling outcome, forcing a singular gender expression, and teaching parents to invalidate their children's feelings.⁵²

Although counselors with respect to any kind of work may include a few outlier bad actors, opponents often suggest there are no responsible, ethical counselors who provide change-exploring talk counseling. This is, quite simply, false.

Licensed counselors who provide professional change-exploring, speech-based counseling have a variety of beliefs regarding the origins of non-heterosexuality and gender incongruity. Regardless, a focus on the counselor's beliefs simply misses the

⁵² All. Prac. Guidelines Task Force, *Guidelines for the Practice of Sexual Attraction Fluidity Exploration in Therapy*, 9 J. Hum. Sexuality 3, 31-32 (2018), <https://tinyurl.com/4tbph246>.

point: It is not the counselor's view of causes or normality that matters, but the client's.

Change-exploring counselors are client-centered in focus. We know, as do all good counselors, that counselors must, first and foremost, actually listen to their clients. All good counselors know that they must take special care when working with minors. And we do not pressure clients of any age to adopt the causal theory or moral perspective of the counselor *or* the professional association(s) to which the counselor belongs.⁵³

Licensed counselors who engage in change-exploring, speech-based counseling know that real counseling, by definition, does not include coercion and must promote client autonomy and self-determination. Where this exists, and with proper informed consent, discussions between clients and counselors must include the freedom for clients to explore their potential for aligning their sexual and gender feelings with the design of their bodies.⁵⁴

As such, we, as counselors, are not “imposing outcomes” on clients, but simply allowing them to pursue self-determined goals with an understanding that change is not guaranteed. Opponents may claim that bedrock ethical practices of informed consent and client self-determination do not apply to change-exploring talk counseling, and trot out a caricature of “conversion therapy” to justify such a conclusion. Beyond the false portrayals of professional change-

⁵³ *Ibid.*

⁵⁴ *Ibid.*

exploring counseling, such statements represent a remarkably low view of human agency, particularly with the frequency of sexual attraction and gender fluidity that has been documented, as noted above.

Opponents of counseling choice may also create a false dichotomy by contrasting the demonized portrayal of “conversion therapy” with supportive counseling, which helps families understand their child’s conflicts and concerns, assist them in loving and open communication, and reassure youth of their worth. An accurate representation of change-exploring, speech-based counseling provided by licensed counselors would describe such counseling as encompassing all of these important goals with the additional goal, when requested and clinically appropriate, of exploring the client’s potential for experiencing change and fluidity in their unwanted same-sex attractions and behaviors or gender feelings.

Licensed counselors who provide change-exploring counseling know the value of providing safety and protection from bullying, discrimination, and harassment, as well as providing accurate information about sexual orientation. Such care is regularly provided in professional change-allowing talk counseling.

In truly ethical counseling, the causes of same-sex attractions, the goals of clients, and the religious and moral beliefs concerning same-sex behavior or gender identity, should not be dictated by counselors, mental health associations, or politicians.

B. Studies purporting to find harm from speech-based counseling are plagued by methodological flaws.

Beyond demonizing counselors, the biasing impact of a left-of-center ideological monoculture on the science of sexual orientation and gender change is evident.

1. Studies neglect sexual minorities who do not identify as LGBT and rely on errors in sampling recruitment.

In 2002, Shidlo and Schroeder observed a fundamental truth about many consumers of change-exploring counseling, stating, “[W]e have found that conversion therapists and many clients of conversion therapy steadfastly reject the use of lesbian and gay”—in other words, these same-sex-attracted individuals do not self-identify as gay.⁵⁵

Despite having same-sex attractions or gender confusion, these individuals no longer or never have identified as LGBT, usually for religious reasons, and some choose to explore their potential for change. However, because they do not actively identify as LGBT and are generally not a part of the gay community, they are excluded from the vast majority of studies concerning change efforts.

Recent studies suggest that this rejection of an LGBT identity may mark a collection of characteristics

⁵⁵ Ariel Shidlo & Michael Schroeder, *Changing Sexual Orientation: A Consumer's Report*, 33 Pro. Psych.: Rsch. & Prac. 249, 249 n.1 (2002).

this sexual minority subgroup often report. These individuals appear to be more active in conservative religious settings, full members of their church, less sexually active, more likely to be single and celibate or in opposite-sex relationships, and less accepting of their same-sex attractions; experience greater opposite-sex attractions; and place more importance on a family- and child-centered life.⁵⁶

They also report modest to moderate helpfulness of change-oriented counseling goals compared to LGB-identified individuals, who report modest to moderate harmfulness.⁵⁷ However, contrary to conventional wisdom, sexual minorities who rejected an LGB identity did not appear to report more adverse psychosocial health than those who had adopted an LGB identity.⁵⁸ These subgroups reported similar degrees of resolution of their religious and sexual issues.⁵⁹

Similarly, Rosik et al. examined methods of addressing sexual orientation distress that reflected religiously motivated intentions to live in congruence

⁵⁶ See, e.g., G. Tyler Lefevor et al., *Same-Sex Attracted, Not LGBQ: The Associations of Sexual Identity Labeling on Religiousness, Sexuality, and Health Among Mormons*, 67 J. Homosexuality 940 (2020); Christopher H. Rosik et al., *Sexual Minorities Who Reject an LGB Identity: Who Are They and Why Does It Matter?*, 36 Issues L. & Med. 27 (2021).

⁵⁷ Christopher H. Rosik et al., *The Pursuit of Change and Acceptance of Minority Sexual Orientation in Psychotherapy: Retrospective Perceptions of Helpfulness and Harmfulness*, 40 J. Psych. & Christianity 185, 199-200 (2021).

⁵⁸ See Lefevor et al., *supra* note 56, at 940-941.

⁵⁹ *Ibid.*

with traditional religious values by restricting or discouraging same-sex attractions and behavior.⁶⁰ They found that sexual minority participants who were not LGB+-identified and who were theologically conservative reported these methods as mildly to somewhat helpful, whereas participants who identified as LGB+ and had no theological perspective reported these same methods to be mildly to somewhat harmful.⁶¹

Examining the recruitment methods and sample characteristics of the most recent studies purporting to find harm supports the hypothesis that researchers have overwhelmingly investigated LGBT-identified sexual minorities to the general exclusion of sexual minorities who do not currently identify as LGBT.⁶² Samples are often exclusively or mostly dominated by LGBT-identified participants. SOGICE researchers tend to recruit participants through the networks most easily accessible to them, which tend not to be conservative or traditionally oriented houses of worship or parachurch support groups.

For example, Ryan et al. recruited participants who self-identified as LGBT and were engaged in “local bars, clubs, and community agencies that serve”

⁶⁰ Christopher H. Rosik et al., *Sexual Minorities Responding to Sexual Orientation Distress: Examining 33 Methods and the Effects of Sexual Identity Labeling and Theological Viewpoint*, 10 Spirituality Clinical Prac. 245, 245 (2023).

⁶¹ *Ibid.*

⁶² See *ibid.*

the LGBT community.⁶³ These are not likely venues to find traditionally religious sexual minorities who do not identify as LGBT. Hence, given SOGICE researchers' near universal left-leaning ideological commitments, research utilized to support these prohibitions on counselor speech are almost always based on samples that reflect this selection bias by their focus on LGBT-identified persons.

Moreover, there is widespread recognition that most individuals who seek counseling to assist in reducing same-sex attractions or resolving gender confusion are motivated by goals, morality, and a conception of self shaped by religious conviction.⁶⁴ Studies that recruit subjects exclusively within the self-identifying LGBT community are excluding a large number of traditionally religious sexual minorities who seek out and participate in voluntary counseling with the goal of exploring their potential for change in unwanted same-sex attractions or behaviors and gender incongruence. By doing so, these

⁶³ Caitlin Ryan et al., *Parent-Initiated Sexual Orientation Change Efforts with LGBT Adolescents: Implications for Young Adult Mental Health and Adjustment*, 67 J. Homosexuality 159, 163 (2018).

⁶⁴ See, e.g., Am. Psych. Ass'n, *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation* (2009), <https://tinyurl.com/4wufpvtu> [hereinafter "APA Task Force Report"]; Shidlo & Schroeder, *supra* note 55, at 252; Rosik et al., *supra* note 56, at 27; D. Paul Sullins & Christopher H. Rosik, *Perceived Efficacy and Risk of Sexual Orientation Change Efforts (SOCE): Evidence from a US Sample of 125 Male Participants*, Researchers.One (2024), <https://researchers.one/articles/24.09.00002.pdf>.

studies render those sexual minorities who reject an LGBT identity largely invisible.

Most research alleging harms from so-called SOGICE have therefore investigated a very different subpopulation of sexual minorities (those who are LGBT-identified) than those sexual minorities who reject an LGBT identity and appear to often have more traditionally religious life paths and different experiences of contemporary, speech-based forms of SOGICE. These serious limitations in the literature argue against generalizing from SOGICE studies conducted with only LGBT-identified participants who allege harms to the modern change-exploring counseling experiences of those largely religious sexual minorities who reject an LGBT identity.

Censorship of counselor speech as found in Colorado's statute unjustly targets this latter group of sexual minorities without any serious consideration of their attitudes toward, and experiences of speech-based change-exploring counseling. As Rosik observed regarding the SOGICE literature, "The situation may well be akin to assessing the benefits and harms of marital therapy using only participants recruited through divorce support groups." Add. 6a.

There is no reason to assume the change-exploring counseling experiences of sexual minorities not LGBT-identified mirror the experiences of sexual minorities who currently identify as LGBT+. The exclusion of the experiences of non-LGBT-identified sexual minorities from the research is another reason any definitive generalization of harm from the recent studies to the counseling experiences of these

individuals is a scientifically unwarranted and improper practice.

On the contrary, it would be reasonable to assume that counseling that allows adult and minor clients the choice of including a change exploration component is likely to be more effective for, and appreciated by, those who do not consider their experience of sexual attractions or gender incongruity to be the central organizing principle of their self-definition.

2. Studies fail to account for preexisting distress.

Likewise, reports purporting to find change-allowing talk counseling harmful are plagued by confirmation bias leading to a failure to critically evaluate preexisting distress. Confirmation bias is the well-documented tendency of people to search for evidence that will confirm their existing beliefs while also ignoring or downplaying disconfirming evidence. Similarly, confirmation bias leads people to have a less rigorous standard of critical evaluation for information with which they agree than for information with which they disagree.

As Duarte et al. observe: “Indeed, people are far better at identifying the flaws in other people’s evidence-gathering than in their own, especially if those other people have dissimilar beliefs. Although such processes may be beneficial for communities whose goal is social cohesion (e.g., a religious or activist movement), they can be devastating for scientific communities by leading to widely accepted claims that reflect the scientific community’s blind

spots more than they reflect justified scientific conclusions.”⁶⁵

The impact of confirmation bias in evaluating the SOGICE research on harm is evident in the lack of attention given to a fatal methodological flaw: These studies do not account for the level of distress participants were experiencing prior to their counseling experience. Add. 8a-9a. Statistically controlling pre-exposure levels of distress is a key component for disentangling distress attributable to a counseling intervention and distress experienced by clients prior to ever engaging in counseling. Without this data, the actual degree of potential harm attributable to the change-exploring aspect of counseling is unknowable.

The critical importance of controlling pre-counseling levels of client suicidality and distress has recently been dramatically demonstrated. A study by Blosnich et al., using a nationally representative dataset, purported to find that so-called “sexual orientation change efforts” had “insidious associations with suicide risk” and “may compound or create * * * suicidal ideation and suicide attempts.”⁶⁶ Oddly, Blosnich and colleagues did not consider data concerning participants’ pre-change effort distress in

⁶⁵ Duarte et al., *supra* note 3, at 8.

⁶⁶ John R. Blosnich et al., *Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016-2018*, 110 Am. J. Pub. Health 1024, 1027-1028 (2020).

their study design even though such information was available in their dataset.⁶⁷

More recently, Professor Donald Sullins performed a reanalysis of the original study of Blosnich et al. but took into account the pre-SOCE distress levels of the study subjects.⁶⁸ Sullins's reanalysis discovered a very different reality. While the effect of statistically accounting for pre-SOCE suicidality was larger for adults than for minors, Sullins reported: "After accounting for pre-existing suicidal behavior, sexual minorities who underwent SOCE treatment were not at higher risk of suicidality. Indeed, some of them may have been placed at much lower suicidal risk. Judicial or legislative restrictions on SOCE participation could deprive sexual minorities of an effective resource for reducing suicidality, thereby putting them at substantially higher suicide risk."⁶⁹

Moreover, Sullins's findings may have understated the beneficial effect of change-exploring talk counseling, since those who may have attained their own goals in counseling—for example, adopting heterosexual identity, or experiencing development or change in orientation or sexual feelings—were systematically screened out of the survey sample, which only included those currently identifying as LGBT+.

⁶⁷ *Id.* at 1025-1026.

⁶⁸ D. Paul Sullins, *Sexual Orientation Change Efforts Do Not Increase Suicide: Correcting a False Research Narrative*, 51 Archives Sexual Behav. 3377, 3379 (2022).

⁶⁹ *Id.* at 3390.

Relying significantly on the Blosnich et al. study, (1) the most recent APA resolution on SOCE; (2) a recent volume, *The Case against Conversion “Therapy,”* published by the APA; and (3) the 2021 review of SOCE research by a team of scholars commissioned by the British National Equalities office all confidently assert the SOCE-suicide connection.⁷⁰ Confirmation bias is likely one factor in explaining how these scholars can commit such a fundamental oversight in their rush to assert universal harms from change-exploring talk counseling.

C. Bias exists in professional associations’ official resolutions and policies.

As alluded elsewhere, ideological monocultures impact bias within public policy concerning change-exploring talk counseling. Three further examples highlight that professional associations’ official resolutions and policies can only be as useful as the accuracy and consistency of their treatment of scientific evidence.

First, the failure to account for pre-counseling distress is not occurring because the APA or its experts are unaware of the need for such statistical controls when alleged harm is a concern. In fact, the APA’s

⁷⁰ Am. Psych. Ass’n, *APA Resolution on Sexual Orientation Change Efforts* 5 (2021) [hereinafter “APA Resolution on SOCE”], <https://tinyurl.com/2uvbtbe8>; Judith M. Glassgold, *Research on Sexual Orientation Change Efforts: A Summary, in The Case Against Conversion “Therapy”: Evidence, Ethics and Alternatives* 17, 25 (Douglas C. Haldeman ed., 2022); Adam Jowett et al., *Conversion Therapy: An Evidence Assessment and Qualitative Study* 24, Gov’t Equals. Off., UK Gov’t (Oct. 29, 2021), <https://tinyurl.com/2mj58443>.

Resolution related to abortion specifically dismisses concerns with harm attributed to abortion on the basis of not controlling for pre-abortion emotional distress: “The research points out design flaws in studies that cite mental health risks because they did not account for prior mental health diagnosis.”⁷¹ Yet nowhere in the APA’s Resolution on SOCE is such an important research consideration offered pertaining to the “design flaws” of all the SOGICE research.⁷² This contrast clearly betrays an inability and/or unwillingness on the part of the APA to be even-handed in its appraisal of research that favors the preferred narratives of their ideological monoculture, i.e., that so-called SOGICE invariably causes harm and abortion invariably does not.

Second, the American Academy of Pediatrics (AAP) released a policy statement: “Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents.”⁷³ While a vast majority of clinics and professional associations world-wide encourage the “watchful waiting” approach to helping gender dysphoric children, the

⁷¹ Am. Psych. Ass’n, *APA Resolution: Affirming and Building on APA’s History of Support for Reproductive Rights* 1 (2022), <https://tinyurl.com/5jdut5rz>.

⁷² *Ibid.*

⁷³ Jason Rafferty, *Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents*, 142 *Pediatrics* 72 (2018); Jennifer Block, *US Paediatric Leaders Back Gender Affirming Approach While Also Ordering Evidence Review*, 382 *British Med. J.* 1877, 1877 (2023).

AAP statement repudiated that consensus and encouraged only gender “affirmation.”⁷⁴

Examination of the AAP statement-making process indicated that a maximum of 36 members of the association (24 pediatricians and 12 members of the board of directors) directly approved the policy, which translates to a startlingly minute 0.05% of the AAP’s 67,000 members.⁷⁵ Much like the process for APA statements, the AAP statement was not presented to all members for a vote, and a minority report was not solicited.

Third, similar citation problems are found in the APA’s Resolution on SOCE.⁷⁶ The newer studies the 2021 Resolution cites have serious methodological flaws that do not constitute a basis for altering the conclusion from their earlier 2009 Report, i.e., that the research done up to that point is insufficient to draw definitive conclusions regarding change efforts. In fact, in some cases, the citations do not even support its conclusions.⁷⁷

For example, the 2021 Resolution says that the “APA is particularly concerned about the significant risk of harm to minors from SOCE.”⁷⁸ Yet neither of the two reports it cites are research at all, much less establish harm from regular ethical counseling. The

⁷⁴ Rafferty, *supra* note 73, at 75.

⁷⁵ Madeleine Kearns, *Don’t Let Transgender Activists Politicize Child Health Care*, Nat’l Rev. (Oct. 10, 2018), <https://tinyurl.com/yprb448j>.

⁷⁶ *APA Resolution on SOCE*, *supra* note 70, at 2.

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*

first is a review article of theoretical and clinical reports,⁷⁹ and the second, which discusses black LGTBQ youth in detention, acknowledges that there is little research on this population and knowledge about it “is speculative.”⁸⁰

In addition, the 2021 Resolution repeatedly cites the 2020 Blosnich et al. study to link change-exploring talk counseling to suicide and other harms, despite the failure of this research to account for pre-existing distress, as noted previously.⁸¹ Finally, the APA 2009 Task Force Report, and especially its 2021 Resolution, characterize the pursuit of SOCE primarily as a consequence of social stigma and prejudice.⁸² This portrayal fails to acknowledge that sexual minority persons with traditional faiths can and do freely choose to explore change, an oversight addressed below.

⁷⁹ Mark L. Hatzenbuehler & John E. Pachankis, *Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth: Research Evidence and Clinical Implications*, 63 *Pediatric Clinics N. Am.* 985 (2016).

⁸⁰ Amorie Robinson, *The Forgotten Intersection: Black LGBTQ/GNC Youth in Juvenile Detention in the United States*, in *Black LGBT Health in the United States: The Intersection of Race, Gender, and Sexual Orientation* 11, 12 (Lourdes D. Follins & Jonathan M. Lassiter eds., 2017).

⁸¹ Blosnich et al., *supra* note 66.

⁸² See *APA Task Force Report*, *supra* note 64; *APA Resolution on SOCE*, *supra* note 70.

D. There is systemic legislative bias against those with traditional religious beliefs.

The majority of individuals who engage in change-exploring talk counseling come from traditionally religious backgrounds.⁸³ Consistent with their traditional religious outlook, these individuals see the human body as a creation of God, with a design that has normative guidance for their sexual behavior.⁸⁴ This physically based teleology is typically seen within a Judeo-Christian worldview as providing the best basis for guiding sexual expression, leading to human and societal flourishing.

For such sexual and gender minorities, sexual attractions and behaviors that do not align with this teleological design of the body are viewed not as being innate, but simply as characteristics of their sexual experience that do not define their identity. As such, these characteristics can be explored in counseling for their potential for change, without this pursuit being experienced by these individuals as a threat to or violation of their authentic personhood. The truth of their sexual and gender authenticity is determined by their bodies as understood to be created and designed by God. These sexual minorities experience any counseling-assisted shifting of sexuality toward greater congruence with the design of the body as a major benefit.

⁸³ *APA Task Force Report*, *supra* note 64, at 2.

⁸⁴ See John Paul II, *Man and Woman He Created Them: A Theology of the Body*, at xxiii-xxx (2006).

The politicians behind Colorado's ban on change-exploring talk counseling (like the courts below) failed to acknowledge that other worldviews exist beyond their own. They fail to see that to coerce non-LGBT-identified sexual minorities of any age into adopting a foreign assumptive framework for their counseling aspirations is, at heart, a form of ideological and cultural colonization. To intimidate, by force of law, counselors from speaking with their clients on that basis is not only a fundamental deprivation of the counselors' rights to freedom of speech and association, but also a great practical hindrance to their clients' exercise of those same rights.

Within the ideological monoculture of organized psychology, there is a striking lack of acknowledgment that sexual and gender minority persons with traditional faiths can (and do) freely choose to explore change, often with a goal of honoring a faith they find brings them meaning and happiness.⁸⁵ Legally foreclosing the option to pursue such goals in strictly speech-based counseling constitutes a form of religious bigotry, as well as suppression of constitutionally protected rights of speech and association.

⁸⁵ M. N. Barringer & David A. Gay, *Happily Religious: The Surprising Sources of Happiness Among Lesbian, Gay, Bisexual, and Transgender Adults*, 87 Socio. Inquiry 75, 90 (2017).

CONCLUSION

In dissent in the Tenth Circuit below, Judge Hartz rightly pointed out: “Consensus is irrelevant to science.” Pet.App.107a. For the reasons explained above, the biased consensus of an echo chamber of professional organizations and professionals against ethical talk counseling that is open to the possibility of change in a client’s feelings about his or her body, or in his or her sexual attractions, is not evidence that establishes facts. The record below is inadequate to sustain the lower courts’ rulings that Chiles does not have a likelihood of success on the merits, which depend on that erroneous finding. The decision of the Court of Appeals for the Tenth Circuit must be reversed.

Respectfully submitted,

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COMMENTARY

A Wake-Up Call for the Field of Sexual Orientation Change Efforts Research: Comment on Sullins (2022)

Christopher H. Rosik^{1, 2}

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The field of sexual orientation change efforts (SOCE) research has a serious problem. It is currently functioning in an academic sociopolitical monoculture that brings into question the replicability of its findings and likely limits the validity of its conclusions (Duarte et al., 2015).¹ Although I have expressed these concerns for years (e.g., Rosik et al., 2012, 2021a, 2022), Sullins' (2022) reanalysis of Blosnich et al. (2020) is a test of the field's scientific integrity that cannot be ignored. I expect there will be an intense push to delegitimize Sullins' findings; however, my recommendation to the field is to practice greater humility and do better, more nuanced research. Here's why.

I will focus my attention on a few critical methodological vulnerabilities in the current SOCE literature. Sullins' work highlights the importance of assessing for pre-SOCE distress in whatever health indicators are being studied. Essentially, this indicts the entire body of the recent literature, as I document in Table 1. (This also applies to Gender Identity Change Efforts [GICE], also noted in the table.) No matter how intense the advocacy interests of researchers are, correlation still gets us no closer to causation. If this critical shortcoming is mentioned at all as a limitation by SOCE researchers, it is typically

¹ For example, the National Association of Social Workers (NASW) since 2014 has endorsed 754 candidates to federal office in the United States. The political affiliation of these candidates has been 753 Democrat and 1 Republican (NASW, 2022). Other mental health associations are very likely to be similarly distributed in their sociopolitical leanings. Social psychologist Jonathan Haidt has referred to such numbers as reflecting a "statistically impossible" lack of diversity in a country equally divided between the political left and right (Tierney, 2011).

given one sentence and ignored when clinical or policy implications of the findings are discussed. This is no longer acceptable in light of Sullins' reanalysis.

As if that is not a sufficient indictment on its own, I have documented another critical methodological deficiency to which Sullins alluded that likewise casts a shadow on the current SOCE literature. Two decades ago, Shidlo and Schroeder (2002) observed, "...we have found that conversion therapists and many clients of conversion therapy steadfastly reject the use of *lesbian* and *gay*. Therefore, to have used gay-affirmative words would have been inaccurate and unfaithful to their views" (p. 249, authors' emphases). This is a concern precisely because contemporary SOCE research has almost exclusively surveyed LGB + -identified sexual minorities (see Table 1). It is true that many sexual minorities come to adopt an LGB + identity following unsuccessful SOCE. It is also true that some sexual minorities have reported they dropped an LGB + identity when they experienced change. In addition, there appears to be a sizable but mostly invisible subgroup who have never adopted an LGB + sexuality label, largely for religious reasons (Lefevor et al., 2020; Rosik et al., 2021a). There is evidence this is the subgroup that most often pursues SOCE, so routinely omitting them from SOCE research is a fundamental problem.

Table 1 Inclusion of pre-SOCE or pre-GICE health distress and non-LGBT + -identified sexual minorities in recent research critical of SOCE and GICE

Study	Pre-SOCE or GICE distress controlled?	Purposely Includes non-LGBT + ?	%LGBT +
Blosnich et al. (2020)	No	No	> 87.5% LGB
Chan et al. (2022)	No	No	> 93.7% LGB +
Dehlin et al. (2015)	No	No	> 90% LGB +
del Rio-Gonzalez et al. (2021)	No	No	100% LGBT +
Flentje et al., (2013, 2014)	No	No	100% LGB
Government Equalities Office (UK) (2018)	No	No	> 94%LGB +
Green et al. (2020)	No	No	> 77.9% LGB; 100% T
Higbee et al. (2022)	No	No	100% LGBT +
Jones et al. (2022)	No	No	> 86.6% LGBT +
Lee et al. (2021)	No	No	100% LGB

Study	Pre-SOCE or GICE distress controlled?	Purposely Includes non-LGBT + ?	%LGBT +
Maccio (2010)	No	Some	86.9% LGB
Mallory et al. (2018)	No	No	100%LGBT
Meanley et al. (2020)	No	No	100% GB
Ogunbajo et al. (2022)	No	No	100% GB
Ozanne Foundation Advisory Board (2018)	No	Some	> 74.9% LGB +
Ryan et al. (2020)	No	No	100% LGBT +
Salway et al. (2020)	No	No	> 95.8% LGBT +
Salway et al. (2021)	No	No	> 98.5% LGBT
Turban et al. (2019)	No	No	> 78.3% LGB +; 100% T
Veale et al. (2021)	No	No	100% T or NB

LGBT = lesbian, gay, bisexual, transgender; NB = non-binary. Percentages less than 100 usually reflect the presence of an “other” category that may or may not have included non-LGBT + identified sexual minorities; hence, these figures are likely to be conservative estimates of LGBT + percentages

Again, this oversight is often a byproduct of an ideological monoculture, wherein researchers understandably utilize the LGB + -allied networks, venues, and organizations easily accessible to them. Few SOCE researchers are known to and trusted by conservative religious institutions and networks. Consequently, the literature almost completely ignores those sexual minorities who have prioritized their religious identities over LGB + identities, are embedded in more traditional faith communities, and may have had different experiences and outcomes from their change efforts (Rosik et al., 2021b, 2022). These sexual minorities are often excluded by design, as when an LGB + identity is required for study participation. For example, Higbee et al. (2022) indicated they chose “...to only include sexual orientation [i.e., identity, not attractions or behavior] in our analyses because the other variables often measure individuals who identify as heterosexual but engage in same-sex activity rather than individuals with a solidified LGBQ + sexual identity. Experiences of same-sex attraction and same-sex activity tend to include substantially higher percentages of the general population than LGBQ + self-identification” (p. 619). The situation may well be akin to assessing the benefits and harms of marital therapy using only participants recruited through divorce support groups. The SOCE experiences of LGB + -identified persons are of course important to document, but they must not be overgeneralized in a rush to advocate for certain policy prescriptions.

Other methodological weaknesses in the SOCE literature are worth mentioning more briefly. First, SOCE is typically operationalized in an exceedingly coarse fashion, such as someone who “attempts to

change” or “tried to change” participants’ sexual orientation or gender identity (e.g., Salway et al., 2021). Moreover, research frequently uses language that characterizes change exploring therapy as coerced, again inserting a bias from within a monoculture that may assume no sexual minority person could ever freely choose to explore their capacity for change based on self-knowledge, desire to preserve marriage to a loved one of the opposite sex, intent to hold one’s family together, or appreciation of the beauty of one’s faith that gives much meaning to life (L. Haynes, personal communication, September 17, 2022). Green et al. (2020) disqualified 105 participants who reported they experienced SOCE but did not indicate someone tried to “make” them change. These researchers justified this exclusion by saying “...it was assumed that these young people may not have understood the intended meaning of conversion or reparative therapy” (p. 1222). Such imprecise and inconsistent operationalizations of SOCE appear plausibly inclusive of wildly varying practices such as aversive behavioral techniques, encouragement to modify risky sexual behaviors, watchful waiting, or even generic prayers for healing. Researchers cannot precisely know what participants envisioned as SOCE or GICE, and hence they can have no real understanding of the source of their findings. Giving sexual minorities the opportunity to evaluate specific methods they have experienced for dealing with their distress is a more granular approach to SOCE that will likely reveal greater complexity than current narratives allow (Rosik et al., 2022).

Another concern with this literature is that SOCE is almost always studied in a binary, retrospective fashion (i.e., exposure to SOCE versus no exposure),

which limits what can be gleaned from these studies. Inclusion of sexual minorities still engaged in self-determined, speech-based forms of personal change efforts could assist in identifying the variety of psychological trajectories that may be associated with SOCE, although, as noted, successful recruitment of such individuals may depend upon the establishment of socio-politically diverse research teams. Relatedly, adding a comparison group of sexual minorities who received non-SOCE psychotherapy as minors and/or young adults would be one way of coming closer to discerning SOCE-originating distress without having to resort to prospective research designs.

Finally, research on SOCE too often relies upon single-item and/or non-standardized measures of psychological distress. Studies of change efforts should more regularly utilize psychometrically established health scales with available normative information in order to avoid questionable interpretations (Reyna, 2017). Relatively few studies have used such instruments (e.g., Chan et al., 2022; Veale et al., 2021), but even these have failed to provide basic descriptive information about group scores such as means and *SDs*, making it impossible to discern the complete meaning of the results. This is crucial because highly significant SOCE group differences may occur on one end of a health-related scale. Such differences should not be interpreted as contrasting well-being and ill-being but rather as averages and gradations of well-being or ill-being that may be so subtle as to not be clinically significant when comparing groups. Giving attention to such details can assist researchers in discerning where statistical significance may not reflect policy-relevant clinical significance (Hojat & Xu, 2004). This will more fully and accurately capture

the heterogeneous experiences of sexual minorities who pursue SOCE.

As Sullins pointed out, the American Psychological Association prominently featured Blosnich et al. (2020) in their recent critique of “conversion therapy” (Glassgold, 2022; Haldeman, 2022). A few years ago, Ferguson (2015) questioned the social science behind the APA’s policy statements and resolutions on such topics as abortion and media violence. In an observation germane to most mental health associations, he asserted “...policy statements such as these may create a ‘tail wags the dog’ effect in which science is selected to support a preexisting policy instead of science being carefully and objectively communicated to policymakers and the general public” (p. 536). The only exception to this concern Ferguson highlighted happened to be the APA’s policy statements on SOCE, which he described as “grounded in empirical data and practice within the field.” Sullins’ research undermines such unwavering confidence in the unique stature of the SOCE literature as being scientifically unassailable.

Sullins’ work should instigate a reexamination concerning the conventional wisdom of universal harms associated with SOCE and GICE and be a loud wake-up call to researchers and policy makers about the perils of social science conducted within sociopolitical monocultures that cultivate and incentivize confirmation bias and groupthink. Duarte et al. (2015) point out that “...certain assumptions, theories, and findings can become the entrenched wisdom in a field, not because they are correct but because they have consistently undergone less critical scrutiny. When most people in a field share the same

confirmation bias, that field is at a higher risk of reaching unjustified conclusions” (p. 23). Sullins has shed an important spotlight on the fact there are potentially narrative-altering limitations within the current SOCE literature, and I have attempted to provide some further examples in this comment. Attending to these methodological weaknesses holds promise in clarifying what SOCE practices are harmful or helpful and for whom. We should all desire a body of research on SOCE that has been subject to meaningful critique in order to give some assurance it is broadly generalizable, accurate, and reproducible. Currently, as Sullins has shown, this appears not to be the case.

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Declarations

Conflict of interest I have coauthored work with Dr. Sullins in the past (Rosik et al., 2021c; Sullins et al., 2012).

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