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Sexual Minorities Responding to Sexual Orientation Distress: Examining 33 Methods and the Effects of Sexual Identity Labeling and Theological Viewpoint

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Utilizing a sample of 281 sexual minorities who reported having had or currently experiencing distress about their sexual orientation, we examined participants' ratings of perceived helpfulness of 33 methods for addressing this distress found in the literature. We examined these methods for both the full sample, between those who did or did not identify as lesbian, gay, bisexual, or other (LGB+), and between three theologically different groups: theologically conservative (TC), theologically nonconservative (TNC), and nontheological (NT). Findings from the full sample indicated methods that promoted acceptance of or were neutral toward same-sex sexuality were consistently perceived to be helpful while aversive cognitive and behavioral techniques were reliably rated as somewhat to moderately harmful. Thirteen methods were rated as helpful by all subgroups. Other methods displayed much greater variability in their ratings. These methods mostly reflected religiously motivated intentions to live in congruence with religious values by restricting and otherwise discouraging same-sex attractions and behavior. However, an examination of group differences between participants who were LGB+-identified and those who were not revealed these methods tended to be perceived as mildly to somewhat harmful for the LGB+-identified group but mildly to somewhat helpful for those not identified as LGB+. Participants reporting a TC perspective often reported more helpfulness for these methods than TNC participants, who in turn reported less harmfulness than NT participants. We close with a discussion about the implications of these findings for the provision of clinical care, the conducting of research, and the development of public policy.

Keywords: sexual orientation distress, intervention methods, LGB+, sexual identity labeling, theological viewpoint

Supplemental materials: https://doi.org/10.1037/scp0000295.supp

In the process of coming to terms with their sexuality, many sexual minorities experience distress regarding their experience of same-sex attractions (SSAs) and the potential to adopt a lesbian, gay, bisexual, or other (LGB+) minority sexual identity (Lasser & Gottlieb, 2004; Rosik & Popper, 2014). This distress is particularly common among sexual minorities from traditional religious backgrounds and otherwise conservative cultural contexts. It typically arises in

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adolescence and early adulthood as these individuals struggle to reconcile their sexual feelings with the homonegative and heteronormative beliefs of their religious communities. Not surprisingly, these sexual minorities often turn first to their pastors and to religious counselors for assistance, who may refer to religiously identified mental health professionals known to them.

Various methods and interventions may be employed by these sexual minorities in an attempt to navigate their distress. Generally, these actions fall into three categories: (a) methods affirming same-sex sexuality, (b) methods discouraging same-sex sexuality, and (c) methods that are neutral regarding same-sex sexuality. Same-sex sexuality can be defined in the context of the present study as same-sex sexual attractions, desires, behaviors, and identities.

The literature pertinent to how helpful these methods may be for sexual minorities navigating distress about their orientation is limited both in the specificity of the methods examined and in the diversity of sexual minorities sampled. The present study looks at 33 different methods for addressing distress utilized by a sociopolitically diverse sample of sexual minorities to gain insight on which methods they found most helpful and whether or not ratings of helpfulness may differ by sexual identity label or theological perspective. These methods were identified by the authors through an examination of the literature noted below (e.g., Dehlin et al., 2015).

Methods to Address Sexual Orientation Distress

Affirming Same-Sex Sexuality

Methods affirming same-sex sexuality are often associated with an LGB+-affirmative therapeutic approach, although in the present study these methods need not have been undertaken in a formal therapy context. Affirmative approaches generally view same-sex sexuality as normal and positive variants of human sexuality, equal to heterosexuality, and strive to counteract historical and current homonegative and heteronormative attitudes and experiences and lack of positive developmental options (American Psychological Association [APA], 2021a, 2021b). Affirmative perspectives typically allow clients to give priority to "organismic congruence," that is, "living with a sense of wholeness in one's experiential self" (APA, 2009, p. 18). This perspective also affirms that same-sex sexuality is not attributable to family dysfunction or trauma. Developing self-acceptance, "coming out" to others as LGB+, connecting with LGB+ supportive community resources and affirming religious denominations (such as most mainline denominations), and reexamining the meaning of religious texts that reference same-sex sexual behavior may also be affirmed (APA, 2009, 2021b; Camp et al., 2020; Chaudoir et al., 2017; Moradi & Budge, 2018; Rosik & Popper, 2014). Such methods have been associated with reduced emotional distress among LGB+ persons (Pachankis & Safren, 2019).

Discouraging Same-Sex Sexuality

Methods that discourage same-sex sexuality may seek to negate, restrict, avoid, suppress, or otherwise manage such attractions, desires, behaviors, and identities, often in conjunction with clients' prioritizing of religious identity above sexual identity and with an accompanying desire for "telic congruence" (i.e., "living consistently within one's valuative goals"; APA, 2009, p. 18). Such methods may arise in the context of sexual orientation change efforts (SOCE), which may or may not occur in the context of psychotherapy or pastoral care. However, since conflicts between religious identity and sexual experience often motivate the use of these methods, they can also be understood positively as affirming some people's identity-related choices, labels, values, beliefs, and goals (Benoit, 2005; Lefevor et al., 2020; Rosik et al., 2021a). Toward such ends, sexual minorities with traditional religious backgrounds may disproportionally employ methods to limit or change SSAs and behaviors. These methods can involve reframing nonheterosexual desires as an expression of unmet emotional needs or childhood attachment loss, not adopting an LGB+ sexual identity, limiting exposure to LGB+ identified persons and literature, suppressing SSAs and behavioral engagements, and maintaining traditional gender norms (Byrd et al., 2008; Flentje et al., 2013; Rosik & Popper, 2014). The empirical literature has typically found such methods to be associated with reports of emotional harm for LGB+ individuals (APA, 2009, 2021a).

Neutral Toward Same-Sex Sexuality

Methods for addressing sexual orientation distress considered "neutral" are those that neither affirm nor discourage same-sex sexuality and may not specifically or directly address these issues. Hence, these methods can be offered in contexts that range from LGB+-affirmative to those that may affirm SOCE. Such methods may include developing a mindful and nonjudgmental approach to one's sexual attractions, working through sexual trauma, learning to be assertive, and learning how to develop deeper connections with others (Byrd et al., 2008; Pachankis et al., 2019; Tan & Yarhouse, 2010). These methods have been found to be beneficial to people in general, including sexual minorities, and their presence in SOCE, as opposed to methods targeting change, is presumed to be why some individuals who pursue SOCE report benefit (APA, 2009, 2021a, 2021b).

Sexual Identity Labeling and the Experience of Different Methods

The literature on sexual identity labeling seems to indicate that methods of an affirmative or neutral nature will be experienced as helpful by sexual minorities reporting sexual orientation distress while methods discouraging same-sex sexuality will be experienced as harmful. However, the reality may be more complex than this, particularly in light of recent studies on the effects of sexual orientation labeling (Lefevor et al., 2020; Rosik et al., 2021a). Studies examining the impact of methods used to address such distress are typically conducted on samples where sexual minorities have identified as LGB+. Yet, there is a significant subgroup of sexual minorities who adopt other sexual identity labels (e.g., same-sex attracted, ex-gay, mostly heterosexual) or no label at all and therefore tend to be excluded from this literature. Research suggests that these sexual minorities tend to be more religiously active, theologically conservative (TC), engage less in same-sex behavior, and report placing more importance on raising children than LGB+-identified individuals (Lefevor et al., 2020; Rosik et al., 2021a). Despite reports of harm associated with conservative religious activity and belief (e.g., Sowe et al., 2017), both LGB+-identified and non-LGB+-identified groups reported a similar degree of resolution of the conflict between religious and sexual identities and do not appear to differ in their reported emotional and physical health (Rosik et al., 2021). This may represent an equally stable degree of harmony and congruence between how these sexual minorities autonomously label, experience, and express their sexuality, regardless of whether they choose to prioritize their religious identity ("telic congruence") or their sexual identity ("organismic congruence").

It is possible, therefore, that different sexual identity labels may be associated with different experiences of some methods to address sexual orientation distress. Sexual minorities who reject or otherwise decline to identify as LGB+ may experience affirming methods as less helpful and discouraging methods as more helpful than their LGB+ counterparts, whom the literature amply suggests have an opposite experience. Therapeutically established methods neutral with regard to sexuality are likely to be experienced as helpful regardless of the sexual identity label a person utilizes. Research to date has not provided a high enough degree of method specificity or sexual identity label diversity to clarify these possibilities.

Theological Orientation and the Experience of Different Methods

There is scant literature to indicate how TC sexual minorities might differ compared to their other/nontheologically oriented counterparts in their experience of methods they employ to address sexual orientation distress. Some research has found being affiliated with fundamentalist or conservative faith communities to be associated with poorer health (Hamblin & Gross, 2013; Meanley et al., 2016), although this is not always the case (Barnes & Meyer, 2012; Barringer & Gay, 2017; Rosik et al., 2021; Walker & Longmire-Avital, 2013). A recent meta-analysis found religion/spirituality (R/S) was only related to health outcomes among sexual minorities when R/S was measured in terms of spirituality or religious cognitions/beliefs (Lefevor et al., 2021). No relationship between R/S and health measures was found when R/S was measured as religious affiliation, suggesting religious cognitions/beliefs may have a greater ability to identify differences among sexual minorities when R/S is operationalized in this manner. Preliminary research has

suggested sexual minorities with conservative/traditional theological beliefs perceive goals of accepting, reducing, or not acting on SSAs as being significantly more helpful than those without conservative theological viewpoints (Rosik et al., 2021b).

The present study seeks to bridge this limitation in the literature by addressing two questions concerning methods sexual minorities use to address sexual orientation distress: (a) Which methods are associated with perceptions of helpfulness or harmfulness across sexual identity labels and theological perspectives and (b) which if any methods differ in the perception of helpfulness or harmfulness based on the use or rejection of an LGB+ identity label or a particular theological perspective? Based on the literature, we anticipate LGB+-identified sexual minorities would report benefit from affirming methods and harm from discouraging methods while neutral methods would be perceived as being helpful regardless of identity label or theological perspective. We did not make a prediction concerning how helpful or harmful sexual minorities who do not identify as LGB+ or who have different theological perspectives would experience their use of affirmative or discouraging methods due to the dearth of pertinent studies.

Method

Survey Design

Participants were asked to take part in a survey that was designed to identify important aspects of life and relationships for those who experience (or have experienced) SSA and identify as LGB, heterosexual, other sexual identities, or who reject a label, and were involved in one of four relationship options (i.e., single and celibate; single and noncelibate; heterosexual, mixed-orientation relationship; same-sex relationship). Participants completed the survey through a website designed for the survey (http://4optionssurvey.com/). A description of the survey can be found in Lefevor et al. (2019).

Data Collection and Recruitment

We obtained approval from the Idaho State University institutional review board prior to commencing this study. Data collection occurred over a 10-month period from September 2016 to June 2017, and involved sociopolitically diverse recruitment methods, networks, and venues. To be included in analyses, participants must have (a) been at least 18 years of age; (b) experienced SSA at some point in their life; (c) identified their relationship status; and (d) completed the first two sections of the survey. For this sample, 88 participants described themselves as single and celibate, 61 as single and not celibate, 82 as being in a heterosexual, mixed-orientation relationship/marriage, and 50 as being in a same-sex relationship/marriage. More details about recruitment and makeup of the full sample can be found in the Supplemental Materials as well as obtained from Lefevor et al. (2019).

Participant Demographics

A total of 1,499 respondents completed all mandatory questions. Our focus for this study was on participants who indicated they had utilized at least 1 of 33 methods to address distress about their sexual orientation ($n = 282$). One participant who identified as heterosexual and reported no history of SSAs, fantasies, and behavior was excluded from the analyses, leaving a final sample of 281. The average age of the sample was 39.2 ($SD = 13.3$). In terms of gender, 205 participants (73%) identified as men, 61 as women, and 15 used transgender and nonbinary descriptors (e.g., transman, gender fluid, genderqueer). Our sample was primarily White ($n = 257$; 91.5%) and educated, with 71.9% ($n = 202$) earning at least a bachelor's degree.

Participants were also predominantly Mormon in their religious identity ($n = 155$; 55.2%), followed by 58 (20.6%) who reported being unaffiliated, 22 (7.8%) multiple/other, 10 (3.5%) evangelical Protestant, 9 (3.6%) Catholic, 6 (2.1%) exploring options, and 5 (1.8%) Jewish, with the remaining 18 spread out over nine other religious identities. In terms of religious activity, our sample was bimodal in distribution, with 172 (61.2%) reporting at least weekly engagement in religious services/activities and 77 (27.4%) indicating they were not involved in religious activities at all. Church/religious activity was measured on a 5-point Likert scale from 1 = *more than once per week* to 5 = *stopped attending/not applicable*. This variable was transformed so that higher scores would indicate greater religious activity.

Participants responding "not applicable" were not included in this tabulation.

Measures

The survey included both measures specifically created for this study as well as preexisting measures and was designed to provide data to inform several studies. Although other articles have been published from this data set, the present study is the only study to examine the 33 methods. The present research incorporated the following variables.

Sexual Identity Label and Same-Sex Experience

Participants were asked how they presently described or labeled their sexuality to others and were requested to indicate their primary terminology from 28 options. We created a binary variable with one group comprised of non-LGB+-identified participants ($n = 102$). This group was comprised of 48 participants who identified as same-sex attracted or same-gender attracted, 19 who do not use a label, 18 who identified as heterosexual with SSA, and 17 identifying as heterosexual/straight. This group was compared to the remaining LGB+-identified group ($n = 179$), which included 93 who identified as gay or lesbian, 17 as bisexual, 16 as bisexual leaning gay/lesbian, 11 as homosexual, 6 as queer, and 4 as mostly gay/lesbian.

We measured same-sex sexuality utilizing the Kinsey rating of lifetime SSAs, fantasies, desires, and behaviors (Kinsey et al., 1948) with *1 = exclusively heterosexual* and *7 = exclusively homosexual*. The sample mean rating was 5.48 ($SD = 1.36$), indicating a predominantly homosexual experience, with somewhere between more than incidentally heterosexual to only incidentally/rarely heterosexual experience.

Theological Viewpoint and Related Religiosity

Eleven options for religious viewpoint were provided for the item, "How do you consider your religious viewpoint?" We reduced these to three categories: (a) theologically conservative (TC; "theological conservative, traditional, or orthodox"; $n = 78$), (b) theologically nonconservative (TNC; "theologically heterodox," $n = 47$; "theologically moderate," $n = 44$; "theologically liberal or progressive," $n = 18$; total $n = 109$), and (c) nontheological view (NT; "spiritual but not religious," $n = 31$; "I am confused about religion and spirituality," $n = 15$; "Atheist," $n = 12$; "Agnostic," $n = 10$; all others, $n = 27$; total $n = 94$). Supplemental Table 2 provides a breakdown of these groups by religious affiliation to provide greater contextual understanding. In addition, religious activity differed significantly ($p < .05$) by theological view, wherein those with a TC view ($M = 4.63$, $SD = .67$) were more active than TNC participants ($M = 3.94$, $SD = 1.18$), who in turn were more active than NT participants ($M = 1.64$, $SD = 1.22$; $F(2, 278) = 190.78$, $p < .001$, partial $\eta^2 = .58$).

Methods Responding to Distress

We examined 33 methods sexual minorities may use to address distress about their sexual orientation, all measured on single-item 9-point Likert scales with responses from 1 = *extremely harmful* to 9 = *extremely helpful* and a midpoint of *no effect*. As noted earlier, these methods were identified in the literature and selected by the research team. Listing of the methods was preceded by following the introductory statement:

> If you used any of the following methods "to address distress regarding experiencing SSA/being LGB+," then indicate "how much these methods were/are helpful and harmful to you." You can indicate how much a method is/was both helpful and harmful. "If you have not used the method, indicate N/A or leave blank."

The precise wording of each of the items is presented in Table 1. Further information on how the scale for method ratings was derived can be found in the Supplemental Materials.

Data Analysis

All analyses were conducted using Statistical Package for the Social Sciences (SPSS), Statistics 25. Univariate analyses supported the linearity and normality of all our continuous variables. All variables were within the acceptable range with skewness less than 2 and kurtosis less than 5 (West et al., 1995). These impressions were confirmed by examination of residuals. Independent-samples *t* tests were used for comparing participants who reject an LGB+ identity with those who identified as LGB+ across each type of method. Where Levene's tests were significant (nine methods), we proceeded without assuming equal variances. Due to the number

Table 1
33 Common Methods for Responding to Sexual Orientation Distress

Method (% of sample utilizing)	Factor loading	Full sample rating	*SD*	Full sample more helpful	Full sample more harmful	Different helpfulness by theological viewpoint	Different helpfulness by sexual identity label
Factor 1: Pursuit of a religiously based identity and associated beliefs, norms, and behaviors							
1. Believing that homosexuality is a defense against the trauma of same-sex attachment loss that occurred in early childhood (56.2)	.82	4.58	2.92		X	+	+
2. Learning how others have reduced their same-sex attraction (64.8)	.79	5.15	2.62	X		+	+
3. Intentionally not identify as LGB+ or adopting that label (80.8)	.78	4.64	2.53		X	+	+
4. Reframing my attractions as admiration and/or an unmet emotional need for connection (78.3)	.72	5.23	2.71	X		+	+
5. Prioritizing my religious identity over my sexual identity (85.8)	.69	5.17	2.92	X		+	+
6. Avoiding people and information that affirm LGB+ issues (72.2)	.69	4.22	2.34		X	+	+
7. Redirecting myself to my heterosexual attractions and enhancing those desires (53)	.68	4.38	2.38		X	+	+
8. Expressing my gender (masculinity/femininity) according to traditional gender norms (70.8)	.60	4.81	2.15		X	+	+
9. Surrendering my sexual feelings to my higher power (70.8)	.53	6.14	2.36	X		+	+
10. Learning how others have accepted or made peace with their same-sex attraction while still choosing to live their values (82.2)	.50	7.18	2.02	XX		+	+
Factor 2: Acknowledging sexuality to self and others							
11. Accepting my sexual feelings nonjudgmentally and making decisions based on my values (90.1)	.76	7.98	1.47	XX			
12. Affirming, enjoying, and/or being proud of my attractions (75.4)	.61	6.83	2.13	X		–	–
13. Instead of holding myself in, I now express who I am so that others can understand me (76.5)	.62	7.62	1.65	XX		–	
14. "Coming out" and telling others about experiencing SSA/being LGB+ (84.7)	.53	7.41	1.88	XX		–	
15. Affirming my own way of being masculine/feminine (82.9)	.51	7.55	1.44	XX			

(*table continues*)

Table 1 (*continued*)

Method (% of sample utilizing)	Factor loading	Full sample rating	*SD*	Full sample more helpful	Full sample more harmful	Different helpfulness by theological viewpoint	Different helpfulness by sexual identity label
Factor 3: Restraining sexual desires							
16. Resisting and trying to overcome my sexual desires (89.7)	.85	4.12	2.36		X	+	+
17. Suppressing my sexual fantasies and desires (87.2)	.82	4.04	2.28		X	+	+
18. Limiting how much time I spend fantasizing sexually (85.1)	.72	5.99	2.10	X		+	+
19. Distracting myself and getting busy with other issues (90)	.69	5.84	2.18	X		+	+
20. Avoiding people that are attractive and situations that are arousing (81.5)	.69	4.85	2.41		X	+	+
Factor 4: Enacting same-sex sexuality							
21. Using pornography and/or erotic/romantic literature related to my sexuality (77.9)	.70	3.94	2.52		X	−	
22. Having same-sex sexual encounters related to my sexuality (56.6)	.54	4.72	2.93		X	−	
Factor 5: Self-development							
23. Learning strategies to reduce anxiety, depression, shame, and/or other mental distress (85.4)	.79	7.90	1.20	XX			
24. Learning how to be more assertive than passive, codependent, passive-aggressive, or aggressive (73.3)	.67	7.86	1.23	XX			
25. Identifying authentic needs and learning to meet them in healthy ways (86.1)	.62	8.03	1.24	XX			
Factor 6: (De-)Sexualizing same-sex attractions							
26. "Demystifying" same-sex individuals and identifying with them, making them no longer "exotic" and the relationships with them more authentic and mutual (71.9)	.61	7.29	1.81	XX		+	
27. Being naked, but not sexual, with same-sex others	.61	5.79	2.40	X			
Factor 7: Connecting with oneself and others							
28. Learning how to connect on a deep emotional level with others, both male and female (76.9)	.69	7.77	1.38	XX			
29. Working through traumatic memories and emotions from physical, emotional, and/or sexual abuse (54.4)	.57	7.49	1.72	XX			
Items not loading on factors							
30. Helping others who are distressed about their sexual attractions (77.2)		7.45	1.41	XX			

(*table continues*)

Table 1 (*continued*)

Method (% of sample utilizing)	Factor loading	Full sample rating	*SD*	Full sample more helpful	Full sample more harmful	Different helpfulness by theological viewpoint	Different helpfulness by sexual identity label
31. Accepting both my sexuality and religion/spirituality, seeing both as complementary, and/or finding ways to integrate them (77.9)		7.23	1.89	XX			
32. Getting angry, punishing, or shaming myself when I am sexually attracted or other aversive methods (70.8)		2.12	1.55		XX		
33. Pairing my sexual fantasies with negative consequences (50.2)		2.67	1.87		XX	+	

Note. $N = 281$ participants utilized one or more of these methods; ratings ranged from 1 = *extremely harmful* to 9 = *extremely helpful*; X = more helpful (harmful); variable mean of helpfulness (harmfulness) above (below) midpoint and lower *SD* below (upper *SD* above) midpoint for scale; XX = reliably helpful (harmful); variable mean of helpfulness (harmfulness) above (below) midpoint and lower *SD* above (upper *SD* below) midpoint for scale; + = theological conservative or non-LGB+-identified participants found this method to be more helpful or less harmful ($p < .001$); − = theological conservative or non-LGB+-identified participants found this method to be less helpful or more harmful ($p < .001$). SSA = same-sex attraction; LGB+ = lesbian, gay, bisexual, or other.

of comparisons, we used an α of $p < .001$ to control for Type I error. Given unequal group sizes, we utilized Hedge's *g* as the measure of effect size, with the conventional interpretive rule of thumb where 0.2 = small effect, 0.5 = medium effect, and more than 0.8 = large effect (Cohen, 1988).

We compared the three theological orientations using one-way analysis of variances (ANOVAs) or analysis of covariances (ANCOVAs), after checking for associations with gender and controlling for age where indicated. We also examined our data for heteroscedasticity and homogeneity of variances as well as accounted for multiple comparisons in assessing group differences. Our checks suggested data assumptions were sufficiently met to conduct these analyses. Further details on these checks are contained in the Supplemental Materials. Again, we use Cohen's (1988) effect size guidelines for interpreting partial η^2, where .01 = small effect, .06 = medium effect, and .14 = large effect.

We considered examining interaction effects of sexual identity labeling and theological perspective; however, preliminary explorations indicated several factors mitigating against pursuing these analyses. These included a low cell count for non-LGB+-identified participants who reported being NT, likely contributing to often having very low power to detect significant interactions, and frequent violations of assumptions of equality of error variances and nonheteroscedasticity. We discuss this further in the Supplemental Materials.

In order to improve meaningful interpretation of our results, we conducted an exploratory factor analysis (EFA) on the 33 methods. In keeping with the recommendations of Hair et al. (2006) and Howard (2016), we utilized principle axis extraction, selecting factors with eigenvalues greater than one and consistent with an inspection of the Scree plot. Due to likely intercorrelation of the methods, direct oblimin rotation was employed and the criterion for significance of factor loadings was set at ±.40. Mean imputation of missing values was used so that all the methods could be subject to the EFA. Only 19 participants reported utilizing all 33 methods, with a median method total of 26. Because of these missing values, this approach may have reduced variance and the correlation between variables, adding a degree of unreliability to our factor estimates (Little & Rubin, 2002). Nonetheless, our purpose was not to create a psychometrically rigorous

scale but rather to provide some tentative insight into the latent dimensionality of the 33 methods where the identified factors made intuitive sense.

Results

Factor Analysis of the Methods

Both the Kaiser–Meyer–Olkin measure of sampling adequacy (.88) and Bartlett's test of sphericity ($p < .001$) indicated the method variables were suitable for EFA. Our EFA identified seven factors accounting for 61.40% of the variance (see Table 1). The first factor explained 26.30% of the variance and the second factor explained 13.80% of the variance, with the remaining factors explaining less than 6% of the variance apiece. In general, there was modest correlation between the factors; however, Factors 1 and 3 correlated at $r = .59$, suggesting considerable conceptual overlap between them. Adding to the intuitive sensibility of the EFA, for the most part the factor items clustered within just one of our three categories, that is, affirming (Factors 2 and 4), discouraging (Factors 1, 3, and 6), or neutral toward (Factor 5 and 7) same-sex sexuality.

Group Differences

Participants who did not identify as LGB+ ($n = 102$) were similar to those who identified as LGB+ ($n = 179$) in terms of their level of education, race, and gender. The LGB+ participants were younger ($M = 36.64$, $SD = 11.82$) than those not LGB+ identified ($M = 43.61$, $SD = 14.53$), $t(279) = 4.13$, $p < .001$, $g = .59$. Those adopting an LGB+ identity were also less religiously active ($M = 3.01$, $SD = 1.65$) than participants not identifying as LGB+ ($M = 4.29$, $SD = 1.13$), $t(264) = 7.48$, $p < .001$, $g = .92$). Also worth noting is that among participants reporting Kinsey lifetime experience of SSAs, fantasies, desires, and behaviors, LGB+-identified participants ($M = 5.62$, $SD = 1.35$) reported similar same-sex sexuality as did non-LGB+-identified participants ($M = 5.29$, $SD = 1.42$), $t(235) = 1.79$, $p = .08$, $g = .24$). This suggests most participants in both groups had experienced predominantly same-sex sexuality during the course of their lifetimes.

The three groups of different theological perspectives did not differ in terms of education, race, gender, or Kinsey lifetime ratings, which again were indicative of predominantly same-sex sexuality across viewpoints. Although the TC group was not older than the other groups at the $p < .001$ level, there was a trend toward this age difference between the TC ($M = 42.36$, $SD = 13.09$) and TNC groups ($M = 37.36$, $SD = 13.45$) at $p < .05$, with a small effect size for the overall ANOVA, $F(2, 278) = 3.40$, $p = .035$, partial $\eta^2 = .02$. The TC participants were also more religiously active ($M = 4.67$, $SD = .52$) than the TNC participants ($M = 3.95$, $SD = 1.18$), who were in turn more active than the NT group ($M = 1.75$, $SD = 1.22$; $F(2, 263) = 162.63$, $p < .001$, partial $\eta^2 = .55$).

Helpfulness Ratings of the Methods

Overall Sample

Table 1 provides an overview of which methods were reported to be more helpful or more harmful based on mean ratings for the full sample. The mean ratings and standard deviations for all methods across all participants are also presented in order from most helpful to most harmful in Supplemental Table 3, overlaid with a four-level, color-coded indicator of the degree of helpfulness or harmfulness to facilitate ease of comprehension. A total of 13 methods, primarily affirming of or neutral toward same-sex sexuality and related to Factors 2, 5, and 7, were rated as being reliably helpful. Methods that acknowledge one's sexual feelings to self and others, promote emotional and interpersonal development, and enhance intra- and interpersonal integration may consistently be experienced as beneficial by sexual minorities regardless of how they label their sexual identity or theological perspective.

Several methods mostly discouraging same-sex sexuality were less clearly helpful or harmful within the full sample and these primarily loaded on Factors 1, 3, and 4. Thus, methods in the service of pursuing a religious identity (and its accompanying beliefs, norms, and practices concerning same-sex sexuality), restraining of sexual desires, and engaging in same-sex behavior appeared to be less predictably helpful or harmful for sample participants. However, this opaque picture clears up considerably when the effect of sexual identity labeling and theological viewpoint is considered, as we note below. Finally, two methods were consistently rated as being harmful by participants, although they did not load significantly on

any factor. These methods (numbers 32 and 33) involve psychologically punitive aversive practices, again confirming the harm such methods reliably create for sexual minorities (cf. Dehlin et al., 2015).

Comparisons by Sexual Identity Labeling

When comparing method helpfulness ratings between LGB+-identified and nonidentified participants, we found methods rated by the full sample as reliably helpful or harmful did not differ greatly between the groups, with generally small effect sizes (Table 1; Supplemental Table 3, which breaks down ratings by sexual identity group). Orientation-neutral methods of addressing sexual orientation distress appear to be reliably beneficial and aversive methods reliably detrimental regardless of the sexual identity label adhered to by participants. The apparent effect of sexual identity labeling becomes important with respect to methods generally discouraging same-sex sexuality and promoting congruence between a traditional religious identity and sexual feelings and behaviors. These methods were not found to be as predictably helpful or harmful for the full sample. For the vast majority of these methods, primarily relating to Factors 1 and 3, sexual minorities who reject an LGB+ identity report finding them to be mildly to somewhat helpful while those identifying as LGB+ report these methods to be mildly to somewhat harmful. The lone exception to this rule was Method 22 (i.e., having same-sex sexual encounters), which was reported to be somewhat to moderately harmful for non-LGB+-identified participants and neutral to mildly helpful for LGB+ participants. Effect sizes for these comparisons were mostly quite large, underscoring the importance of sexual identity labeling in accurately comprehending the effect of distress management methods that appear connected to a traditionally religious worldview.

Comparisons by Theological Viewpoint

The results of analyses concerning different theological outlooks generally mirror those for the full sample and sexual identity group differences, with some additional important nuances (Table 1; Supplemental Table 4, which breaks down ratings by theological viewpoint). Regardless of participant's theological perspective, orientation-neutral methods focusing on self-development and emotional connection with self and others (Factors 5 and 7) were again reported to have been reliably helpful. Furthermore, aversive methods discouraging same-sex sexuality (method numbers 32 and 33) were recalled as being harmful across groups. What is new and noticeable with the ANOVA and ANCOVA results is the significantly different progression in ratings as participants' theological orientation moves from conservative to nonconservative to NT. Particularly for religious-based methods and those seeking to restrain and discourage sexual desires (Factors 1 and 3), there is a movement away from perceived greater helpfulness to perceived greater harmfulness. Generally, as seen in Supplemental Table 4, TC participants rated these methods as mildly to somewhat helpful, TNC participants rated them to be mildly harmful to mildly helpful, and NT participants experienced these methods to be somewhat to moderately harmful. Three methods, all of which affirm same-sex sexuality, reflected this trend in reverse (using pornography, having same-sex sex, and affirming/enjoying/being proud of one's attractions). The overall effect sizes for these results were generally quite large.

Discussion

We examined the perceived helpfulness of 33 methods to address sexual orientation distress as reported by our sample of sexual minorities. Consistent with our predictions, 13 mostly orientation-neutral methods were rated as being reliably helpful and two (aversive) methods as consistently harmful by the full sample. The helpfulness of methods associated with acknowledging one's sexuality to self and others, enhancing interpersonal effectiveness and connection, and intrapersonal integration of emotions are well established in the literature. Similarly, our findings pertaining to aversive techniques confirms the widespread professional agreement such methods are consistently harmful for sexual minorities. Less clearly helpful or harmful were methods inhibiting same-sex sexuality, which mostly reflected religiously motivated intentions to live in congruence with religious values by discouraging, restricting, and reconceptualizing the experience and expression of SSAs and behavior.

An examination of group differences between participants who were LGB+-identified and those who were not found significant group

differences for those methods discouraging same-sex sexuality and seeking to align sexual feelings and behaviors with traditional religious values, with generally large effect sizes. Such methods tended to be perceived as mildly to somewhat harmful for the LGB+-identified group, as we expected, but also mildly to somewhat helpful for those not identified as LGB+. Group differences among theological orientations revealed a statistically significant trend with these methods as well, with ratings of helpfulness varying in a reliable progression from theologically conservative (TC) participants to theologically nonconservative (TNC) participants to those who identified as nontheological (NT). For example, when TC participants reported a method to be helpful, those who reported an NT outlook often perceived the method to have been significantly more harmful, with the perceptions of TNC participants often being equidistantly in the middle. These findings add to the emerging literature indicating sexual orientation labeling and theological perspective can be important ways to discern the influence of notable subgroup differences within the sexual minority population. This has several implications for the field that deserve consideration.

Implications

For Clinicians

Mental health professionals who work with sexual minorities distressed about their sexual orientation should be knowledgeable about the methods these clients employ to address their conflict. Our findings can assist these clinicians in providing guidance that is likely to promote emotional and relational benefit and reduce harm. The top 13 methods listed by degree of helpfulness in Supplemental Table 3 (and possessing full sample means above 7 in Table 1) appear reliably helpful to sexual minorities regardless of their sexual identity label. Clinicians can reassure clients using these mainly orientation-neutral methods that there is a strong probability they will find them helpful in reducing distress associated with being a sexual minority. Clinicians may also introduce such methods and explore with clients their benefit and assist in their administration should clients wish to pursue them.

Clinicians need to be mindful, however, that some of these methods probably need to be contextualized to group-specific norms for them to be experienced as helpful. "Coming out," for example, may often involve public affirmation of an LGB+ sexual identity and subsequent involvement within the LGB+ community for clients who identify as LGB+ to the clinician. In contrast, for clients who reject an LGB+ identity, "coming out" may frequently mean sharing one's experience of SSAs with safe individuals within their religious community so as to reduce concealment and gain a deeper sense of connection. The pursuit of spirituality in the form of surrendering to a higher power was, on average, helpful across our sample; however, this method was much more reliably beneficial for participants not LGB+-identified and for those with a TC orientation. Clinicians should assess clients' degree of LGB+ and religious identification to provide context for assessing the helpfulness of the methods they employ. In addition, Method 22 (being naked, but not sexual, with same-sex others) should not be recommended by therapists due to clinical risks and putative ethical concerns even though it was perceived as mildly helpful by many participants across subgroups.

Our results indicate sexual minorities who rely on punitive cognitive and behavioral aversive techniques need to be informed these methods of managing their distress are unlikely to be helpful and, in fact, are overwhelmingly likely to produce harm. Sexual minority clients can be guided away from such aversive approaches to their distress and toward reliably beneficial methods that acknowledge their sexuality, promote self-development, and enhance personal and interpersonal integration.

Our findings also suggest there exists a number of methods for which experiences of helpfulness or harmfulness may be related to the client's sexual identity label and theological perspective. For these methods, which mostly discourage same-sex sexuality and affirm traditional religious identities, clinicians providing guidance and clinical oversight to sexual minority clients distressed about their sexual orientation will promote benefit and reduce harm by being aware of the client's attitude toward an LGB+ sexual identity and their theological views. For clients who eschew LGB+ identities, clinicians are encouraged to explore the degree to which such avoidance is motivated by a self-determined desire to abide by traditional religious values and theological beliefs and/or prejudice and lack of positive options about same-sex sexuality and LGB+ persons and their lives.

Because helpfulness ratings of these methods evidenced greater variability in our sample and appeared to often vary by sexual identity labeling and theological perspective, we do not recommend that they be introduced to clients by the clinician. Should sexual minority clients present for therapy already engaging in such methods or seeking assistance with them, knowledge of their attitude toward an LGB+ identity label and their theological orientation can assist clinicians in respectfully exploring and assessing the personal and cultural importance of these methods for the client. These therapeutic dialogues could help the clinician and client understand the history, motivation, need, intention, and short- and long-term effects of these methods on the client's sexuality and health and explore realistic options and goals.

Even when requested, clinicians should exercise caution in assisting clients who present for therapy already engaged in methods that discourage same-sex sexuality. Although some traditionally religious sexual minorities may experience therapist assistance with these methods as culturally sensitive and affirming of their identity-related choices, others may come to feel such methods to be aversive and reinforce sexual stigma and minority stress (APA, 2021a, 2021b). We do not know how to distinguish traditionally religious, sexual minority clients who report benefit from such methods and then later harm and transition out of traditional religion from traditionally religious, sexual minority clients whose same-sex sexuality benefits from discouragement in the long term (APA, 2009). For this reason, clinicians are well advised to routinely inquire with these clients over the course of therapy whether or not they are still experiencing such methods as helpful. Clinicians working with traditional religious clients seeking help in aligning their sexuality to match their traditional religious beliefs may emphasize with such clients the benefits of the mainly orientation-neutral methods and assess their effect on the client's self-determination, health, and goals of accepting, reducing, or not acting on their SSAs.

Clinicians must also bear in mind that some of these methods (e.g., redirecting to heterosexual attractions, suppressing sexual fantasizes and desires) may be considered sexual orientation change efforts (SOCE) and be punishable by imprisonment in certain jurisdictions, regardless of client age, consent, or perception of helpfulness (e.g., Canada; Bill C-4: An Act to amend the Criminal Code [Conversion Therapy] 2021). Mental health practitioners, pastors, and religious counselors, as well as those who refer religiously traditional sexual minorities to them, should be aware of the relevant laws in their jurisdictions and consult with an attorney knowledgeable about such legalities if needed.

LGB+-identified sexual minorities and those who do not appear theologically oriented, by contrast, appear more likely to report modest harms from approaches to sexual orientation distress management that affirm the sexual values of conservative religious identities and discourages acknowledgment and expression of same-sex sexual desires. LGB+-identified clients and those who do not report a strong theological viewpoint who utilize these methods can be informed of their frequent harmfulness and encouraged to pursue methods more reliably helpful. The greater variability in ratings of these methods, even within our sexual label and theological groups, reinforce our belief that clinicians should proceed with caution when asked to assist with such methods and be diligent to ensure clients who wish to pursue these methods are doing so only after careful assessment and fully informed consent.

For Researchers

Our findings suggest researchers studying sexual orientation distress will benefit from attending to sexual identity labeling and theological orientation within their samples (Lefevor et al., 2020; Rosik et al., 2021a). Some methods and strategies sexual minorities utilize to respond to their distress appear to vary significantly in reported helpfulness between those adopting an LGB+ identity and those who do not as well as between those with conservative theological outlooks and nonconservative and NT perspectives. Since not identifying as LGB+ has been associated with the values and practices of a conservative religious outlook (Lefevor et al., 2020), accounting for this subpopulation of sexual minorities may enable a more culturally sensitive understanding of which methods can be perceived as helpful. This, in turn, can reduce the likelihood of unnecessarily foreclosing on clinical assistance for non-LGB+-identified and TC clients pursing methods from which they may uniquely experience benefit. At the same time, this more nuanced understanding also serves to protect LGB+-identified clients and those without conservative

theological beliefs from experiencing distress from the probability of feeling harmed by these same methods.

As a helpful clue to the possible influence of sexual identity labeling differences, our data suggest researchers studying how sexual minorities manage their sexual orientation distress should pay particular attention to sample variance. We found ratings for the most helpful (and harmful) of the methods generally displayed lower variances, both across the full sample and within each group, as indicated in the standard deviations. Methods with significantly different helpfulness ratings between the groups tended to have greater variances for both groups and especially for the full sample. Hence, research findings evaluating methods sexual minorities employ to address sexual orientation distress (including SOCE) should identify methods with greater variances and larger standard deviations. These statistics may suggest full-sample results could be masking important subgroup differences based on sexual identity or traditional religious identity.

Attending to these sexual minority subgroups implies the critical need to recruit participants beyond the traditional LGB+ social networks and venues. Indeed, a meta-analysis recently found that participants recruited from LGB+ social networks and venues reported a much smaller relationship between religiousness and health than those recruited from other sources (Lefevor et al., 2021). Since it may be difficult for researchers to gain access to sexual minorities within ideologically and religiously conservative networks, it is highly advantageous for research teams wherever possible to include members from across the sociopolitical and religious spectrum (Davis et al., 2021; Kahneman, 2003). Such collaborative work can provide access to socially and religiously conservative networks of sexual minorities as well as help check confirmation bias and ideological blind spots in how research is conducted and interpreted. In our experience, this process has resulted in a better understanding of differing sociopolitical viewpoints in this field, reduced stereotyping, and built collegial working relationships in spite of some differences in perspective.

Our findings also indicate the benefit of efforts to include sexual minorities who do not identify as LGB+, many of whom may reject such a label for religious reasons. Research focusing on the intersection of religion and sexual orientation will be most representative of the population of sexual minorities when it does not limit samples exclusively to those who are LGB+ identified. In addition to sample recruitment within conservatively religious communities, as noted above, surveys able to identify participants who choose not to adopt an LGB+ identity as well as those that can identify conservative theological beliefs appear more likely to capture the diverse experiences with religion that sexual minorities report (Lefevor et al., 2021). This reduces the risk any of their experiences will be overlooked or misrepresented.

For Public Policy

Incorporating these adjustments to the research endeavor will also aid in the development of often contentious public policy that impacts sexual minorities and religious communities. For example, research inclusive of sexual minorities who do not identify as LGB+ may sharpen our understanding of the proper balance between protecting sexual minorities from harm and preserving religious liberties. We note the conventional wisdom in the field, which finds religiously motivated efforts to change or reduce SSAs and behaviors assumed to be broadly harmful (Sowe et al., 2017), is understandable given our findings for the LGB+-identified group. Most of the research on SOCE supporting policy positions of mental health associations has been conducted on LGB+-identified samples and hence comes to conclusions that would likely be similar to ours were we limiting our focus to the LGB+-identified participants.

Consideration of our participants who identified as TC and did not identify as LGB+ raises a concern about proposed policies that may affect these sexual minorities, such as those addressing SOCE with adults. Some policies addressing SOCE may prematurely proscribe certain methods (e.g., behaviorally resisting sexual desires, limiting sexual fantasizing, redirecting, and enhancing heterosexual attractions) for responding to distress that these sexual minorities frequently perceive to be modestly helpful and rarely harmful (Rosik et al., 2021b). As noted earlier, some of these methods may run afoul of laws (e.g., Bill C-4 in Canada; the proposed Therapeutic Fraud Prevention Act of 2019 in the United States) wherein therapeutic or religious assistance to " ... change behaviors or gender expressions" and " ... reduce sexual or romantic attractions or feelings toward individuals of the same gender ... " would be strictly

prohibited if not criminalized. We recognize these issues are quite politically charged among LGB+ advocates and religious liberty supporters, with little perceived room for compromise. More culturally informed and collaborative research efforts like our own, we hope, can provide important scientific guidance for understanding the needs and experiences of all sexual minorities in a diverse yet polarized society.

Limitations

Several limitations of this study should be emphasized. First, our study involves perceptions and self-reports of helpfulness and harmfulness. We are unable to determine to what extent each method is objectively helpful to sexual minorities and why, although the methods reported as reliably helpful or harmful by our full sample generally appear to have been studied more and thus have greater empirical validation. Second, several of our measures consisted of single items developed for this research for which psychometric properties could not be established. Though not ideal, this is a common limitation of exploratory research and found in highly referenced studies published in this area (e.g., Dehlin et al., 2015). Third, some group sizes used for comparisons were relatively small and potentially underpowered. This suggests our findings need to be replicated on larger, population-based samples to confirm their reliability. Nevertheless, our mean differences have heuristic value even apart from statistical findings. In addition, our sample consisted primarily of sexual minorities residing in the United States ($n = 262$; 93.2%) and almost all from western countries. Hence, results may not generalize to non-American and non-Western countries (Henrich et al., 2010). Finally, our sample contained a majority of participants who were White, college educated, and Mormon affiliated, and hence our results may not generalize to other ethnic, socioeconomic, or conservative religious traditions. We note in the Supplemental Materials, however, that participants with Mormon- and non-Mormon religious affiliations did not differ substantively on their methods ratings, and the methods rating differences between religiously affiliated and nonaffiliated participants were essentially similar to those between the non-LGB+-identified and LGB+-identified groups.

Conclusion

Utilizing a sample of 281 sexual minorities who reported having had or currently experiencing distress about their sexual orientation, we examined participants' ratings of perceived helpfulness of 33 methods for addressing this distress found in the literature. We examined these methods for the full sample, between those who did or did not identify as LGB+, and between those with conservative, nonconservative, and NT viewpoints. Findings from the full sample indicated 13 methods that promoted acceptance of or were neutral toward same-sex sexuality were consistently perceived to be helpful while two aversive cognitive and behavioral techniques were generally rated as somewhat to moderately harmful.

Other methods displayed much greater variability in their ratings. These methods mostly reflected religiously motivated intentions to live in congruence with religious values by restricting and otherwise discouraging SSAs and behavior. However, an examination of group differences by theological orientation and between participants who were LGB+-identified and those who were not revealed these methods tended to be perceived as mildly to somewhat harmful for LGB+-identified and NT groups but mildly to somewhat helpful for those not identified as LGB+ and who endorse conservative theological beliefs. Attention to sexual identity labeling and theological beliefs holds promise for improving cultural sensitivity and reducing harm while maximizing benefit among ideologically and religiously diverse sexual minorities in responding to their sexual orientation distress (Lefevor et al., 2021).

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