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What does the scholarly research say about whether conversion therapy can alter sexual orientation without causing harm?

We identified 47 peer-reviewed studies that met our criteria for adding to knowledge about whether conversion therapy (CT) can alter sexual orientation without causing harm. Thirteen of those studies included primary research. Of those, 12 concluded that CT is ineffective and/or harmful, finding links to depression, suicidality, anxiety, social isolation and decreased capacity for intimacy. Only one study concluded that sexual orientation change efforts could succeed—although only in a minority of its participants, and the study has several limitations: its entire sample self-identified as religious and it is based on self-reports, which can be biased and unreliable. The remaining 34 studies do not make an empirical determination about whether CT can alter sexual orientation but may offer useful observations to help guide practitioners who treat LGB patients.

The research on conversion therapy is limited by the difficulty of empirically assessing a person's sexual orientation. All of the studies we identified rely on self-reports, and those who wish to change their sexual orientation enough to seek therapeutic intervention may be inclined toward a bias in assessing or reporting their own attractions. Most of the studies lacked control groups, and none used nationally representative probability samples. Many researchers sympathetic to conversion therapy do not actually assess changes in sexual orientation or arousal patterns, but in behavior, which is not a true gauge of orientation. Some subjects who claimed movement from gay to straight are actually more accurately described as bisexual, but were not initially coded as such. Many of these studies sample exclusively religious populations, and so their conclusions generally reflect more about religious self-identifications than any indication that sexual orientation can genuinely change. Some researchers found success in depressing same-sex arousal—often with the use of severe techniques—but often that did not translate into increased heterosexual arousal or ability to sustain a satisfying opposite-sex sexual relationship.

Such limitations do not mean there is no useful research on conversion therapy. For instance, among the research we include here under “of interest to practitioners” are several ethical discussions of how to approach therapy with patients reporting dissatisfaction with their sexual

orientation. Additionally, a direct examination of the research may help visitors to this site assess for themselves how persuasive claims are that sexual orientation can be changed.

However, after reviewing the research, we concluded that there is no credible evidence that sexual orientation can be changed through therapeutic intervention. Most accounts of such change are akin to instances of “faith healing.” There is also powerful evidence that trying to change a person’s sexual orientation can be extremely harmful. Taken together, the overwhelming consensus among psychologists and psychiatrists who have studied conversion therapy or treated patients who are struggling with their sexual orientation is that therapeutic intervention cannot change sexual orientation, a position echoed by all major professional organizations in the field, including the American Psychological Association whose substantial 2009 report is available [here](#).

Scholarly sources concluding that conversion therapy is ineffective and/or harmful:

1. Beckstead, A. L., & Morrow, S. L. (2004). Mormon clients’ experiences of conversion therapy: The need for a new treatment approach. *The Counseling Psychologist, 32*(5), 651-690.
2. Borowich, A. (2008). Failed reparative therapy of orthodox Jewish homosexuals. *Journal of Gay & Lesbian Mental Health, 12*(3), 167-177.
3. Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2014). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*. Advance online publication.
4. Fjelstrom, J. (2013). Sexual orientation change efforts and the search for authenticity. *Journal of Homosexuality, 60*(6), 801-827.
5. Flentje, A., Heck, N. C., & Cochran, B. N. (2013). Sexual reorientation therapy interventions: perspectives of ex-ex-gay individuals. *Journal of Gay & Lesbian Mental Health, 17*(3), 256-277.
6. Haldeman, D. C. (2001). Therapeutic antidotes: Helping gay and bisexual men recover from conversion therapy. *Journal of Gay and Lesbian Psychotherapy, 5*(3/4), 117-130.
7. Jones, M., Botsko, M., & Gorman, B. (2003). Predictors of psychotherapeutic benefit of lesbian, gay, and bisexual clients: the effects of sexual orientation matching and other factors. *Psychotherapy: Theory, Research, Practice, Training, 40*(4), 289-301.
8. Maccio, E. (2011). Self-reported sexual orientation and identity before and after sexual reorientation therapy. *Journal of Gay & Lesbian Mental Health, 15*(3), 242-259.
9. Schroeder, M., & Shidlo, A. (2002). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. *Journal of Gay and Lesbian Psychotherapy, 5*(3/4), 131-166.
10. Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumer’s report. *Professional Psychology: Research and Practice, 33*(3), 249-259.
11. Smith, G., Bartlett, A. & King, M. (2004). Treatments of homosexuality in Britain since 1950— an oral history: The experience of patients. *British Medical Journal, 328*(7437), 427-429.
12. Weiss, E. M., Morehouse, J., Yeager, T., & Berry, T. (2010). A qualitative study of ex-gay and ex-ex-gay experiences. *Journal of Gay & Lesbian Mental Health, 14*(4), 291-319.

Scholarly sources concluding that conversion therapy can be effective:

1. Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*, 1071-1088.

Scholarly sources making no determination about whether conversion therapy can alter sexual orientation but that may be useful to practitioners with LGB patients.

1. Beckstead, A. L. (2012). Can we change sexual orientation? *Archives of Sexual Behavior*, 41(1), 121-134.
2. Bright, C. (2004). Deconstructing reparative therapy: an examination of the processes involved when attempting to change sexual orientation. *Clinical Social Work Journal*, 32(4), 471-481.
3. Cates, J. A. (2007). Identity in crisis: Spirituality and homosexuality in adolescence. *Child and Adolescent Social Work Journal*, 24(4), 369-383.
4. Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics and Behavior*, 18(1), 93-114.
5. Creek, S. J., & Dunn, J. L. (2012). "Be ye transformed": the sexual storytelling of ex-gay participants. *Sociological Focus*, 45(4), 306-319.
6. Drescher, J. (1998). I'm your handyman: A history of reparative therapies. *Journal of Homosexuality*, 36(1), 19-42.
7. Drescher, J. (2002). Ethical concerns raised when patients seek to change same-sex attractions. *Journal of Gay & Lesbian Psychotherapy*, 5(3/4), 181-204.
8. Drescher, J. (2015). Can sexual orientation be changed? *Journal of Gay & Lesbian Mental Health*, 19(1), 84-93.
9. Ford, J. G. (2002). Healing homosexuals: a psychologist's journey through the ex-gay movement and the pseudo-science of reparative therapy. *Journal of Gay & Lesbian Psychotherapy*, 5(3/4), 69-86.
10. Forstein, M. (2002). Overview of ethical and research issues in sexual orientation therapy. *Journal of Gay & Lesbian Psychotherapy*, 5(3/4), 167-179.
11. Gonsiorek, J. C. (2004). Reflections from the conversion therapy battlefield. *The Counseling Psychologist*, 32, 750-759.
12. Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology*, 62(2), 221-227.
13. Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology: Research and Practice*, 33(3), 260-264.
14. Haldeman, D. C. (2004). When sexual and religious orientation collide: Considerations in working with conflicted same-sex attracted male clients. *The Counseling Psychologist*, 32(5), 691-715.
15. Halpert, S. C. (2000). "If it ain't broke, don't fix it": Ethical considerations regarding conversion therapies. *International Journal of Sexuality and Gender Studies*, 5(1), 19-35.
16. Hein, L. C., & Matthews, A. K. (2010). Reparative therapy: the adolescent, the psych nurse, and the issues. *Journal of Child and Adolescent Psychiatric Nursing*, 23(1), 29-35.
17. Lasser, J. S., & Gottlieb, M. C. (2004). Treating patients distressed regarding their sexual orientation: Clinical and ethical alternatives. *Professional Psychology: Research and Practice*, 35(2), 194-200.
18. Lingardi, V., Nardelli, N., & Drescher, J. (2015). New Italian lesbian, gay and bisexual psychotherapy guidelines: A review. *International Review of Psychiatry*, 27(5), 405-415.
19. Lingardi, V., Nardelli, N., & Tripodi, E. (2015). Reparative attitudes of Italian psychologists toward lesbian and gay clients: Theoretical, clinical, and social implications. *Professional Psychology: Research and Practice*, 46(2), 132-139.

20. Maccio, E. (2010). Influence of family, religion, and social conformity on client participation in sexual reorientation therapy. *Journal of Homosexuality*, 57(3), 441-458.
21. Morrow, S. L., & Beckstead, A. L. (2004). Conversion therapies for same-sex attracted clients in religious conflict: Context, predisposing factors, experiences, and implications for therapy. *The Counseling Psychologist*, 32, 641-650.
22. Moss, I. (2014). Ending reparative therapy in minors: an appropriate legislative response. *Family Court Review*, 52(2), 316-329.
23. Murphy, T. F. (1992). Redirecting sexual orientation: Techniques and justifications. *Journal of Sex Research*, 29(4), 501-523.
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25. Rosik, C. H. (2003). Motivational, ethical, and epistemological foundations in the treatment of unwanted homoerotic attractions. *Journal of Marital and Family Therapy*, 29(1), 13-28.
26. Schneider, M. S., Brown, L., & Glassgold, J. (2002). Implementing the resolution on appropriate therapeutic responses to sexual orientation: A guide for the perplexed. *Professional Psychology: Research and Practice*, 33, 265- 276.
27. Schreier, B. A. (1998). Of shoes, and ships, and sealing wax: the faulty and specious assumptions of sexual reorientation therapies. *Journal of Mental Health Counseling*, 20(4), 305-314.
28. Steigerwald, F., & Janson, G. R. (2003). Conversion therapy: Ethical considerations in family counseling. *The Family Journal: Counseling and Therapy for Couples and Families*, 11(1), 55-59.
29. Throckmorton, W. (1998). Efforts to modify sexual orientation: A review of outcome literature and ethical issues. *Journal of Mental Health Counseling*, 20, 283-304.
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31. Tozer, E. E., & Hayes, J. A. (2004). Why do individuals seek conversion therapy? The role of religiosity, internalized homonegativity, and identity development. *The Counseling Psychologist*, 32, 716-740.
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33. Yarhouse, M. A. (1998). When families present with concerns about an adolescent's experience of same-sex attraction. *The American Journal of Family Therapy*, 26(4), 321-330.
34. Yarhouse, M. A., & Throckmorton, W. (2002). Ethical issues in attempts to ban reorientation therapies. *Psychotherapy: Theory, Research, Practice, Training*, 39(1), 66-75.