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:**


**Scholarly sources concluding that conversion therapy can be effective:**

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


