

Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation¹

Robert L. Spitzer, M.D.^{2,3,4}

Position statements of the major mental health organizations in the United States state that there is no scientific evidence that a homosexual sexual orientation can be changed by psychotherapy, often referred to as “reparative therapy.” This study tested the hypothesis that some individuals whose sexual orientation is predominantly homosexual can, with some form of reparative therapy, become predominantly heterosexual. The participants were 200 self-selected individuals (143 males, 57 females) who reported at least some minimal change from homosexual to heterosexual orientation that lasted at least 5 years. They were interviewed by telephone, using a structured interview that assessed same sex attraction, fantasy, yearning, and overt homosexual behavior. On all measures, the year prior to the therapy was compared to the year before the interview. The majority of participants gave reports of change from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation in the past year. Reports of complete change were uncommon. Female participants reported significantly more change than did male participants. Either some gay men and lesbians, following reparative therapy, actually change their predominantly homosexual orientation to a predominantly heterosexual orientation or some gay men and women construct elaborate self-deceptive narratives (or even lie) in which they claim to have changed their sexual orientation, or both. For many reasons, it is concluded that the participants’ self-reports were, by-and-large, credible and that few elaborated self-deceptive narratives or lied. Thus, there is evidence that change in sexual orientation following some form of reparative therapy does occur in some gay men and lesbians.

KEY WORDS: homosexuality; sexual orientation; conversion therapy; sexual reorientation; reparative therapy.

INTRODUCTION

In recent years, there has been a marked change about both the desirability and feasibility of attempts to alter a homosexual sexual orientation. In the past, such change was generally considered both desirable and possible

(Bieber et al., 1962; Hatterer, 1970; Socarides, 1978). An increasing number of clinicians believe that such change rarely, if ever, occurs and that psychotherapy with this goal often is harmful by increasing self-loathing, lowered self-esteem, hopelessness, and depression (American Psychiatric Association, 2000; Friedman & Downey, 2002; Haldeman, 2001). Several authors have argued that clinicians who attempt to help their clients change their homosexual orientation are violating professional ethical codes by providing a “treatment” that is ineffective, often harmful, and reinforces in their clients the false belief that homosexuality is a disorder and needs treatment (Drescher, 2001; Forstein, 2001; Isay, 1996; Murphy, 1992; Shidlo & Schroeder, 2002).

At the present time, only a very small number of mental health professionals (primarily psychologists, social

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² Biometrics Research Department, New York State Psychiatric Institute, New York, New York.

³ Department of Psychiatry, Columbia University, New York, New York.

⁴ To whom correspondence should be addressed at Biometrics Research Department, New York State Psychiatric Institute, Unit 60, 1051 Riverside Drive, New York, New York 10032; e-mail: rls8@columbia.edu.

workers, mental health counselors, and pastoral ministers) provide therapy with the goal of helping their clients change their sexual orientation from homosexual to heterosexual. Therapy with this goal is often referred to as "reparative therapy." There are also religious "ex-gay" ministries that offer individual counseling and group support to gay men and lesbians who wish to change their sexual orientation. An example is Exodus International, an interdenominational Christian organization that promotes the message of "Freedom from homosexuality through the power of Jesus Christ" (Exodus International Website, retrieved October 15, 2002, from <http://www.exodusinternational.org>). Finally, there are a small number of 12-step programs, such as Sexual Addicts Anonymous.

Many individuals receiving reparative therapy from a mental health professional also get support or counseling from an ex-gay ministry. In this article, any help from a mental health professional or an ex-gay ministry for the purpose of changing sexual orientation will be referred to as "reparative therapy" or simply as "therapy." Reparative therapists believe that same-sex attractions reflect a developmental disorder and can be significantly diminished through development of stronger and more confident gender identification. Reparative therapists say that their gay male patients (who comprise the majority of their caseload) suffer from a lifelong feeling of "being on the outside" of male activities and "not feeling like one of the guys." When therapy succeeds in demystifying males and maleness, their romantic and erotic attractions to men diminish and opposite-sex attractions may gradually develop. A prominent reorientation therapist estimates that only about a third of the male clients that pursue a course of reparative therapy actually develop heterosexual attractions, another third diminish their unwanted male attractions and decrease their unwanted same-sex behaviors but do not develop heterosexual attractions; the remaining third remain essentially unchanged (J. Nicolosi, personal communication, November 13, 2000).

"The Surgeon General" (2001), the American Academy of Pediatrics (1983), and all of the major mental health associations in the United States, representing psychiatry (American Psychiatric Association, 2000), psychology (American Psychological Association, 1997), social work (National Association of Social Work, 1997), and counseling (American Counseling Association, 1998) have each issued position statements warning of possible harm from such therapy and asserting that there is no evidence that such therapy can change one's sexual orientation. For example, the 1998 American Psychiatric Association Position Statement on Psychiatric Treatment and Sexual Orientation (see American Psychiatric Association, 1999, p. 1131) states:

... there is no published scientific evidence supporting the efficacy of reparative therapy as a treatment to change one's sexual orientation. . . . The potential risks of reparative therapy are great, including depression, anxiety, and self-destructive behavior.

Is this seemingly authoritative position statement true, that there is "no published scientific evidence" supporting the efficacy of reparative therapy to change sexual orientation? The answer depends on what is meant by "scientific evidence." If scientific evidence requires a study with randomized assignment of individuals to a treatment condition, reliable and valid assessment of target symptoms before treatment, when treatment is concluded, and at follow-up, then it is certainly true that there are no such studies of reparative therapy. However, the same can be said about many widely used types of psychotherapy, including gay affirmative therapy, whose efficacy has never been subjected to a rigorous study (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000). There is, however, a large literature relevant to the issue of the possibility of changing sexual orientation. Adams and Sturgis (1977) critically reviewed 37 studies of behavior therapy to change sexual orientation and concluded that, "Although sexual orientation techniques have achieved moderately positive results, research is needed to improve the efficacy of the procedures" (p. 1186). More recently, Goetze (2001) identified 84 articles or books having some relevance to the possibility of sexual orientation change, searching PsychLit and MedLine databases as well as bibliographies of relevant papers or books. Thirty-one of the 84 studies reported some quantitative outcome, not just general discussion and claims about the possibility of changing sexual orientation. Twelve of the 31 studies, however, did not provide enough outcome data to evaluate the effect of the treatment.

Two well-known examples of such studies are Bieber et al. (1962) and Socarides (1978). Bieber et al. (1962) reported a study in which 58 psychoanalysts filled out questionnaires on 106 gay males who had been in psychoanalytic treatment. Bieber and his associates studied the results of these questionnaires which focused on sexual behavior, not attraction and fantasy. Seventy-two of the men were exclusively homosexual before treatment. At a 5-year follow-up, 13% ($n = 14$) of these men exhibited exclusively heterosexual behavior and 13% ($n = 14$) bisexual behavior. Socarides (1978) reported that 44% ($n = 20$) of 45 of his patients who were in long-term psychoanalytic therapy developed "full heterosexual functioning"—a term that he did not define. He did not distinguish between overt sexual behavior and sexual