

APS Position Statement on the Use of Therapies that Attempt to Change Sexual Orientation

In the past, defining homosexuality as an illness buttressed society's dislike for same-sex relationships. In the current social climate, claiming homosexuality is a mental disorder stems from efforts to discredit the growing social acceptance of homosexuality as a normal variant of human sexuality. Consequently, the issue of changing sexual orientation has become highly politicised. The debates surrounding this issue have obscured the scientific data by calling into question the motives and the character of individuals on both sides of the issue.

The validity, efficacy and ethics of clinical attempts to change an individual's sexual orientation have been challenged. To date, there are no scientifically rigorous outcome studies to determine either the actual efficacy or harm of therapies or treatments that attempt to change a person's sexual orientation. There are sparse scientific data about selection criteria, risks versus benefits of the treatment, and long-term outcomes of such therapies. The literature consists of anecdotal reports of individuals who have claimed to change, people who claim that attempts to change were harmful to them, and others who claimed to have changed and then later recanted those claims.

With little data about patients, it is impossible to evaluate the theories, which rationalise the conduct of 'reparative' or conversion therapies. Firstly, they are at odds with the scientific position of the American Psychiatric Association, which has maintained, since 1973, that homosexuality per se is not a mental disorder. The theories of 'reparative' therapists define homosexuality as either a developmental arrest, a severe form of psychopathology, or some combination of both. In recent years, noted practitioners of 'reparative therapy' have openly integrated older psychoanalytic theories that pathologise homosexuality with traditional religious beliefs condemning homosexuality.

The earliest scientific criticisms of the early theories and religious beliefs informing 'reparative' or conversion therapies came primarily from sexology researchers. Later, criticisms emerged from psychoanalytic sources as well. There has also been an increasing body of religious thought arguing against traditional, biblical interpretations that condemn homosexuality and which underlie religious types of 'reparative' therapy.

Recommendations:

1. APS supports the APA 1973 position that homosexuality is not a diagnosable mental disorder.
2. As a general principle, a therapist should not determine the goal of treatment either coercively or through subtle influence. Psychotherapeutic modalities to convert or 'repair' homosexuality are based on developmental theories the scientific validity of which is questionable. Furthermore, anecdotal reports of 'cures' are counterbalanced by anecdotal claims of psychological harm. 'Reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, APS recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation.
3. The 'reparative' therapy literature uses theories that make it difficult to formulate scientific selection criteria for their treatment modality. This literature not only ignores the impact of social stigma in motivating efforts to cure homosexuality, it is a literature that actively stigmatises homosexuality as well. 'Reparative' therapy literature also tends to overstate the treatment's accomplishments while neglecting any potential risks to patients. APS encourages and supports research in the academic research community to determine further the efficacy or otherwise of therapies or treatments that attempt to change a person's sexual orientation.

June 2000

(Based on the APA Statement, March 2000)

**American Psychiatric Association 1998 Position Statement on
Psychiatric Treatment and Sexual Orientation
December 11, 1998**

The Board of Trustees of the American Psychiatric Association removed homosexuality from the DSM in 1973 after reviewing the evidence that it is not a mental disorder. In 1987, ego-dystonic homosexuality was not included in the DSM-III-R after a similar review.

The American Psychiatric Association does not currently have a formal position statement on treatments that attempt to change a person's sexual orientation, also known as reparative or conversion therapy. There is an APA 1997 Fact Sheet on Homosexual and Bisexual Issues which states that 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, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed. The APA recognizes that in the course of ongoing psychiatric treatment there may be appropriate clinical indications for attempting to change sexual behaviors.

Several major professional organizations including the American Psychological Association, the National Association of Social Workers and the American Academy of Pediatrics have all made statements against reparative therapy because of concerns for the harm caused to patients. The American Psychiatric Association has already taken clear stands against discrimination, prejudice and unethical treatment on a variety of issues including discrimination on the basis of sexual orientation.

Therefore, the American Psychiatric Association opposes any psychiatric treatment, such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her sexual homosexual orientation.