



CONVERSION THERAPY: SCIENCE VS. STEREOTYPES

Overview from *The American Psychological Association*

All major national mental health organizations have officially expressed concerns about therapies promoted to modify sexual orientation. To date, no scientifically adequate research shows that therapy aimed at changing sexual orientation (sometimes called reparative or conversion therapy) is safe or effective. Furthermore, it seems likely that the promotion of change therapies reinforce stereotypes and contributes to a negative climate for lesbian, gay and bisexual persons. This appears to be especially likely for lesbian, gay, and bisexual individuals who grow up in more conservative religious settings.

Helpful responses of a therapist treating an individual who is troubled about her or his same sex attractions include helping that person actively cope with social prejudices against homosexuality, successfully resolve issues associated with and resulting from internal conflicts, and actively lead a happy and satisfying life. Mental health professional organizations call on their members to respect a person's (client's) right to self-determination; be sensitive to the client's race, culture, ethnicity, age, gender, gender identity, sexual orientation, religion, socioeconomic status, language and disability status when working with that client; and eliminate biases based on these factors.

Despite the general consensus of major medical, health and mental health professions that both heterosexuality and homosexuality are normal expressions of human sexuality, efforts to change sexual orientation through therapy have been adopted by some political and religious organizations and aggressively promoted to the public. However, such efforts have serious potential to harm young people because they present the view that the sexual orientation of lesbian, gay and bisexual youth is a mental illness or disorder, and they often frame the inability to change one's sexual orientation as a personal and moral failure.

Because of the aggressive promotion of efforts to change sexual orientation through therapy, a number of medical, health and mental health professional organizations have issued public statements about the dangers of this approach. The American Academy of Pediatrics, the American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American School Counselor Association, the National Association of School Psychologists and the National Association of Social Workers together, representing more than 480,000 mental health professionals, have all taken the position that homosexuality is not a mental disorder and thus is not something that needs to or can be "cured."

MENTAL HEALTH EXPERTS AGREE...

The **American Psychological Association**, in its 1997 Resolution on Appropriate Therapeutic Responses to Sexual Orientation, which is also endorsed by the National Association of School Psychologists, states: *"That the American Psychological Association opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation and supports the dissemination of accurate information about sexual orientation and mental health and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation."*

The **National Association of Social Workers**, in its policy statement on lesbian, gay and bisexual issues, states that it *"endorses policies in both the public and private sectors that ensure nondiscrimination; that are sensitive to the health and mental health needs of lesbian, gay and bisexual people; and that promote an understanding of lesbian, gay, and bisexual cultures. Social stigmatization of lesbian, gay, and bisexual people is widespread and is a primary motivating factor in leading some people to seek sexual orientation changes. Sexual orientation conversion therapies assume that homosexual orientation is both pathological and freely chosen. No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful. NASW believes social workers have the responsibility to clients to explain the prevailing knowledge concerning sexual orientation and the lack of data reporting positive outcomes with reparative therapy. NASW discourages social workers from providing treatments designed to change sexual orientation or from referring practitioners or programs that claim to do so. NASW reaffirms its stance against reparative therapies and treatments designed to change sexual orientation or to refer practitioners or programs that claim to do so."*

The **American Psychiatric Association**, in its 2000 position statement on "reparative" therapy, states: *"Psychotherapeutic modalities to convert or "repair" homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of "cures" are counterbalanced by anecdotal claims of psychological harm. In the last four decades, "reparative" therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm."*

The **American Counseling Association (ACA)** adopted a resolution in 1998 stating that it “opposes portrayals of lesbian, gay, and bisexual youth and adults as mentally ill due to their sexual orientation; and supports the dissemination of accurate information about sexual orientation, mental health, and appropriate interventions in order to counteract bias that is based on ignorance or unfounded beliefs about same-gender sexual orientation. Further, in April 1999, the ACA Governing Council adopted a position opposing the promotion of “reparative therapy” as a “cure” for individuals who are homosexual.”

In addition, ACA’s Code of Ethics states:

“Counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/procedures as “unproven” or “developing” and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm.”

The **American Academy of Pediatrics** advises youth that “counseling may be helpful for you if you feel confused about your sexual identity. Avoid any treatments that claim to be able to change a person’s sexual orientation, or treatment ideas that see homosexuality as a sickness.”

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.

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.”

The **American School Counselor Association**, in its position statement on professional school counselors and lesbian, gay, bisexual, transgendered and questioning youth, states: “Lesbian, gay, bisexual, transgendered and questioning (LGBTQ) youth often begin to experience self-identification during their pre-adolescent or adolescent years, as do heterosexual youth. These developmental processes are essential cognitive, emotional and social activities, and although they may have an impact on student development and achievement, they are not a sign of illness, mental disorder or emotional problems nor do they necessarily signify sexual activity. . . . It is not the role of the professional school counselor to attempt to change a student’s sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being. . . . Recognizing that sexual orientation is not an illness and does not require treatment, professional school counselors may provide individual student planning or responsive services to LGBTQ students to promote self-acceptance, deal with social acceptance, understand issues related to “coming out,” including issues that families may face when a student goes through this process, and identify appropriate community resources.”

As these statements make clear, the nation’s leading professional medical, health and mental health organizations do not support efforts to change young people’s sexual orientation through therapy and have raised serious concerns about the potential harm from such efforts. Many of the professional associations can provide helpful information and local contacts to assist school administrators, health and mental health professionals, educators, teachers and parents in dealing with school controversies in their communities.

References:

American Psychological Association Report: Appropriate Therapeutic Responses to Sexual Orientation
<http://www.apa.org/pi/lgbt/resources/sexual-orientation.aspx>

American Psychological Association Report: Answers to Your Questions For a Better Understanding of Sexual Orientation and Homosexuality
<http://www.apa.org/topics/lgbt/orientation.aspx>

American Psychological Association: Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel
<http://www.apa.org/pi/lgbt/resources/just-the-facts.aspx>

FOR MORE INFORMATION

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