

## Introduction

In the policy statement Resolution on Appropriate Therapeutic Responses to Sexual Orientation (DeLeon, 1998), the American Psychological Association (APA) voiced its concern about “the ethics, efficacy, benefits, and potential for harm of therapies that seek to reduce or eliminate same-gender sexual orientation.” The statement also indicates that “some gay, lesbian, bisexual and questioning individuals [are] . . . at risk for presenting for ‘conversion’ treatment.” A decade later, the APA continues to voice these concerns. (Here and below, quotations in bold are for emphasis, while quotes in italics are present in the original.)

In *Answers to Your Questions for a Better Understanding of Sexual Orientation and Homosexuality*, the APA states the following about the treatment of homosexuality:

### **Is homosexuality a mental disorder?**

No, lesbian, gay, and bisexual orientations are not disorders. **Research has found no inherent association between any of these sexual orientations and psychopathology.** Both heterosexual behavior and homosexual behavior are normal aspects of human sexuality. Both have been documented in many different cultures and historical eras. Despite the persistence of stereotypes that portray lesbian, gay, and bisexual people as disturbed, several decades of research and clinical experience have led all mainstream medical and mental health organizations in this country to conclude that these orientations represent normal forms of human experience. Lesbian, gay, and bisexual relationships are normal forms of human bonding. Therefore, these mainstream organizations long ago abandoned classifications of homosexuality as a mental disorder. (APA, 2008, p. 3)

### **What about therapy intended to change sexual orientation from gay to straight?**

All major national mental health organizations have officially expressed concerns about therapies promoted to modify sexual orientation. To date, **there has been no scientifically adequate research to show that therapy aimed at changing sexual ori-**

**entation (sometimes called reparative or conversion therapy)<sup>1</sup> is safe or effective.** Furthermore, it seems likely that the promotion of change therapies reinforces 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. (APA, 2008, p. 3)

In *Just the Facts About Sexual Orientation and Youth* (Just the Facts Coalition, 2008), the APA voices similar concerns. *Just the Facts* is a revised, updated, and republished edition of the original 1999 publication by the same name and, like the 1999 publication, it was produced by a coalition of national education, health, and mental health organizations. Both the 1999 and 2008 editions were responses to the “**negative implications**” of initiatives “encouraging the promotion of **‘reparative therapy’ programs** in public schools . . . and **the potential threat** [such initiatives] **posed to the health and well-being of lesbian, gay, and bisexual students**” (Just the Facts Coalition, 2008, p. 20). Just the Facts also claims:

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 taken the position that **homosexuality is not a mental disorder and thus is not something that needs to or can be “cured.”** (pp. 5–6)

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1 The terms *reparative*, *conversion*, and *reorientation* are often used interchangeably in the literature. Practitioners of reparative therapy are typically trained in a psychodynamic, if not psychoanalytic, model. Conversion therapy is used commonly, but not exclusively, by critics of assisted sexual reorientation to refer to religiously- as well as professionally-mediated change efforts. Practitioners of reorientation therapies may be trained in one or more of the full spectrum of theoretical and practical approaches to psychotherapy (Nicolosi, Byrd, & Potts, 2000a). In the text—other than in direct quotes—we use *reorientation therapy* as the general term for all professional, therapeutic approaches to assisted change in unwanted sexual orientation.

Just the Facts offers quotes from public statements of each of the professional organizations cited above. Notably, the American Counseling Association (ACA) code of ethics (ACA, 2005) alerts counselors to their need to “**explain the potential risks** and ethical considerations of using [“unproven” or “developing”] techniques/procedures and take steps to **protect clients from possible harm**” (Just the Facts Coalition, 2008, p. 6). The National Association of Social Workers (NASW) policy statement on lesbian, gay, and bisexual issues (NASW, 2006) asserts, “**No data demonstrate that reparative or conversion therapies are effective, and in fact they may be harmful**” (Just the Facts Coalition, 2008, p. 9).

In addition, a portion of the quoted American Psychiatric Association’s (2000) position statement on reparative therapy includes the following:

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 past four decades, “reparative” therapists have not produced any rigorous scientific research to substantiate their claims of cure. . . . **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.** (Just the Facts Coalition, 2008, pp. 6–7)

Just the Facts precedes the NASW quotation with the assertion:

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 concern about the potential harm from such efforts. (p. 8)

Repeating its assertion, Just the Facts concludes with a warning to public school officials about “**the risk that these treatments** [to change sexual orientation through therapy and religious ministry] **may cause harm to young people . . . [i.e.,] their lesbian, gay and bisexual students**” (p. 20).

In its 1997 and 2008 publications, the APA also cites in support of its concerns the work of authors whose writings both speculate on the potential “harmfulness” of efforts to treat homosexuality and offer anecdotal reports of such harm (Davison, 1991; Gonsiorek & Weinrich, 1991; Haldeman, 1994; Schroeder & Shidlo, 2001; Shidlo & Schroeder, 2002).

### **Three Claims by the APA**

There appear to be three major claims underlying the APA’s objections to the treatment of homosexuality.<sup>2</sup>

1. There is no conclusive or convincing evidence that sexual orientation may be changed through reorientation therapy.

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2 The terms *homosexuality* and *homosexual* are used throughout this report as per their historical and scientific usage. The authors are aware that the terms *lesbian* and *gay* are often preferred when referring to specific homosexual groups. Terms like *gay* are used only to describe lifestyle locations (e.g., bars or baths) or in direct quotes from researchers.

2. Efforts to change sexual orientation are shown to be harmful and can lead to greater self-hatred, depression, and other self-destructive behaviors.
3. There is no greater pathology in the homosexual population than the general population.

In this scientific report, we review more than 100 years of experiential evidence, clinical studies, and research that demonstrate that it is possible for some men and women to change from homosexuality to heterosexuality; that efforts to change do not invariably result in harm; and that homosexual men and women do indeed have greater risk factors for pathology than do the general population. Based on our review of the reports of reorienters, clinicians and researchers, we conclude that reorientation treatment should continue to be available to those homosexuals who seek it.