

“Reparative Therapy” and Other Attempts to Alter Sexual Orientation: A Background Paper

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The movement to change gay men and lesbians into heterosexuals through so-called conversion therapy or reparative therapy is founded on the discredited view that homosexuality is a mental illness, is not based on scientific data, and uses practices that whose ethics have been questioned by the mainstream mental health profession.

Homosexuality is not a mental illness.

More than twenty-five years ago, the mental health profession in the United States rejected the outdated view that homosexuality is a mental illness. The American Psychiatric Association and the American Psychological Association have repeatedly affirmed that homosexuality is not a mental disorder and have urged their members to work to eradicate the stigma that has historically been associated with homosexuality. They are highly critical of attempts to change sexual orientation.

The “success” of so-called reparative therapy techniques in changing sexual orientation has not been proved.

It is highly doubtful that the so-called conversion therapies and reparative therapies are actually able to change a person’s sexual orientation from homosexual to heterosexual. Claims about their success are based on anecdotal reports, not on rigorous scientific studies that have been subjected to review by independent scientists. For every story about someone whose sexual orientation was supposedly converted to heterosexuality, there are many other reports of people who tried unsuccessfully to change and who endured a great deal of psychological pain and suffering in the process.

Many interventions aimed at changing sexual orientation have succeeded only in reducing or eliminating homosexual behavior rather than in creating or increasing heterosexual attractions. They have, in effect, deprived individuals of their capacity for sexual response to others. Often, these “therapies” have exposed their victims to electric shocks or nausea-producing drugs while showing them pictures of same-sex nudes.

In other cases, “success” has been claimed when a patient merely reported having engaged in heterosexual intercourse. But being able to physically perform the actions of intercourse is not the same as adopting the complex set of attractions and feelings that constitute sexual orientation.

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Another problem in many published reports of “successful” attempts to change sexual orientation is that the participants’ initial sexual orientation was never adequately assessed. Many bisexuals have been mislabeled as homosexuals with the consequence that the “successes” reported for the conversions actually have occurred among bisexuals who were highly motivated to adopt a heterosexual behavior pattern.

The extent to which people have actually changed their sexual behavior — even within the confines of these inadequate operational definitions — often has not been systematically assessed. Conclusions have often been based on the self-reports of psychoanalysts who were trying to change their patients’ sexual orientation. In other cases, the patient’s self-reports were used. However, the accuracy of these self-reports is questionable because both the patients and therapists were highly motivated to report “success.” More rigorous objective assessments (such as having independent observers evaluate patients’ actual behavior over an extended period of time) have been lacking.

The American Psychiatric Association’s official web site notes that:

“There is no published scientific evidence supporting the efficacy of ‘reparative therapy’ as a treatment to change one’s sexual orientation.... There are a few reports in the literature of efforts to use psychotherapeutic and counseling techniques to treat persons troubled by their homosexuality who desire to become heterosexual; however, results have not been conclusive, nor have they been replicated. There is no evidence that any treatment can change a homosexual person’s deep seated sexual feelings for others of the same sex.”

The ethics of trying to change people’s sexual orientation have been called into question.

Even if “reparative therapies” were able to change the sexual orientation of a small minority of the people upon whom they are used, their ethical basis is questionable. These treatments are simply an extension of society’s prejudices against gay men and lesbians. Typically, people who want to become heterosexual are reacting to society’s intense antigay hostility. Often, they are pressured to change by their family or their religious group. In many cases, they are minors who have been placed in a “reparative therapy” program by their parents.

According to the American Psychiatric Association’s official web site:

“Clinical experience suggests that any person who seeks conversion therapy may be doing so because of social bias that has resulted in internalized homophobia, and that gay men and lesbians who have accepted their sexual orientation positively are better adjusted than those who have not done so.”

In January of 1990, Dr. Bryant Welch, Executive Director for Professional Practice of the American Psychological Association, stated that “research findings suggest that efforts to ‘repair’

homosexuals are nothing more than social prejudice garbed in psychological accouterments.” At its meeting in August, 1997, the Council of Representatives of the American Psychological Association overwhelmingly approved a resolution affirming its longtime position that homosexuality is not a disorder and raising serious questions about the efficacy and ethics of so-called reparative therapies. The resolution highlighted the fact that many people who are the targets of “reparative therapy” are not really able to give informed consent to the procedure. This is especially true for adolescents who are being coerced into treatment by their parents or other adults. The resolution raised the question of whether it is ethically possible for a psychologist to conduct “conversion therapy” with individuals who are not capable of informed consent. The resolution reiterated the APA’s position that psychologists are ethically required to respect people’s right to self-determination, to respect values different from their own, and to refrain from discriminating against people on the basis of their sexual orientation.

In 1998, at its December 11-12 meeting, the American Psychiatric Association Board of Trustees unanimously endorsed a position statement opposing “reparative therapy.” According to that position statement:

“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 a prior assumption that the patient should change his/her homosexual orientation. The American Psychiatric Association recognizes that in the course of ongoing psychiatric treatment, there may be appropriate clinical indications for attempting to change sexual behaviors.”

Conclusions

In summary, scientific data are lacking to show that “reparative therapies” can effectively change an individual’s sexual orientation from homosexual to heterosexual. The relatively small number of attempts that have been adequately documented appear to have been largely unsuccessful.

Even if such conversions could be consistently accomplished through therapy, they are ethically questionable. Therapists have an ethical duty to resist such coercion. Instead of reinforcing or promoting the stigma attached to homosexuality, therapists should help gay people to understand their sexual orientation and learn how to lead a happy life.

Both the American Psychological Association and American Psychiatric Association have stated unequivocally that homosexuality is not a mental disorder. The mainstream view in psychology and psychiatry is that people who are troubled about their homosexual orientation are suffering from internalization of society’s prejudice against homosexuality, and that the appropriate task of a therapist is to help them to overcome those prejudices and to lead a happy and satisfying life as a gay man or lesbian.

Bibliography

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Martin, A. D. (1984). The emperor's new clothes: Modern attempts to change sexual orientation. In E. S. Hetrick & T. S. Stein (Eds.), *Innovations in psychotherapy with homosexuals* (pp. 23-58). Washington, DC: American Psychiatric Association Press.

Web Resources

Information about the American Psychological Association’s position on “reparative therapy” and other issues related to sexual orientation is available on the World Wide Web at:

<http://www.apa.org/pubinfo/answers.html>

The text of the American Psychological Association resolution on “reparative therapy” is at:

<http://www.apa.org/pi/lgbpolicy/orient.html>

Information about the American Psychiatric Association’s position on “reparative therapy” and the text of its resolution is available on the World Wide Web at:

http://www.psych.org/public_info/HOMOSE~1.HTM

Professor Herek’s web site includes information about “reparative therapy” at:

http://psychology.ucdavis.edu/rainbow/html/facts_changing.html