



Appropriate Therapeutic Responses to Sexual Orientation

RESOLUTION

WHEREAS societal ignorance and prejudice about same-gender sexual orientation put some gay, lesbian, bisexual, and questioning individuals at risk for presenting for “conversion” treatment due to family or social coercion and/or lack of information (Haldeman, 1994); and

WHEREAS children and youth experience significant pressure to conform with sexual norms, particularly from their peers; and

WHEREAS children and youth often lack adequate legal protection from coercive treatment; and

WHEREAS some mental health professionals advocate treatments of lesbian, gay, and bisexual people based on the premise that homosexuality is a mental disorder (e.g., Socarides et al., 1997); and

WHEREAS the ethics, efficacy, benefits, and potential for harm of therapies that seek to reduce or eliminate same-gender sexual orientation are under extensive debate in the professional literature and the popular media (Davison, 1991; Haldeman, 1994; Letters to the Editor, 1997);

THEREFORE BE IT RESOLVED that the American Psychological Association affirms the following principles with regard to treatments to alter sexual orientation:

THAT homosexuality is not a mental disorder (American Psychiatric Association, 1973); and psychologists “do not knowingly participate in or condone unfair discriminatory practices” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Principle D, p. 1600);

THAT “in their work-related activities, psychologists do not engage in unfair discrimination based on...sexual orienta-

tion” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 1.10, p. 1601);

THAT “in their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 1.09, p. 1601);

THAT “psychologists...respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Principle D, p. 1599);

THAT “psychologists are aware of cultural, individual, and role differences, including those due to...sexual orientation” and “try to eliminate the effect on their work of biases based on [such] factors” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Principle D, pp. 1599–1600);

THAT “where differences of...sexual orientation...significantly affect psychologists’ work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 1.08, p. 1601);

THAT “psychologists do not make false or deceptive statements concerning...the scientific or clinical basis for...their services” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 3.03(a), p. 1604);



on August 14, 1997.

For more information, please see www.apa.org/pi/lgbt.

PLEASE CITE AS:

DeLeon, P. H. (1998). Proceedings of the American Psychological Association, Incorporated, for the legislative year 1997: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, 53, 882–939. doi:10.1037/0003-066X.53.8.882



THAT “psychologists attempt to identify situations in which particular interventions...may not be applicable...because of factors such as...sexual orientation” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 2.04(c), p. 1603);

THAT “psychologists obtain appropriate informed consent to therapy or related procedures” [which] “generally implies that the [client or patient] (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 4.02(a), p. 1605);

THAT “when persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 4.02(b), p. 1605);

THAT “psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons’ psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons’ preferences and best interests” (Ethical Principles and Code of Conduct, American Psychological Association, 1992, Standard 4.02(c), p. 1605);

THAT the American Psychological Association “urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientation” (Conger, 1975, p. 633);

THEREFORE BE IT RESOLVED 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, mental health, and appropriate interventions in order to counteract bias that is based in ignorance or unfounded beliefs about sexual orientation.

REFERENCES

- American Psychiatric Association. (1973). Position statement on homosexuality and civil rights. *American Journal of Psychiatry*, *131*, 497.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, *47*, 1597–1611. doi:10.1037/0003-066X.47.12.1597
- Conger, J. J. (1975). Proceedings of the American Psychological Association, Incorporated, for the year 1974: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, *30*, 620–651. doi:10.1037/h0078455
- Davison, G.C. (1991). Constructionism and morality in therapy for homosexuality. In J. Gonsiorek & J. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 137–148). Thousand Oaks, CA: Sage.
- Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology*, *62*, 221–227. doi:10.1037/0022-006X.62.2.221
- Letters to the Editor. (1997, January 23). *The Wall Street Journal*, p. A17.
- Socarides, C., Kaufman, B., Nicolosi, J., Satinover, J., & Fitzgibbons, R. (1997, January 9). Don't forsake homosexuals who want help. *The Wall Street Journal*, p. A12.