

## **APS Position Statement on the use of psychological practices that attempt to change sexual orientation**

In 1973, the American Psychiatric Association removed homosexuality as a disorder from their *Diagnostic and Statistical Manual II*. The next iteration of the *Diagnostic and Statistical Manual III* released in 1980 saw the introduction of 'ego-dystonic homosexuality'. This diagnosis, which viewed the distress experienced by some individuals who identify as homosexual as constituting a disorder, was removed from the *Diagnostic and Statistical Manual* in 1987.

The American Psychiatric Association in its *Diagnostic and Statistical Manual* does not consider homosexuality or bisexuality as a disorder, and does not provide a diagnosis for individuals who may experience distress due to social, familial or cultural views of homosexuality or bisexuality.

Despite these revisions, some organisations and individuals practicing outside the remit of professional bodies such as the American Psychiatric Association or the Australian Psychological Society continue to advocate for therapeutic approaches that treat homosexuality and bisexuality as disorders. These are most commonly referred to as 'reparative' or 'conversion' therapies. Many such approaches are guided by particular interpretations of religious texts, and these are referred to as 'ex-gay' ministries.

**The APS strongly opposes any approach to psychological practice or research that treats lesbians, gay men, and bisexual people as disordered. The APS also strongly opposes any approach to psychological practice or research that attempts to change an individual's sexual orientation.** The Code of Ethics of the Australian Psychological Society, and the *Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients* that accompany it, clearly outline why the Australian Psychological Society takes this approach.

Section A.1.1 of the Code of Ethics states: "psychologists avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis proscribed by law". Section A.2.1 states: "in the course of their conduct, psychologists: a) communicate respect for other people through their actions and language, b) do not behave in a manner that, having regard to the context, may reasonably be perceived as coercive or demeaning, and c) respect the legal rights and moral rights of others". It should be noted, however, that this requirement not to discriminate and to respect clients' moral rights does not equate to a justification to treat homosexuality or bisexuality as a disorder requiring treatment.

This is made clear in Section B.1.2, which states: "psychologists only provide psychological services within the boundaries of their professional competence. This includes but is not restricted to... b) basing their service on established knowledge of the discipline and profession of psychology".

**There is no peer-reviewed empirical psychological research objectively documenting the ability to 'change' an individual's sexual orientation. Furthermore, there is no peer-reviewed empirical psychological research demonstrating that homosexuality or bisexuality constitutes a disorder.**

In addition to the lack of empirical support for the claim that sexual orientation can be changed, empirical evidence indicates that attempts at changing sexual orientation can be harmful. A significant number of

participants in research conducted by Shidlo and Schroeder (2002) reported that 'conversion therapy' resulted in psychological harm (including depression, suicidal ideation, reduced self-esteem, sexual dysfunction), interpersonal harm (including social isolation, loss of social supports, damage to intimate relationships) and spiritual harm (including a loss of faith, a sense of betrayal by religious leaders, and excommunication).

The APS *Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients* outline what would constitute ethical practice when working with individuals who may experience distress due to their homosexuality or bisexuality:

3.5. When a client presents with discomfort about their own sexual orientation, psychologists assess the psychological and social context in which this discomfort occurs. For example, such an assessment might include consideration of pressures on clients to change their sexual orientation, the presence or absence of social support and models of positive lesbian, gay, or bisexual life, and the extent to which clients associate same-sex attraction with negative stereotypes and experiences.

Furthermore, the *Guidelines* state that:

12.1. Psychologists do not use psychological assessment tools and measures that have a biased view of homosexuality as indicative of a disorder. Such bias is more common with older psychological tests, or tests that have been developed on the basis of psychological theories which have been superseded. Furthermore, psychologists do not use the results of psychological assessment tests and measures to discriminate against lesbian, gay, and bisexual people on the basis of their sexual orientation.

Psychologists are responsible for the professional decisions they make and may be liable to investigation for professional misconduct in the event a client makes a claim of maleficence. It is, of course, appropriate for psychologists to provide clinical services to clients who experience distress in regards to their sexual orientation. It is also appropriate for psychological research to be undertaken on this topic. However, the Australian Psychological Society advises that such practice and research should seek to understand *the reasons for* distress and how it may be alleviated. Evidence-based strategies to alleviate distress do not include attempts at changing sexual orientation, but could include challenging negative stereotypes, seeking social support, and self-acceptance, among others.

## References

Australian Psychological Society. (2007). *Code of ethics*. Melbourne: APS.

Australian Psychological Society. (2010). *Guidelines for psychological practice with lesbian, gay and bisexual clients*. Melbourne: APS.

Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumers' report. *Professional Psychology: Research and Practice*, 33, 249-259.

The Australian Psychological Society Limited  
PO Box 38  
Flinders Lane VIC 8009  
Phone: 03 8662 3300  
Fax: 03 9663 6177  
Email: [contactus@psychology.org.au](mailto:contactus@psychology.org.au)  
Website: [www.psychology.org.au](http://www.psychology.org.au)

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