INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES (ISPN)

Position Statement
On
Reparative Therapy

Summary:

The International Society of Psychiatric-Mental Health Nurses (ISPN) believes that there is a critical need for increased awareness of and attention to the potential threat that "reparative therapy" poses to the health and well-being of lesbian, gay and bisexual persons. The ISPN does not view homosexuality as a mental disorder requiring treatment. This position is consistent with the removal of the homosexuality diagnosis from the Diagnostic and Statistical Manual (DSM II) in 1973 and the publicly stated positions of several professional associations. ISPN supports the education of nurses and health care providers regarding accurate information about sexual orientation. and appropriate therapeutic interventions with this population. Addressing bias or unfounded beliefs about same-gender orientation is imperative. ISPN further supports the education of nurses, other health care providers and the lesbian and gay community on the necessary skills and development of sensitivities needed to appropriately address the professional, ethical and public concerns about "reparative or conversion therapies."

Sexual orientation refers to "an individual's pattern of physical and emotional arousal toward other persons" (Frankowsi & the American Academy of Pediatrics Committee on Adolescence, 2004, p.1827). Lesbian and gay refers to attraction to other women or men respectively. Bisexuals are attracted to members of both sexes.

"Reparative therapy" is defined as psychotherapy or other interventions aimed at eliminating homosexual desires. "Reparative therapy", which is sometimes called "conversion therapy," is based on a belief about homosexuality that has been rejected by mental health, medical and scientific organizations. These therapies are conducted in various settings including private offices, inpatient units, residential facilities and boarding schools. The treatments may include: individual and group therapy; behavior therapies involving electrical shocks to the hands, torso and genitals while exposing the client to homoerotic images; covert sensitization – which involves imagining erotic circumstances and pairing this with something frightening or revolting or administering emetics; performing exorcism; subjecting the individual to isolation and restraints; and engaging in other therapies designed to modify gender behavior to be more hetero-congruent (sports training and coaching for males and cosmetics application for females) (Beckstead and Morrow, 2004; Shidlo & Shroeder, 2002). Aside from the ethical principles of autonomy, justice and beneficence that these practices violate, these therapies have questionable outcomes regarding effectiveness in actually changing a person's sexual orientation. In fact "reparative or conversion therapies" have not supported authentic change in sexual orientation itself. In cases where homosexual behavior changed to heterosexual behavior, the behavioral changes were short-lived. Sexual orientation itself was not changed because the complex set of attractions and feelings that constitute sexual orientation had not changed (Herek, 1999).

Background:

There is no conclusive evidence that "reparative therapy" is beneficial to patients. Although success rates for these therapies range from 11% (*complete* change in females) to 37% (*complete* change in males (Spitzer, 2003), it is unclear if participants were homosexual or bisexual prior to starting therapy in many of these studies. Additionally, "success" in therapy has been defined in various ways – from complete conversion to heterosexual desires and behavior to continued homosexual attraction in the context of celibacy (Spitzer, 2003; Yarhouse, 2002).

In spite of the reported questionable outcomes, people may still seek out these therapies. Reasons for seeking these therapies include: to maintain family ties; to resolve a perceived incongruence between their sexual orientation and religious beliefs, religious fear or guilt – fear of damnation; to seek help for depression, anxiety or guilt about being homosexual or secondary to recommendation by a religious leader or therapist; and some may be coerced into therapy, (Shidlo & Shroeder, 2002).

Harmful sequelae of reparative therapy reported in the literature include anxiety, depression, avoidance of intimacy, sexual dysfunction, PTSD, loss of self-confidence and self-efficacy, shame/guilt, self-destructive behavior, and suicidality (Beckstead & Morrow, 2004; Ford, 2001; Haldeman, 2001, Shidlo & Schroeder, 2002; Tozer & Hayes, 2004; Yarhouse, 2002).

Ethical Considerations:

The American Psychiatric Association and the American Psychological Association have gone on record to state that homosexuality per se is not a mental disorder and therefore does not require a "cure." They have been joined by The National Association of Social Workers, The Committee on Psychotherapy by Psychiatrists, The Gay and Lesbian Medical Association, The American Counseling Association and the American Academy of Pediatrics, in authoring position statements on reparative therapy, making it clear that they do not support efforts to change one's sexual orientation, further, warning of the potential to do harm, and questioning the ethics of these therapies.

Patient advocacy is a central aspect of nursing's social contract with society. Nurses have a responsibility to protect patients from any treatment or therapy which damages physical, psychological, social, spiritual and intellectual well-being.

Conclusion:

There have been sound arguments against the practice of reparative or conversion therapies. It is clear that these treatment modalities raise numerous ethical concerns and challenge the code of ethics of medical, psychological, nursing, and social work disciplines.

Therefore, ISPN **strongly opposes reparative therapy** and encourages nurses to:

1. Review their own values and to use the standards that guide ethical nursing practice.
2. Promote, advocate for and strive to protect the health, safety and rights of the patient (American Nurses Association, 2001).
3. Ensure that the individual receives sufficient information so that he or she understands that homosexuality is not an illness and therefore does not require treatment.
4. Join the academic research community and NIMH to further explore the outcomes

experienced by those who have chosen reparative therapies and expose the risks versus the benefits of these questionable interventions

5. Not engage in practicing these therapies

References

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Web Resources

The text of the Gay and Lesbian Medical Association Position Paper on Reparative Therapy is at: http://glama.org/index.cfm?fuseaction=Feature.showFeature &CategoryID==5&Featu...

Professor Herick's web site includes information about "reparative therapy" at: http://psychology.ucdavis.edu/rainbow/html/facts_changing.html

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