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16 July, 2011

My interests in the above statement<sup>i</sup> revolve around four areas: (1) the statement's insistence that use of 'reparative' and 'conversion' therapies in relation to the sexual orientation change efforts (SOCE), is categorically 'irresponsible'; (2) the implied assertion that since homosexuality is neither a pathology nor a disorder, the need for therapists to address clients' aspirations for change or re-orientation, is therefore obviated, unless done via gay-affirming approaches; (3) the possible interpretation of the statement that 'reparative' and 'conversion' therapy are harmful practices, and therefore should be prohibited (4) the UKCP's preferred methods for dealing with 'egodystonic sexual orientation'.

The "UKCP statement on 'reparative' therapy of members of sexual minorities" appears to conflate 'reparative' and 'conversion' therapies despite the clearly disparate etymologies of the terms in the literature. 'Reparative Therapy' has emerged from the psychoanalytical school, through the credible work of work of Anna Freud, Irving Bieber, Lawrence Hatterer, Charles Socarides and Joseph Nicolosi. 'Conversion Therapy' on the other hand, has emerged out of discredited aversion-type therapies, according to Douglas Haldeman<sup>ii</sup>.

In addition to this conflation of terms, would it be true to say that the UKCP statement rejects Sexual Orientation Change Efforts (SOCE) in their totality as "irresponsible", and thereby exceeds the American Psychological Association's (APA-1) Resolution<sup>iii</sup> (which the statement cites), and which rejects neither SOCE nor Reparative Therapy?

The UKCP statement appears to make use of the term 'reparative therapy' in a generic (i.e., reparative-type) rather than treatment-specific sense (i.e., Reparative Therapy as articulated and practiced by Joseph Nicolosi et. al)<sup>iv</sup>. As such the statement appears to contradict such leading textbooks in the field on the assessment, diagnosis and treatment of psychiatric disorders as 'Essential Psychopathology and its Treatment' (Maxmen, Ward and Kilgus, 2009:468)<sup>v</sup>. This text states: "...homosexual orientation can indeed be therapeutically changed in motivated clients, and that reorientation therapies do not produce emotional harm when attempted..."

The APA-1 Resolution cites the following standards and general principles that should be considered in the decision making process: scientific bases for professional judgments, benefit and harm, justice, and respect for people's rights and dignity. In the Report of the APA-1 Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) ("Task Force Report")<sup>vi</sup>, each of these standards and general principles is examined. A psychologist who provides sex orientation change efforts (SOCE), depending on all of the facts and circumstances, may be in violation of one or more of the APA-1's Ethical Standards, but in no event has the APA-1 categorically prohibited therapies that may result in sexual orientation changes. Therefore, APA-1 does not prohibit a treatment or an outcome without consideration of the case specific circumstances, as the UKCP statement might be

interpreted to do. Instead, APA-1 specifies ethical principles of clinical judgment and practice in this area. The UKCP Statement appears to imply more gravely, that practitioners offering such therapeutic approaches are in professional breach of UKCP principles and may therefore be denied professional recognition.

It is worth pointing out that neither the American Psychiatric Association (APA-2), the American Counseling Association (ACA), the American Association for Marriage and Family Therapy (AAMFT), the American Psychoanalytic Association (APA-3), the International Society of Psychiatric Mental Health Nurses (ISPMHN), nor the National Association of Social Workers (NASW) prohibit, within their ethical codes, the practice of 'reparative' or 'conversion' therapy as the UKCP statement appears to do. Neither in fact does the Royal College of Psychiatrists' (RCP) Position Statement on Sexual Orientation (2010)<sup>vii</sup> ban reparative therapy. In citing some of these organisations in this regard, the UKCP statement might be misleading.

The statement makes the uncritical assertion that "to date, the 'causes' of both heterosexuality and homosexuality remain unknown", which of course cannot be refuted. This in essence, is the ideological or dogmatic premise upon which the statement is referenced. The argument might imply that there is now sufficient credible scientific evidence indicating that we are born gender-neutral; that gender-role is entirely a social-construct; 'masculinity' and 'femininity' arbitrary, and sexual orientation is mainly independent of one's biological sex. Those rejecting this view present a very different reading of the science, instead understanding the species' sexual default to be aligned to its reproductive imperative. The suggested view the UKCP statement presents of gender-neutrality is however a contested domain and cannot be presented in this manner without considerable injustice to conflicting views, yet the UKCP statement appears to do exactly that. It follows from this position that the statement can only disallow any notion of sexual reorientation therapy.

The UKCP's statement that "no responsible psychotherapist will attempt to 'convert' a client from homosexuality to heterosexuality ('reparative' therapy)" might give rise to the view that the organisation has declared that such a course would be harmful, and therefore professionally reprehensible, and consequently such practitioners would be excluded from accreditation and recognition.

It is worthy of note, however, that the world's leading authority on psychotherapies causing harm, Professor Scott Lilienfeld<sup>viii</sup> does not mention 'reparative' or 'conversion' therapy in the detailed lists provided in his work. Curiously the APA-1 Taskforce document, mentioned above, cites Lilienfeld at least eight<sup>ix</sup> times, although he does not refer to reparative therapy as a harmful therapy in any instance. Whilst Shidlo and Schroeder's (2002)<sup>x</sup> research provides sufficient important anecdotal evidence to justify further research, it cannot be used to establish the scale of the problem nor the conditions contributing to the increase or reduction of the risk of harm. These researchers themselves caution<sup>xi</sup> against the sweeping generalisations often overlooked by those who frequently subscribe to the study as irrefutable evidence of the harm these therapies are alleged to cause.

Clearly the potential for harm because of raised and unrealistic expectations from claims of success of re-orientation or reparative-type therapies is self-evident. However the Shidlo and Schroder study made no use of objective measures of mental health problems allegedly caused by the interventions described, and, more importantly, failed to distinguish between the potential for harm the variety of these interventions (clinical, psychological, psychotherapeutic, counselling or religious) the subjects were known to have been subjected to. Thus this study's methodology does not allow us to determine whether the interventions caused the reported harm<sup>xii</sup>. Where then exactly is the body of research ascribing harm to reparative-type therapies?

Finally it would be very helpful if you would help me to understand how the UKCP would guide its members in working with clients presenting with what the ICD-10 refers to as "egodystonic sexual orientation"<sup>xiii</sup>, still recognised by the World Health Organisation. I realise that the ICD-10 might with the coming of ICD-11 change or even eliminate this category, but the fact remains that clients will continue to express dissatisfaction with their own sexual orientation, and have themselves, within the ICD-10, been pathologised as having mental health issues by this fact. Yet ironically, potentially because of the UKCP's statement, they appear to be denied professional therapeutic support to address this through anything other than a gay-affirming approach. If this is not the case, how should such clients be approached in the light of the UKCP statement?

The same statement suggests that "psychotherapists, educators and the media need to work more energetically and in partnership to prevent the re-pathologization of LGBT people". I understand this statement to place high priority on inclusiveness, social responsibility, equality and diversity. I am therefore hopeful that those with a serious interest in appropriate psychological care for that part of the population group, irrespective of the world views they hold, who are conflicted in their experience of sexuality will be included in such a partnership and the UKCP's efforts. I would like to make myself available to assist in this process if that would be helpful.

Thank you for your consideration of these points.

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<sup>i</sup> UKCP statement on the 'reparative' therapy of members of sexual minorities – February 2010. <http://www.psychotherapy.org.uk/article1260.html> <17 June, 2011>

<sup>ii</sup> Haldeman, Douglas C. (June 2002), "[Gay Rights, Patient Rights: The Implications of Sexual Orientation Conversion Therapy](#)", *Professional Psychology: Research and Practice* **33** (3): 260, [doi:10.1037//0735-7028.33.3.260](https://doi.org/10.1037//0735-7028.33.3.260)

<sup>iii</sup> Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts <http://www.apa.org/about/governance/council/policy/sexual-orientation.aspx> <17 June, 2011>

<sup>iv</sup> Nicolosi, Joseph (2009). *Shame and Attachment Loss: The Practical Work of Reparative Therapy*. InterVarsity Press

<sup>v</sup> Maxmen, J.S., Ward, N.G., Kilgus, M (2009) *Essential Psychopathology and its Treatment*.

Full quote: "While many mental health care providers and professional associations have expressed considerable scepticism that sexual orientation could be changed with psychotherapy and also assumed that therapeutic attempts at orientation would produce harm, recent empirical evidence demonstrates that homosexual orientation can indeed be therapeutically changed in motivated clients, and that reorientation therapies do not produce emotional harm when attempted (eg Byrd and Nicolosi, 2002; Byrd et al., 2008; Shaeffer et al., 1999; Spitzer, 2003)."

<sup>vi</sup> Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009)  
<http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

<sup>vii</sup> Royal College of Psychiatrists Position Statement on Sexual Orientation (2010)  
[http://www.rcpsych.ac.uk/pdf/PS01\\_2010x.pdf](http://www.rcpsych.ac.uk/pdf/PS01_2010x.pdf)

<sup>viii</sup> Lilienfeld, S.O. "Psychological Treatments that Cause Harm" in *Perspectives in Psychological Science* vol 3 :1 53-70.  
<http://www.psychotherapy.org.uk/article1260.html> <20 June 2011>

<sup>ix</sup> Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009)  
<http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>: cf pp 26,41,42,67,83,86,90,91.

<sup>x</sup> Shidlo, A., and Schroeder, M. "Changing sexual orientation: A consumers' report." *Professional Psychology: Research and Practice*, Vol 33(3), Jun 2002, 249-259.

<sup>xi</sup> "Our results therefore focus on the meanings of harm attributed by clients, and the accuracy of these attributions remains to be determined by future process-and-outcome-research . . . The data presented in this article do not provide information on the incidence, and the prevalence of failure, success, harm, help or ethical violations in conversion therapy. The qualitative data obtained can serve to develop rigorous quantitative measures to be validated in future studies".

<sup>xii</sup> Harrison, G "Unwanted same-sex attractions: can pastoral counselling interventions help people change?" in *The Anglican Community and Homosexuality: A resource to enable listening and dialogue*. Groves, P (ed), 2008. p323.

<sup>xiii</sup> ICD-10 (2007) Online entry: F66.1 <http://apps.who.int/classifications/apps/icd/icd10online/>  
"Egodystonic sexual orientation "The gender identity or sexual preference (heterosexual, homosexual, bisexual, or prepubertal) is not in doubt, but the individual wishes it were different because of associated psychological and behavioural disorders, and may seek treatment in order to change it".