



**The British
Psychological Society**

Promoting excellence in psychology

Position Statement
Therapies Attempting to
Change Sexual Orientation

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Summary

The British Psychological Society (BPS) opposes any psychological, psychotherapeutic or counselling treatments or interventions (often referred to as ‘reparative’ or ‘conversion’ therapies) that view same-sex sexual orientations (including lesbian, gay, bisexual and all other non-heterosexual sexual orientations) as pathological. The Society categorically refutes this position and honours and respects sexual diversity. In opposing these therapies, we join many other UK and international organisations that adopt this position, including the United Kingdom Council for Psychotherapy, the Royal College of Psychiatrists, the American Psychiatric Association, the American Medical Association and the American Psychological Association.

Position statement

The BPS believes that people of same-sex sexual orientations should be regarded as equal members of society with the same rights and responsibilities. This includes freedom from harassment or discrimination in any sphere, and a right to protection from therapies that are potentially damaging, particularly those that purport to change or ‘convert’ sexual orientation. The BPS believes that people of all *genders* and *identities* should be regarded as equal members of society and protected from potentially damaging therapies and pathologising (BPS Psychology of Women and Psychology of Sexualities Sections, 2007, 2011).

We assert that:

1. As set out in the ICD-10 and DSM-IV, homosexuality *per se* is not a diagnosable mental disorder (American Psychological Association, 1975). Recent publicised efforts to repathologise homosexuality by claiming that it can be ‘cured’ are rarely guided by rigorous scientific or psychological research, but often by religious and political forces opposed to full civil rights for people of same-sex sexual orientations. In recent years, noted proponents of ‘reparative’ therapy have integrated older psychoanalytic theories that pathologise homosexuality with traditional religious beliefs condemning homosexuality (Moberly, 1983; Harvey, 1987;

- Nicolosi, 1991). As a professional and scientific organisation, the BPS will challenge claims made by political, religious or other groups which claim homosexuality is an illness.
2. As same-sex sexual orientations *per se* are not diagnosable illnesses, they do not require any therapeutic interventions to change them. Therapeutic modalities to convert or repair same-sex sexual orientations are largely based on theories of questionable scientific validity (Haldeman, 1991, 1994; Brown, 1996; Drescher, 1997) and anecdotal reports. These reports of ‘cures’ (Nicolosi, 1991; Duberman, 1991; White, 1994; Isay, 1996) are counterbalanced by reports of psychological harm caused by such ‘treatments’ (Beckstead, 2004; Shidlo & Schroeder, 2002; Glassgold et al., 2009). The reparative therapy literature also overstates the treatments’ accomplishments whilst neglecting the potential risks.
 3. It is acknowledged that some people may experience psychological distress because of the impact of social stigma and prejudice (e.g. homophobia and biphobia) against same-sex sexual orientations. Advocates of ‘reparative’ therapies not only ignore these impacts but misconstrue the resultant presenting psychological issues as pathology inherent to same-sex sexual orientations (Freud, 1905; Rado, 1940; Bieber et al., 1962; Socarides, 1968; Ovesey, 1969; Hatterer, 1970).
 4. For best practice guidelines on working therapeutically with sexual and gender minorities, readers should refer to the Society’s *Guidelines and Literature Review for Psychologists Working Therapeutically with Sexual and Gender Minority Clients* (BPS, 2012).

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