Reparative or Conversion Therapy: what we know [1]

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What are the Reparative or Conversion Therapies?

Research indicates that diverse types of sexual, gender orientation and preferences have been found in many cultures around the world (Herdt, 2018). Mental health professionals have developed extreme measures such as electroconvulsive shock therapy, castration, and nausea-inducing drugs in order to prevent or stop people from engaging in any behavior other than heterosexual. These “therapies” are mostly religiously motivated religious .After the 1990s, conversion therapies were less abusive to the patients and were substituted by using a variety of behavioral, cognitive, psychoanalytic, hypnotic, and spiritual interventions. Given the potential intertwine of religious themes and given that a theological discussion can become very complex and passionate, we will not address theological assumptions in this article. We aim to focus on the transformation and scientific value of conversion or reparative therapies.

Why is it important to talk about this topic?

Psychology is a growing field.. Although psychologists deal with a wide variety of human health conditions, their services are often viewed as a way of fixing something. If there is something wrong with people who engage in non-heterosexual behaviors, maybe a psychologist could just fix them, right? There is a strong relationship between religiosity and homophobia (Wilkinson, 2004). Data suggests that there is a growing demand for a specific Latino population seeking gender identity services, mostly because of religious reasons. This occurs given that Latinos are a highly religious community .

Why do some religious groups consider non-heterosexual behaviors as something to be fixed? and Does the demand for conversion therapies translates to usefulness and desired outcomes?

Non-Heterosexuality

For centuries, homosexuality has been predominantly viewed as a crime and. These unjust actions influenced the field of psychiatry leading to classifying homosexuality as a mental illness reported the first (1952) and second (1968) editions of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). These views initiate the scientific study of homosexuality, results using nonclinical samples of homosexual men and women shown that homosexual people were no different from heterosexual people. Results have shown no

difference in mental capacity or personality; homosexual men and women were essentially similar to heterosexual men and women in adaptation and functioning. Evaluators could not differentiate between the results of homosexual and heterosexual people, showing that non-heterosexual people have the same capacities and are in equal mental health. In fact, as we mentioned earlier, homosexuality is more common than previously thought, shared in several species and cultures. This leads to other social explanations; homosexuality has been stigmatized and persecuted by the simple fact of having n different sexual attraction. These studies lead in 1973 to the removal of “homosexuality” from the second edition Diagnostic and Statistical Manual (DSM) from the American Psychiatric Association (APA). There is a common assumption that homosexuality is a mental illness because it was wrongly included in the DSM. Other changes have been undergoing in the history of Psychology and Psychiatry, assuming that homosexuality is a mental illness, because it was previously in the manual would require accepting other errors of the profession, for example black and hispanic people were assume to be less intelligent. We can’t forget the conversion therapies were develop under the assumption that homosexuality is a mental disorder, and that patients should change their sexual orientation (American Psychiatric Association).

But, does it work?

Like any other science, the American Psychology Association (APA, 2009) usually develop studies to learn the use or not of different therapy models, in 2007, a task force examined the evidence of the Conversion Therapies. Results showed Conversion Therapies are unlikely to be successful; on the contrary, they hurt people, those that undergo Conversion Therapies, especially minors, are often forced and are at high risk of being harm. The American Psychology Association stated, “Therapy directed at specifically changing sexual orientation is contraindicated since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.” Even though there are people that voluntarily decide to undergo conversion therapies, they tend to have staunchly conservative religious views that lead them to seek to change their sexual orientation. Numerous organizations opposed conversion therapies such as American Psychological Association, American Psychiatric Association, National Association of School Psychologists, National Association of Social Workers, Canadian Organization of Social Workers, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Counseling Association, la American Medical Association.

Benefits vs Harm

Exploring the efficacy of interventions also includes the examination of side effects or possible harms to those who receive it. The classic phrase “more harm does the cure” applies to these therapies; this is a central issue as most attempts to change sexual orientation involve aversive methods. Most studies report people that undergo Conversion Therapies are being seriously harm, the negative consequences involve serious mental and emotional consequences including anxiety (20%), depression (40%), suicidal ideation (10%), grief, guilt, loss of social support, deteriorated relationship with family, self-hate, among others (APA, 2009; Bancroft, 1969). Some recent studies report mix findings as some people express to benefit. However, this benefit is mostly related to having someone to talk about the social stress and social consequences of same-sex attraction also, because results indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions using conversion therapies people that undergo express guilt and failure after completing them.

Conclusion

Research suggests that mostly non-religious mental health professionals tend to treat a majority of clients who identify as religious (Mayers, Leavey, Vallianatou, & Barker, 2007) and that patients who identified themselves as religious expect attitudes that match their religious values (Post & Wade 2009). However, being non-religious does not prevent a therapist from providing services to this population. Mental health professionals are expected to have the adequate cultural competency to understand underlying assumptions and context that may account for the symptoms or preoccupations seen within this population. They are the perfect link between knowledge and empathy as they can understand how spirituality and religious views and identity affect the patient’s thoughts and behaviors. Conversion or reparative therapies are banned not because it’s potential religious theme involvement, but because they have been proven to be ineffective, and most importantly, it has been proven to cause harm. There should be space for everyone to receive the appropriate counseling/treatment service and is all mental health professional responsibility to ensure that their methods do not cause harm to patients.

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