

“CURES” FOR AN ILLNESS THAT DOES NOT EXIST

Purported therapies aimed at changing sexual orientation lack medical justification and are ethically unacceptable

Introduction

Countless human beings live their lives surrounded by rejection, maltreatment, and violence for being perceived as “different.” Among them, millions are victims of attitudes of mistrust, disdain and hatred because of their sexual orientation. These expressions of homophobia are based on intolerance resulting from blind fanaticism as well as pseudo-scientific views that regard non-heterosexual and non-procreative sexual behavior as “deviation” or the result of a “developmental defect.”

Whatever its origins and manifestations, any form of homophobia has negative effects on the affected people, their families and friends, and society at large. There is an abundance of accounts and testimonies of suffering; feelings of guilt and shame; social exclusion; threats and injuries; and persons who have been brutalized and tortured to the point of causing injuries, permanent scars and even death. As a consequence, homophobia represents a public health problem that needs to be addressed energetically.

While every expression of homophobia is regrettable, harms caused by health professionals as a result of ignorance, prejudice, or intolerance are absolutely unacceptable and must be avoided by all means. Not only is it fundamentally important that every person who uses health services be treated with dignity and respect; it is also critical to prevent the application of theories and models that view homosexuality as a “deviation” or a choice that can

be modified through “will power” or supposed “therapeutic support”.

In several countries of the Americas, there has been evidence of the continued promotion, through supposed “clinics” or individual “therapists,” of services aimed at “curing” non-heterosexual orientation, an approach known as “reparative” or “conversion therapy.”¹ Worryingly, these services are often provided not just outside the sphere of public attention but in a clandestine manner. From the perspective of professional ethics and human rights protected by regional and universal treaties and conventions such as the American Convention on Human Rights and its Additional Protocol (“Protocol of San Salvador”)², they represent unjustifiable practices that should be denounced and subject to corresponding sanctions.

Homosexuality as a natural and non-pathological variation

Efforts aimed at changing non-heterosexual sexual orientations lack medical justification since homosexuality cannot be considered a pathological condition.³ There is a professional consensus that homosexuality represents a natural variation of human sexuality without any intrinsically harmful effect on the health of those concerned or those close to them. In none of its individual manifestations does homosexuality constitute a disorder or an illness, and therefore it requires no cure. For this reason homosexuality was removed

from the relevant systems of classification of diseases several decades ago.⁴

The ineffectiveness and harmfulness of “conversion therapies”

Besides the lack of medical indication, there is no scientific evidence for the effectiveness of sexual re-orientation efforts. While some persons manage to limit the expression of their sexual orientation in terms of conduct, the orientation itself generally appears as an integral personal characteristic that cannot be changed. At the same time, testimonies abound about harms to mental and physical health resulting from the repression of a person’s sexual orientation. In 2009, the American Psychological Association conducted a review of 83 cases of people who had been subject to “conversion” interventions.⁵ Not only was it impossible to demonstrate changes in subjects’ sexual orientation, in addition the study found that the intention to change sexual orientation was linked to depression, anxiety, insomnia, feelings of guilt and shame, and even suicidal ideation and behaviors. In light of this evidence, suggesting to patients that they suffer from a “defect” and that they ought to change constitutes a violation of the first principle of medical ethics: “first, do no harm.” It affects the right to personal integrity as well as the right to health, especially in its psychological and moral dimensions.

Reported violations of personal integrity and other human rights

As an aggravating factor, “conversion therapies” have to be considered threats to the right to personal autonomy and to personal integrity. There are several testimonies from adolescents who have been subject to “reparative” interventions against their will, many times at their families’ initiative. In

some cases, the victims were interned and deprived of their liberty, sometimes to the extent of being kept in isolation during several months.⁶ The testimonies provide accounts of degrading treatment, extreme humiliation, physical violence, aversive conditioning through electric shock or emetic substances, and even sexual harassment and attempts of “reparative rape,” especially in the case of lesbian women. Such interventions violate the dignity and human rights of the affected persons, independently of the fact that their “therapeutic” effect is nil or even counterproductive. In these cases, the right to health has not been protected as demanded by the regional and international obligations established through the Protocol of San

Salvador and the International Covenant on Economic, Social, and Cultural Rights.

Conclusion

Health professionals who offer “reparative therapies” align themselves with social prejudices and reflect a stark ignorance in matters of sexuality and sexual health. Contrary to what many people believe or assume, there is no reason – with the exception of the stigma resulting from those very prejudices – why homosexual persons should be unable to

enjoy a full and satisfying life. The task of health professionals is to not cause harm and to offer support to patients to alleviate their complaints and problems, not to make these more severe. A therapist who classifies non-heterosexual patients as “deviant” not only offends them but also contributes to the aggravation of their problems. “Reparative” or “conversion therapies” have no medical indication and represent a severe threat to the health and human rights of the affected persons. They constitute unjustifiable practices that should be denounced and subject to adequate sanctions and penalties.

The long history of psychopathologization

For centuries, left-handed persons suffered because the use of the left hand (“sinister” in Latin) was thought to be associated with disaster. These people were regarded as carriers of misfortune and as having a “constitutional defect.”

Until relatively recently, there were attempts to “treat” and “correct” this supposed defect, causing suffering, humiliation, learning difficulties and difficulties in adapting to daily life in the affected persons.

Recommendations

To governments:

- Homophobic ill-treatment on the part of health professionals or other members of health care teams violates human rights obligations established through universal and regional treaties. Such treatment is unacceptable and should not be tolerated.
- “Reparative” or “conversion therapies” and the clinics offering them should be reported and subject to adequate sanctions.
- Institutions offering such “treatment” at the margin of the health sector should be viewed as infringing the right to health by assuming a role properly pertaining to the health sector and by causing harm to individual and community well-being.⁷
- Victims of homophobic ill-treatment must be treated in accordance with protocols that support them in the recovery of their dignity and self-esteem. This includes providing them treatment for physical and emotional harm and protecting their human rights, especially the right to life, personal integrity, health, and equality before the law.

To academic institutions:

- Public institutions responsible for training health professionals should include courses on human sexuality and sexual health in their curricula, with a particular focus on respect for diversity and the elimination of attitudes of pathologization, rejection, and hate toward non-heterosexual persons. The participation of the latter in teaching activities contributes to the development of positive role models and to the elimination of common stereotypes about non-heterosexual communities and persons.
- The formation of support groups among faculty and within the student community contributes to reducing isolation and promoting solidarity and relationships of friendship and respect between members of these groups. Better still is the formation of sexual diversity alliances that include heterosexual persons.
- Homophobic harassment or maltreatment on the part of members of the faculty or students is unacceptable and should not be tolerated.

To professional associations:

- Professional associations should disseminate documents and resolutions by national and international institutions and agencies that call for the de-psychopathologization of sexual diversity and the prevention of interventions aimed at changing sexual orientation.
- Professional associations should adopt clear and defined positions regarding the protection of human dignity and should define necessary actions for the prevention and control of homophobia as a public health problem that negatively impacts the enjoyment of civil, political, economic, social, and cultural rights.
- The application of so-called “reparative” or “conversion therapies” should be considered fraudulent and as violating the basic principles of medical ethics. Individuals or institutions offering these treatments should be subject to adequate sanctions.

To the media:

- The representation of non-heterosexual groups, populations, or individuals in the media should be based on personal respect, avoiding stereotypes or humor based on mockery, ill-treatment, or violations of dignity or individual or collective well-being.
- Homophobia, in any of its manifestations and expressed by any person, should be exposed as a public health problem and a threat to human dignity and human rights.

- The use of positive images of non-heterosexual persons or groups, far from promoting homosexuality (in virtue of the fact that sexual orientation cannot be changed), contributes to creating a more humane and diversity-friendly outlook, dispelling unfounded fears and promoting feelings of solidarity.
- Publicity that incites homophobic intolerance should be denounced for contributing to the aggravation of a public health problem and threats to the right to life, particularly as it contributes to chronic emotional suffering, physical violence, and hate crimes.
- Advertising by “therapists,” “care centers,” or any other agent offering services aimed at changing sexual orientation should be considered illegal and should be reported to the relevant authorities.

To civil society organizations:

- Civil society organizations can develop mechanisms of civil vigilance to detect violations of the human rights of non-heterosexual persons and report them to the relevant authorities. They can also help to identify and report persons and institutions involved in the administration of so-called “reparative” or “conversion therapies.”
- Existing or emerging self-help groups of relatives or friends of non-heterosexual persons can facilitate the connection to health and social services with the goal of protecting the physical and emotional integrity of ill-treated individuals, in addition to reporting abuse and violence.
- Fostering respectful daily interactions between persons of different sexual orientations is enriching for everyone and promotes harmonic, constructive, salutary, and peaceful ways of living together.

¹ Human Rights Committee (2008). *Concluding Observations on Ecuador (CCPR/C/ECU/CO/5)*, paragraph 12.

<<http://www2.ohchr.org/english/bodies/hrc/docs/co/CCPR.C.ECU.CO.5.doc>>

Human Rights Council (2011). *Discriminatory Laws and Practices and Acts of Violence Against Individuals Based on Their Sexual Orientation and Gender Identity (A/HRC/19/41)*, paragraph 56. <http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session19/A-HRC-19-41_en.pdf>

Human Rights Council (2011). *Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health (A/HRC/14/20)*, paragraph 23.

<<http://www2.ohchr.org/english/bodies/hrcouncil/docs/14session/A.HRC.14.20.pdf>>

United Nations General Assembly (2001). *Note by the Secretary-General on the Question of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (A/56/156)*, paragraph 24. <<http://www.un.org/documents/ga/docs/56/a56156.pdf>>

² The human rights that can be affected by these practices include, among others, the right to life, to personal integrity, to privacy, to equality before the law, to personal liberty, to health, and to benefit from scientific progress.

³ American Psychiatric Association (2000). *Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies): Position Statement*. <<http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/200001.aspx>>

Anton, B. S. (2010). “Proceedings of the American Psychological Association for the Legislative Year 2009: Minutes of the Annual Meeting of the Council of Representatives and Minutes of the Meetings of the Board of Directors”. *American Psychologist*, 65, 385–475.

<<http://www.apa.org/about/governance/council/policy/sexual-orientation.pdf>>

Just the Facts Coalition (2008). *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel*. Washington, DC. <<http://www.apa.org/pi/lgbt/publications/justthefacts.html>>

⁴ World Health Organization (1994). *International Statistical Classification of Diseases and Related Health Problems (10th Revision)*. Geneva, Switzerland.

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision)*. Washington, DC.

⁵ APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009). *Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington, DC. <<http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>>

⁶ Taller de Comunicación Mujer (2008). *Pacto Internacional de Derechos Civiles y Políticos: Informe Sombra*.

<<http://www.tcmujer.org/pdfs/Informe%20Sombra%202009%20LBT.pdf>>

Centro de Derechos Económicos y Sociales (2005). *Tribunal por los Derechos Económicos, Sociales y Culturales de las Mujeres*.

<<http://www.tcmujer.org/pdfs/TRIBUNAL%20DESC%20ECUADOR%20MUJERES.pdf>>

⁷ See General Comment No. 14 by the Committee on Economic, Social, and Cultural Rights with regards to the obligation to respect, protect and comply with human rights obligations on the part of States parties to the International Covenant on Economic, Social, and Cultural Rights.