



Full Statement Clarifying SPS' Post on Conversion Therapy

On 30 June 2021, the Singapore Psychological Society (SPS) put out a post citing current evidence on conversion therapy, also known as reparative or reorientation therapy. In the scientific literature, Sexual Orientation Change Efforts (SOCE) is used as a synonymous term. As a professional organisation, SPS has its aims to promote human well-being and to advance research and practice in Singapore.

In line with these aims, the basis of the post was to inform on what constitutes conversion therapy, the evidence behind it, and the stance psychologists are recommended to take based on our Code of Ethics and the available scientific evidence. Our recommendation only applies to psychological practice in the treatment of our clients. Any other forms of practice outside of the psychological setting are not under our purview. This statement does not seek to have any bearing over political or religious beliefs and practices. It is also not in SPS' position to call for a ban on SOCE.

As psychologists, we commit to following the SPS Code of Ethics (2019) which clearly states three main principles, namely:

1. **Respect.** To accord respect and understanding to the diverse populations that we work with, and to be objective when working with different client groups,
2. **Integrity.** To be honest with oneself and stakeholders, and to practice within areas of competence,

3. **Beneficence.** To always strive to do good for our clients, where good is not based on what clients like or dislike, but if decisions have a potential for positive impact in the short and long term.

We are thus committed to advocating for the inclusiveness of each member of society, irrespective of the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. This is aligned with the principles of our Code of Ethics.

With these principles in mind, our post highlighted that homosexuality is not a mental disorder. The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10; World Health Organisation, 2004), which is the current standardised medical classification by the World Health Organisation, states that sexual orientation alone is not to be regarded as a clinical disorder that needs to be cured. Homosexuality has also not been considered a psychiatric diagnosis since 1973 by the American Psychiatric Association (APA) (Diagnostic and Statistical Manual of Mental Disorders, 2nd edition; DSM-II) and in 1977 by the World Health Organisation (ICD-9, 1978). As such, homosexuality in and of itself is not a condition that warrants treatment.

The above has been reiterated by our Ministry of Health (MOH Parliamentary QA, 4 May 2020). With regard to conversion therapy practices, MOH “expects doctors and other healthcare professionals to practice according to evidence-based best practice and clinical ethics, and to consider and respect patients’ preferences and circumstances (including sexual orientation) when providing care. For individuals who seek care with a desire to change one’s sexual orientation through clinical means, healthcare professionals should care for and

support these individuals with empathy and sensitivity” (MOH Parliamentary QA, 4 May 2020). SPS is aligned with this view and will expand on this definition later in this statement.

Our post also highlighted the large consensus in scientific literature that SOCE are not evidence-based. Research indicates SOCE are ineffective and possibly harmful for some individuals, exacerbating distress and poor mental health (e.g., depression, suicidality, anxiety, social isolation, decreased capacity for intimacy, professional difficulties, feelings of inadequacy, and significant life losses such as marriage, community, etc.) (American Psychiatric Association, 2000, 2020; Beckstead & Morrow, 2004; Borowich, 2008, Dehlin et al., 2014; Fielstrom, 2013; Flentie, Heck, & Cochran, 2013; Haldeman, 2002, 1994, 1991; Brown, 1996; Shidlo, Schroeder, & Drescher, 2001; Jones, Botsko, & Gorman, 2003; Maccio, 2011; Schroeder & Shidlo, 2002; Shildo & Schroeder, 2002; Smith, Bartlett, & King, 2004; Weiss, Morehouse, Yeager, & Berry, 2010; Beckstead, 2001; Drescher, 2001, 1997; Shidlo & Schroeder, 2002; for a review of earlier studies preceding 1981, when the vast majority of research on SOCE was done, please refer to American Psychological Association, 2009).

It is important to note that scientific research on SOCE has been limited and, in many cases, criticised for having inadequate research methods or serious methodological flaws. These include limitations in making causal claims due to threats to internal validity (e.g., sample attrition, use of retrospective pre-tests); lack of construct validity, including definition and assessment of sexual orientation; variability of study treatments and outcome measures; problems with conclusion validity (e.g., the ability to make inferences from the data) due to small or skewed samples, unreliable measures (e.g., lack objective measures of behavioural or psychological change), and inappropriate selection and performance of statistical tests

(American Psychological Association, 2009; Beckstead, 2006; Cohen & Savin-Williams, 2006; Diamond, 2006; Haldeman, 1991, 1994; Tozer & McClanahan, 1999). There is little empirical evidence showing long-term effects or generalisability of any SOCE (American Psychiatric Association, 2000; American Psychological Association, 2009). Clinical and ethical concerns have been raised by individuals who have undergone such therapies (Drescher, 2001, 2015; Brown, 1996; Shidlo, Schroeder, & Drescher, 2001).

Our post further explores why there is a higher prevalence of mental health issues within the non-heterosexual/cisgender community. This could be explained by the minority stress model (Meyer, 2003, 1995). This model proposes that sexual minorities experience stigma, prejudice and discrimination together with everyday stressors, which disproportionately compromises mental health. This stress can be induced from the experience of prejudicial and discriminatory events, expectations of rejection, hiding and concealing, internalised homophobia, and ameliorative coping processes (Bränström, Hatzenbuehler, & Pachankis, 2015; King et al., 2008; Lick, Durso, & Johnson, 2013; Marshal et al., 2011; Russell & Fish, 2016; Sun, Pachankis, Li, & Operario, 2020). Taken together, the focus of psychological treatment is recommended to target these factors that lead to the increased risks of mental health problems rather than the individuals' "identity" per se.

In view of the lack of rigorous research on the safety of SOCE, any attempts to change sexual orientation may heighten distress and impair mental health in some individuals, inducing potential risks such as depression, self-destructive behaviour, and suicidal thoughts (American Psychiatric Association, 2000, 2020).

Until there is such research available on the effectiveness and safety of SOCE, the American Psychological Association (2009) suggested appropriately applying evidence-based affirmative therapeutic interventions to clients. In our post, we recommended psychologists use evidence-based therapy, including “exploring and affirming” clients’ sexual orientation. **To be clear, we refer to the appropriate application of “affirmative” therapy as outlined by the American Psychological Association (APA, 2009). This involves “therapist acceptance, support and understanding of clients, and the facilitation of clients’ active coping, social support, and identity exploration and development, without imposing a specific sexual orientation identity outcome” (APA, 2009). This neither encourages nor discourages clients to identify a particular way with regard to their sexual orientation.**

Please refer to Appendix A for a more detailed explanation of affirmative therapy, in an excerpt from the Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009).

Numerous major associations and organisations in the mental health field worldwide align with this recommendation, that ethical practitioners refrain from attempts to change individuals’ sexual orientation, keeping in mind the medical dictum to “First, do no harm” (e.g., World Health Organization, American Psychiatric Association, American Psychological Association, British Psychological Society, The Royal College of Psychiatrists of the United Kingdom, Australian Medical Association, Australian Psychological Society, Canadian Psychological Association, The Royal Australian and New Zealand College of Psychiatrists, Hong Kong Psychological Society, Hong Kong College of Psychiatrists, Indian Psychiatric Society, etc.). These recommendations are not just from Western organisations, but also clearly outlined by Asian organisations. We further illustrate with three examples in

Appendix B, with excerpts from position statements of the Hong Kong Psychological Society, the Hong Kong College of Psychiatrists, the Psychological Association of the Philippines, and the Indian Psychiatric Society.

SPS reiterates that the intention of the post is to provide research and evidence to better educate and inform on the scientific evidence for SOCE, as well as the recommended evidence-based practice, given the possible harm SOCE may bring to our clients. The post also aims to encourage individuals to consider the impact environmental factors have on increased mental health risks in individuals with diverse sexual orientations and gender identities, as these are well-evidenced in the literature. The appropriate application of affirmative practice, as outlined above, is in line with the SPS Code of Ethics. Once again, our recommendation only applies to psychological practice in the treatment of our clients. Any other forms of practice outside of the psychological setting are not under our purview. As psychologists, we advocate for the inclusiveness of each member of society, in alignment with the principles of our Code of Ethics. We commit to the use of evidence-based practice and to do no harm.

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Appendix A

Excerpt from the Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) detailing the appropriate application of affirmative therapy.

“The clinical literature indicated that adults perceive a benefit when they are provided with client-centered, multicultural, evidence-based approaches that provide (a) acceptance and support, (b) a comprehensive assessment, (c) active coping, (d) social support, and (e) identity exploration and development. Acceptance and support include unconditional acceptance of and support for the various aspects of the client; respect for the client’s values, beliefs, and needs; and a reduction in internalized sexual stigma. Comprehensive assessment involves an awareness of the complete person, including mental health concerns that could impact distress about sexual orientation. Active coping includes both cognitive and emotional strategies to manage stigma and conflicts, including the development of alternative cognitive frames to resolve cognitive dissonance and the facilitation of affective expression and resolution of losses. Social support, which can mitigate distress caused by isolation, rejection, and lack of role models, includes psychotherapy, self-help groups, or welcoming communities (e.g., ethnic communities, social groups, religious denominations). Identity exploration and development include offering permission and opportunity to explore a wide range of options and reducing the conflicts caused by dichotomous or conflicting conceptions of self and identity **without prioritizing a particular outcome.**”

Appendix B

Position statements from the Hong Kong Psychological Society, Hong Kong College of Psychiatrists, Psychological Association of the Philippines and Indian Psychiatric Society.

Hong Kong Psychological Society (HKPS) and Hong Kong College of Psychiatrists

After extensive review by their workgroup, the Hong Kong Psychological Society (HKPS) Position Paper for Psychologists working with Lesbians, Gays, and Bisexual Individuals (2012) states:

“Psychologists understand that homosexuality and bisexuality are not mental illnesses.”

“Psychologists understand that efforts to change sexual orientation are not proven to be effective or harmless.”

“When using and disseminating information on sexual orientation, psychologists fully and accurately represent research findings that are based on rigorous scientific research design and are careful to avoid any possible misuse or misrepresentation of these findings.”

The HKPS publication Background to the Development of the Position Paper for Psychologists Working with Lesbians, Gays, and Bisexual Individuals (2012) states:

“evidence-based affirmative therapy has the aim in facilitating better understanding and integrating their sexual orientation with the premise that sexual orientation cannot be changed. What LGB need is not reparative approaches to convert them to become heterosexual, but evidence-based interventions at both the individual and community levels to manage their stress, promote their well-being, and to reduce oppression in society.”

The Hong Kong College of Psychiatrists Position Statement on Sexual Orientation (2011)

states:

“Homosexuality is not a psychiatric disorder. There is, at present, no sound evidence and clinical evidence supporting the benefits of attempts to alter sexual orientation”.

Psychological Association of the Philippines

The Statement of the Psychological Association of the Philippines on Non-Discrimination Based on Sexual Orientation, Gender Identity and Expression (2020, 2011), states:

“Decades of scientific research have led mental health professional organizations worldwide to conclude that lesbian, gay and bisexual orientations are normal variants of human sexuality” and that the association “aligns itself with the global initiatives to remove the stigma of mental illness that has long been associated with diverse sexualities and to promote the wellbeing of LGBT people”, and resolves to “disseminate and apply accurate and evidence-based information about sexual orientation and gender identity and expression to design interventions that foster mental health and wellbeing of LGBT Filipinos”.

Indian Psychiatric Society

Indian Psychiatric Society Position Statement Regarding LGBTQ (2020), states:

“The Indian Psychiatric Society has in 2018 categorically stated that *homosexuality is not a disease and must not be regarded as such*. All forms of ‘treatment/therapy’ (including individual psychotherapies, behaviour therapies like aversive conditioning etc., hypnotherapy, group therapies, pharmacotherapy, physical treatment methods like ECT etc. or milieu treatments) to reverse sexual orientation are based on a

premise that is erroneous: that such orientations are diseases. Moreover, there is no scientific evidence at all that attempts to convert a person's orientation succeed in any manner. The Indian Psychiatric Society totally disapproves of any such treatments and urges that such therapies must cease forthwith."