



## A PSYCHOANALYTIC PERSPECTIVE FROM THE PPAA ON CONVERSION THERAPIES

The Psychoanalytic Psychotherapy Association of Australasia (PPAA) is an organisation whose members are experts in the area of mental health as registered professionals and psychotherapists, and as such encounter individuals of different sexual orientations and identities in everyday clinical practice. Many of these individuals struggle with these identities as a result of the significant discrimination and bias against them. As a result, these individuals experience overwhelming distress and are especially vulnerable. This is particularly the case in LGBTQI+ youth.

Conversion/reparative therapy is an umbrella term for a group of interventions which allege to alter the sexual orientation or sexual identity of individuals to what is considered a heterosexual identity/orientation. It should also include those interventions which purport not to categorically change sexual or gender identity, but rather focus on the “fluidity and malleability” of sexual identity (Smilges, 2018). Vulnerable and ego-dystonic LGBTQI+ individuals may seek this form of intervention hoping it may relieve their distress. It is usually undertaken within a religious context.

If the term “therapy” is understood to mean “the undertaking of a process between a trained professional and a consenting person to promote and support the psychological, emotional and spiritual growth of an individual towards living a richer more meaningful life”, then conversion “therapy” cannot be considered a true “therapy”. Rather it involves a process which often is imposed on the individual, usually invokes shame and greatly increases emotional and psychological distress. Psychoanalytic psychotherapy comprises a therapeutic relationship which enables open exploration and understanding of each person’s unique psyche towards developing their own life choices. It does not comprise a set program nor foreclosure of choices.

Several international organisations have investigated the use of conversion “therapy”, for example the Royal Australian and New Zealand College of Psychiatry, UK Council for Psychotherapy, Royal College of Psychiatrists, American Psychiatric Association and the American Psychological Society. They have concluded that there are potentially serious psychological consequences as a result of the use of conversion “therapies”, including suicide. Together with these organisations, the PPAA strongly condemns the use of these forms of “therapy”. Mercer (2017) concludes that conversion therapy when used on children should be considered a ‘Potentially Harmful Psychological Treatment’. Mercer (2017) noted the likelihood of emotional and verbal abuse on the part of the individual performing the conversion therapy – the perpetrator - and it therefore being extremely traumatic in nature.

When empirical research is undertaken to investigate the effectiveness of conversion “therapy”, many methodological issues are found which decrease the validity of claims for effectiveness. When the potential for harm versus help is considered, many participants in studies consider conversion therapy as harmful (Bieschke et al, 2007)

Medical, psychological and especially psychoanalytically oriented professions, in the past, had a long history of viewing same sex attraction and non-binary gender identity as pathological in nature. Conceptualizations of the now outdated views of psychoanalysis in pathologizing same sex attraction and non-binary gender identity, although no longer relevant and unsupported by current research, still remain with a proportion of the broader community. Additionally, psychoanalytic theories have been quoted and mis-quoted as evidence for the role and effectiveness of conversion therapies by its proponents. As a result, there may be an understandable tendency for LGBTQI+ individuals to approach psychoanalytic therapies with suspicion.

The PPAA unequivocally does not support any gay conversion “therapies” or other related coercive attempts to change a person’s sexual orientation under any circumstances and has grave concerns about their potentially harmful nature and believes the practice to be unethical.

The PPAA supports the banning of these harmful interventions. This position is not intended to discourage clients with conflicted feelings around sexuality seeking help.

The PPAA Code of Ethics, in Clause 5.1 states that, “Members/trainees shall respect the essential humanity and dignity of patients and promote their well- being.”

The PPAA Guidelines for Code of Ethics for Member Associations, Clause 1.2 Psychotherapists shall not discriminate against nor exploit their patients on grounds of age, gender, race, cultural background, sexual orientation, social class, political affiliation and religion, nor impose their own values (for example social, spiritual, political and ideological).

The PPAA Code of Ethics, in Clause 1.8.1, states that “the PPAA and Member Associations faced with situations which exceed the level of their competence, experience or the internal resources available, shall seek professional advice or assistance from appropriate collegial bodies such as the PPAA and/or other qualified sources.”

The PPAA Code of Ethics, in Clause 5.7 states that “Members/trainees have an obligation to continue to develop and maintain their professional knowledge, competence and personal well-being.”

In the light of this:

1. The PPAA recommends that members make themselves aware of the ethical issues relating to conversion therapies.
2. The PPAA recommends its members seek appropriate training and supervision if working with patients who have been subject to conversion therapies
3. The PPAA recommends that those with a responsibility for training will work to ensure that trainings prepare psychotherapist to sufficient levels of competence in the areas of sexuality and gender orientation so they can work effectively with LGBTQI+ patients

## **References and Further Reading.**

American Psychological Society Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009) Report of the Task Force on appropriate therapeutic responses to sexual orientation. Washington DC: American Psychological Society.

Bieschke K J, Paul P L, Blasko K A. (2007) Review of Empirical Research Focused on the Experience of Lesbian, Gay and Bisexual Clients in Counseling and Psychotherapy. Ed Bieschke KJ, Perez RM, and DeBord KA. Handbook of Counseling and Psychotherapy with Lesbian, Gay Bisexual and Transgender Clients (2nd Ed.) American Psychological Association. Washington DC.  
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Jones, T et al. SOCE Report Preventing Harm Promoting Justice: Responding to LGBT Conversion Therapies in Australia.

Mercer J (2017) Evidence of Potentially Harmful Psychological Treatments for Children and Adolescents. Child and Adolescent Social Work Journal 34: 107-125. New York.

Memorandum of Understanding on Conversion Therapy in the UK (2015)

Smilges J (2018) “It’s not gay or bad, its SSAD:” Queerness and Masquerade. Canadian Journal of Disability. Vol 7.2 p 100-22