The American Art Therapy Association Ethics Committee provides this series of “best practice” papers as non-binding guidelines to help art therapists interpret and apply the Ethical Principles for Art Therapists.

**Best Practice Paper: Appropriate Responses to Sexual Orientation**

Along with many other professional mental health organizations, the American Art Therapy Association explicitly and firmly stands against Sexual Orientation Change Efforts (AATA, 2017). In our role as educators on ethical issues, the Ethics Committee has created this document in order to support, educate, and advocate for LGBTQIA people and the art therapists who treat them. First, we want to support art therapists who work with the LGBTQIA community. Second, we may work with clients struggling to come to grips with their sexual orientation or with people promoting or fostering unhealthy attitudes about members of the LGBTQIA community. Whether or not we work directly with LGBTQIA clients on these issues, our clients may be uninformed or misinformed about sexual orientation and gender identity issues. Misinformation can cause harm. Therefore, we want to help foster accurate understanding about sexual orientation over the life span. And finally, and most importantly, as a professional organization we want to support and advocate for appropriate treatment of individuals in the LGBTQIA community.

Sexual Orientation Change Efforts (SOCE) or Conversion Therapy is a form of unnatural coercion undertaken to alter sexual orientation. According to the National Association of Social Workers, which has a long history of fighting the SOCE movement, despite a lack of research evidence to support it, there are practitioners who continue to believe that sexual orientation can be changed. Homosexuality was removed from the *DSM-II* in 1973 (Drescher, 2015) and since that time, a great deal of work by professional health care organizations has gone into developing a better understanding of the healthy life cycle of the LGBTQIA continuum. The National Institute of Health provides excellent resources, including an article by K. Fredriksen-Goldsen, entitled, *The Future of LGBT+ Aging: A Blueprint for Action in Services, Policies and Research*.

Although it has been established that SOCE can cause grave harm, a recent survey demonstrated that the theory and techniques are still taught by a minority of professors in accredited MFT programs (McGeorge, Carlson, & Maier, 2017). A study of gay men and lesbian women who had undergone conversion therapy described the harmful effects. The majority of men stated that following the sessions they experienced depression, anxiety, shame and increased suicidal ideation (Flentje, Heck, & Cochran, 2014). The *APA Task Force on Appropriate Responses to Sexual Orientation* provides corroborating evidence that the reported risks of the SOCE include: loss of sexual feeling, depression, suicidality, and anxiety. Robert Spitzer, one-time president of the American Psychiatric Association and proponent of conversion therapy, reversed his position on the practice stating that his initial study advocating SOCE was flawed. Spitzer apologized to the lesbian and gay community because his study made unproven claims and persons wasted time and energy undergoing SOCE (Spitzer 2012).

Our profession is founded upon the aspirational values of autonomy, nonmaleficence, beneficence, fidelity, justice, and creativity. These values provide a fundamental framework for conceptualizing professional responses that protect basic human rights (reducing harm; increasing benefit). Furthermore, the Ethical Principles for Art Therapists (AATA, 2013) and the ATCB Code of Ethics, Conduct and Disciplinary Procedures (ATCB, 2018) both contain sections titled “responsibility to clients” which emphasize clients’ rights to make decisions about their
treatment and the art therapists’ duty to aid their understanding of the consequences of these decisions. Therefore, knowing that professional mental health organizations oppose SOCE because the research evidence shows that it is ineffective and even harmful, art therapists would find positive and affirming ways to counsel individuals with sexual orientation concerns.

The Ethical Principles for Art Therapists (AATA, 2013) also includes principles addressing Multicultural and Diversity Competence, which begin,

Multicultural and Diversity Competence in art therapy refers to the capacity of art therapists to continually acquire cultural and diversity awareness of and knowledge about cultural diversity with regard to self and others, and to successfully apply these skills in practice with clients. Art therapists maintain multicultural and diversity competence to provide treatment interventions and strategies that include awareness of and responsiveness to cultural issues (AATA, 2013, p. 8).

The APA’s Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) is set within just such an affirmative multicultural structure when it concludes with recommendations for client-centered approaches stating:

Affirmative client-centered approaches consider sexual orientation uniquely individual and inseparable from an individual’s personality and sense of self (Glassgold, 1995, 2008). This includes (a) being aware of the client’s unique personal, social, and historical context; (b) exploring and countering the harmful impact of stigma and stereotypes on the client’s self-concept (including the prejudice related to age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status); and (c) maintaining a broad view of acceptable life choices (APA, 2009, p. 55).

According to clients who sought therapy due to distress or confusion about sexual orientation, treatment was perceived as beneficial when interventions emphasized “acceptance, support, and recognition of important values and concerns” (APA, 2009, p. 4). The APA report maintains that what shifts in therapy with individuals distressed about their sexual orientation is “sexual orientation identity,” not sexual orientation itself. Art therapy is uniquely suited to allow for identity exploration as well as for the integration of formerly unaccepted aspects of the self. Art therapy has been used to help LGBTQIA clients to “explore issues such as sexual identity, bigotry, internalized homophobia, trauma and abuse, lesbian identity and culture, visibility, sexuality, gender identity, depression, stereotypes and homophobia, and coming out” (Pelton-Sweet & Sherry, 2008, p. 173).

As AATA members we have agreed to abide by the Ethical Principles for Art Therapists (AATA, 2013). The role of this committee is to educate the membership and the public about these principles and their application to societal concerns. Art therapists do not have to condone any particular sexual orientation or gender identity but we do have an ethical imperative to continue to support art therapists who work with LGBTQIA clients, educate ourselves and our communities about healthy human sexual expression across the lifespan, and advocate for the safe and appropriate treatment of LGBTQIA persons.
References


National Association of Social Workers (2015). Position Statement on Sexual orientation and change efforts (SOCE) and conversion therapy with lesbians, gay men, bisexuals and transgendered persons. Retrieved from https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0
