Statement from the Lebanese Psychiatric Society

To whom it may concern

We have been reading lately in newspapers about arrests and abuse of homosexuals in Lebanon. We also became aware of some positions taken by professionals regarding homosexuals and ways to treat them psychologically.

The Lebanese Psychiatric Society would like to state its position regarding homosexuality.

Homosexuality was once thought to be the result of troubled family dynamics or faulty psychological development. Those assumptions are now understood to have been based on misinformation and prejudice. Currently there is a renewed interest in searching for biological etiologies for homosexuality. However, to date there are no replicated scientific studies supporting specific biological etiology for homosexuality. Similarly, no specific psychosocial or family dynamic cause for homosexuality has been identified, including histories of childhood sexual abuse.

Homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities. In addition, all major professional mental health organizations have gone on record to affirm that homosexuality is not a mental disorder. In 1973 the American Psychiatric Association’s Board of Trustees removed homosexuality from its official diagnostic manual, The Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM II). The action was taken following a review of the scientific literature and consultation with experts in the field. The experts found that homosexuality does not meet the criteria to be considered a mental illness. The following year, the American Psychological Association declassified homosexuality as an illness. Since then, every major medical and mental health organization has come to embrace this view. The World Health Organization (WHO) declassified homosexuality in 1990. WHO states: “In none of its individual manifestations does homosexuality constitute a disorder or an illness and therefore it requires no cure.” Therefore, homosexuality per se requires no treatment.

In fact, there is no published scientific evidence supporting the efficacy of “reparative therapy” as a treatment to change one’s sexual orientation. More importantly, altering sexual orientation is not an appropriate goal of psychiatric treatment. Some may seek conversion to heterosexuality because of the difficulties that they encounter as a member of a stigmatized group. Clinical experience indicates that those who have integrated their sexual orientation into a positive sense of self-function at a healthier psychological level than those who have not.

A position statement adopted by the American Psychiatric Association’s Board in December 1998 said:
"The American Psychiatric Association opposes any psychiatric treatment, such as “reparative” or “conversion” therapy, which is based upon the assumption that homosexuality per se is a mental disorder, or based upon a prior assumption that the patient should change his/her homosexual orientation.”

We urge mental health professionals in Lebanon to rely solely on science whenever they express opinion or provide treatment.

The LPS Executive Committee
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