



# Washington State Psychological Association

*Your Voice. Our Community*

Good afternoon, Madam Chair and Members of the Committee. My name is Dr. Douglas Haldeman, and I am a Clinical Psychologist in Seattle, where I have maintained a private practice for thirty years. Additionally, I am a Clinical Professor of Psychology at the University of Washington and a former member of the Board of Directors of the American Psychological Association. I have published over two dozen articles in peer-reviewed journals and textbooks critiquing the ethics and practices of attempting to change sexual orientation. I appreciate the opportunity to comment on proposed legislation that would fund a working group to study the effects of Sexual Orientation Change Efforts, or SOCE, in Washington State. My comments today are based on my scholarship, thirty years' clinical experience working with persons who have undergone some form of SOCE, the relevant scientific studies in this area, and my work consulting with the California State Legislature on a law that prohibits mental health professionals from conducting SOCE with minors in that state. I will provide the Committee with electronic copies of my testimony.

Counseling aimed at changing sexual orientation is based on the notion that same-sex attractions are disordered, inferior to heterosexual orientation, and that lesbian and gay individuals are incapable of leading productive lives, and engaging in stable family relationships. These beliefs have long been discredited by all of the major mental health organizations, including psychology, psychiatry, counseling, psychoanalysis, and social work, as well as many medical organizations, including the American Academy of Family Practice and the American Academy of Pediatrics. The policy of the American Psychological Association is that "...same-sex sexual and romantic attractions, feelings and behaviors are normal and positive variations of human sexuality".

Nevertheless, negative social attitudes about same-sex attractions persist, and are the basis for those seeking, or those minors obliged to engage in, efforts to change their sexual orientation. In 1983, the first person I saw who had been obliged to undergo SOCE as an adolescent was a man who had had low-voltage electric shock applied to his hands and his genitals while viewing homoerotic material. The cessation of the shock was then accompanied by images of centerfolds from Playboy magazine. This treatment did not make him heterosexual, but it did leave him suicidally depressed, ridden with guilt, and dysfunctional in his relationships. Since that time, I have seen hundreds of individuals who, as adolescents, were forced by their families to undergo some form of SOCE. Electric shock and nausea-inducing drugs are no longer the typical SOCE interventions used by mental health professionals, having been replaced by talk therapy, which can be similarly damaging to the adolescent psyche. Such therapies purport to change homosexual orientation through attempts to recondition behavior, or develop insights into how certain family dynamics "cause" homosexuality. No scientific justification exists for the theory that parenting styles or parental personality characteristics have any effect on a child's eventual sexual orientation.

SOCE can be particularly dangerous for adolescents because of the vulnerability of developing brain structures during this time of life. Although the residual effects of SOCE in adulthood can be variable, such individuals often experience chronic depression, anxiety, guilt and shame associated with their inability to change their homosexual orientation. Their adult relationships are often disrupted, and they frequently struggle with poor self-esteem and feelings of failure. In thirty years, I have never seen anyone for whom SOCE worked. At best, the individuals were able to manifest a temporary interest in an opposite-sex relationship that frequently becomes difficult as the individual's natural same-sex orientation eventually asserts itself. The collateral damage done here to opposite sex spouses and children is incalculable.

In 2009, I participated in a Task Force of the American Psychological Association that published a comprehensive analysis of hundreds of SOCE studies, dating back to the early 20th century. The findings of this report indicate that there is no scientific basis for positive outcomes in attempting to change sexual orientation, that such efforts may pose significant mental health dangers, particularly to vulnerable youth, and that such treatments are founded in a prejudicial and inaccurate view of same-sex attraction.

Last year, consulted with a coalition developing language for legislation in California to prohibit mental health professionals from conducting SOCE with minors. This bill is now law and makes clear that SOCE is viewed as a potential danger to the public.

Despite increasing acceptance in public opinion about same-sex relationships, the social devaluation of same-sex attraction still makes SOCE seem, for some parents, a necessary option for their children. Legislation such as the California law puts a warning label on these potentially dangerous practices, and advises the public that there is no legitimate evidentiary basis for licensed mental health professionals attempting to change the sexual orientation of their children. It is important to explore this issue here in Washington State. Funding a group to study the science, outcomes and potential risks of SOCE to minors would be an important first step in addressing a public health danger. Thank you.