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Clinical Psychology

Reparative therapy and beliefs in the practice of clinical psychology: A systematic review

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Abstract

Reparative therapy, popularly called “gay cure”, is based on the justification that every lesbian, bisexual, homosexual or transsexual person suffers from a disorder. Such irregular practices motivated by beliefs that pathologize the LGBT population are still identified. For this reason, this study aimed to investigate the beliefs and attitudes of psychology professionals about the use of reparative therapy in clinical practice with the LGBT population. A systematic literature review was performed, using a string “LGBT” OR “LGB” AND “reparative therapy” OR “beliefs” in the SciELO database; and “LGBT” OR “LGB” AND “reparative therapy” OR “beliefs” in Scopus and PubMed databases. A total of 339 productions were found, with the final analysis bank consisting of four articles. The results showed predominantly ideological and/or religious beliefs that favor reparative therapy. More studies are needed that seek to understand what leads to the unpreparedness of professionals in relation to the LGBT population and the consequences of reparative therapy, mainly, in the national scenario.

Keywords: clinical psychology; reparative therapy; beliefs; gay conversion therapy; LGBT.

TERAPIA REPARATIVA E CRENÇAS NA PRÁTICA DA PSICOLOGIA CLÍNICA: UMA REVISÃO SISTEMÁTICA

Resumo

A terapia reparativa, popularmente cunhada de “cura gay”, sustenta-se na justificativa de que toda pessoa lésbica, bissexual, homossexual ou transexual sofre de um transtorno. Ainda são identificadas tais práticas irregulares motivadas por crenças que patologizam a população LGBT. Por esse motivo, este estudo teve por objetivo investigar crenças e atitudes de profissionais da Psicologia sobre o uso da terapia reparativa na prática clínica junto da população LGBT. Foi realizada uma revisão sistemática da literatura, usando a string “LGBT” OR “LGB” AND “terapia reparativa” OR “crenças” na base de dados SciELO e “LGBT” OR “LGB” AND “reparative therapy” OR “beliefs” nas bases Scopus e PubMed. Foram encontradas 339 produções no total, sendo o banco final de análise constituído por quatro artigos. Os resultados apontaram predominantemente crenças ideológicas e/ou religiosas que favorecem a terapia reparativa. Destaca-se a necessidade de mais estudos que busquem compreender o que leva ao despreparo de profissionais em relação à população LGBT, como também as consequências da terapia reparativa, principalmente, no cenário nacional.

Palavras-chave: psicologia clínica; terapia reparativa; crenças; cura gay; LGBT.

FAMILIA, RELIGIÓN Y EDUCACIÓN SEXUAL EN MUJERES CON VAGINISMO: UN ESTUDIO CUALITATIVO

Resumen

La terapia reparativa, popularmente llamada “cura gay”, se basa en la justificación de que toda persona lesbiana, bisexual, homosexual o transexual padece un trastorno. Este tipo de prácticas irregulares motivadas por creencias que patologizan a la población LGBT aún se identifican. Por ello, este estudio tuvo como objetivo investigar las creencias y actitudes de los profesionales de la psicología sobre el uso de la terapia reparativa en la práctica clínica con la población LGBT. Se realizó una revisión sistemática de la literatura, utilizando la cadena “LGBT” O “LGB” Y “terapia reparativa” O “creencias” en las bases de datos SciELO y “LGBT” O “LGB” Y “terapia reparativa” O “creencias” en Bases Scopus y PubMed. Se encontraron un total de 339 producciones, siendo el banco de análisis final cuatro artículos. Los resultados mostraron creencias predominantemente ideológicas y/o religiosas que favorecen la terapia reparadora. Se necesitan más estudios para tratar de comprender qué conduce a la falta de preparación de los profesionales en relación con la población LGBT, así como las consecuencias de la terapia reparativa, especialmente en el escenario nacional.

Palabras clave: psicología clínica; terapia reparativa; creencias; cura gay; LGBT.

1. Introduction

The LGBT population was seen, in the past, as having a mental illness based on the assumption that homosexuality is a disorder, assuming that the patient/client must change their sexual orientation to heterosexual (Souza, 2010; American Psychological Association, 2018). For these reasons, mental health organizations, such as the American Psychiatric Association (APA) and the World Health Organization (WHO), do not support practices to change sexual orientation. These institutions adopt policy measures in the profession of psychologists and alert the public about the proposal for sexual reorientation therapies, since these practices pose a threat to mental health and even to the lives of these subjects (Herek & Garnets, 2007).

Resolution No. 001/99 of the Federal Council of Psychology (in Portuguese, *Conselho Federal de Psicologia* – CFP) is in line with the World Health Organization (WHO), and removed, in the 1990s, homosexuality from the International Classification of Diseases (ICD-11). This way, the CFP (1999) started to view

homosexuality no longer as a disorder, but as a natural expression of human sexuality, as stated in Art. 4: “Psychologists will not comment, nor will they participate in public pronouncements, in the mass media, to reinforce the existing social prejudices towards homosexuals as having any psychic disorder”. Also, the Professional Psychologist’s Code of Ethics (CFP, 2005) legitimizes the prohibition of the professional’s practice in inducing the patient to sexual orientation convictions, as mentioned in Art. 2 of the Code: “(b) To induce political, philosophical, moral, ideological, religious convictions, sexual orientation or any kind of prejudice, when exercising their professional functions”. It is also necessary to emphasize that Psychology is a science, on which it bases its studies and treatments on a Scientific Method. Therefore, the professional in this area should only offer treatments with scientifically proven efficacy, which differs from reparative therapy (Lakatos & Marconi, 2007).

In dissonance with these guidelines, the term “reparative therapy” was coined by the American psychologist Joseph Nicolosi, in 1991, to name psychotherapies that aim to reorient the non-heterosexual patient towards heterosexuality. With Benjamin Kaufman and Charles Chocarides, Nicolosi founded the National Association for Research & Therapy of Homosexuality (NARTH). This organization offers the sexual reorientation therapy modality to individuals who would be dissatisfied with their sexual orientation (American Psychiatric Association, 2000). The main justification for sexual reorientation therapy (reparative or conversion therapy) is that every lesbian, bisexual, homosexual, or transsexual (LGBT) person suffers from a disorder – a pathologizing idea about sexual and gender diversity. However, reparative therapy can be detrimental to the psychological well-being of that subject who experiences this type of treatment. Clinical evidence indicates that many people who try to change their sexual orientation experience considerable psychological distress (Hancock, Gock, & Haldeman, 2012; Van Zyl, Nel, & Govender, 2017).

Recently, Resolution No. 01/2018 of the CFP was legitimized. It advises that psychologists do not consider transvestites and transsexuals as pathological. Therefore, transsexuality is no longer considered a mental disorder, reaffirming the ethical commitment of the psychology professional, as illustrated in article 8 of the Resolution:

Psychologists, in their professional practice, are prohibited from proposing, carrying out or collaborating, under a pathological perspective, with private, public, institutional, community or promotional events or services aimed at conversion, reversal, readjustment or reorientation therapies for transgender and transvestite people (CFP, 2018).

Likewise, the WHO, during the 72nd World Health Assembly, which took place in May 2019, made official the withdrawal of the classification of transsexuality as a mental disorder from the 11th version of the International Statistical Classification of Diseases and Related Health Problems (ICD). Such a change represents the respect and maintenance of the dignity of the transsexual and transvestite population, reinforcing ethical responsibility when providing services to the LGBT population (CFP, 2019a).

On the national scene, gender and sexuality issues have gained importance in several instances. This highlight is crossed by the human rights bias, which is based on the recognition and respect for the differences and particularities of each subject (Soares & Monteiro, 2019). The violation of rights and discrimination against sexual and gender diversity is considered a public health problem, since it is associated with negative impacts on the mental and physical health of this population, contributing to psychological and physiological suffering (Boccolini et al., 2016). In this sense, prejudice towards the LGBT population can be defined as actions and beliefs reproduced from models considered ideal about sexuality. Psychology has been more successful in explaining prejudice than alleviating it, considering that it results from many interacting factors (Costa & Nardi, 2015).

Furthermore, discrimination and prejudice against sexual and gender diversity can be based on representations that include prejudiced beliefs about the nature of such diversity (Lacerda, Pereira, & Camino, 2002). Gaspodini and Falcke (2018a) revealed that based on the *Scale of Beliefs on the Nature of Homosexuality*, validated by Pereira, Monteiro, & Camino (2009), pathological clinical practice among psychologists is associated with beliefs of a biological, psychological, religious, psychosocial, or ethical-moral nature.

Although there are laws and resolutions in the area of Psychology about reparative therapy, these dictatorial psychological practices are still identified, as well as the beliefs that pathologize the LGBT population, in addition to the violation

of rights against this population in institutions or entities (Fjelstrom, 2013; Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015). Thus, there still are psychologists whose professional practice contributed to such discrimination, a clear example of this performance is a popularly coined practice of “gay cure”, which goes against what is defended in the Universal Declaration of Human Rights (Furlan, 2017). The study by Costa, Nardi, & Koller (2017) contributes to the theme by pointing out that the relationship between sexual and gender diversity and Brazilian Psychology has been discriminatory, being, therefore, an ethical responsibility of Psychology professionals to identify and repair such discrimination.

Faced with these premises, the goal of this review was to investigate the beliefs and actions of psychology professionals regarding the use of reparative therapy in clinical practice with the LGBT population.

2. Method

According to the *Preferred Reporting Items for Systematic Reviews and Meta-Analyzes* (PRISMA) method, the present work was a Systematic Literature Review, referred to by Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group (2009). The study protocol was registered in the *International Prospective Register of Systematic Reviews* (PROSPERO) under number 139052.

The material selected for the present study consisted of articles on reparative therapy from the perspective of psychologists to identify the characteristics of clinical practice for the LGBT population. As a source of analysis, articles available in full, in Portuguese and/or English, without temporal delimitation, were used in the ScieELO, PubMed, and Scopus databases. The databases were defined considering the scope of studies, including national and international publications, as well as theoretical and methodological approaches.

In order to obtain greater results for the research, several attempts were made with different descriptors. After that first moment, it was concluded that the string that obtained more articles, both nationally and internationally, related to the goal was “LGBT” OR “LGB” AND “terapia reparativa” OR “crenças” in the ScieELO database, and “LGBT” OR “LGB” AND “reparative therapy” OR “beliefs” in the Scopus and PubMed databases. The option “Advanced Search” was used to restrict the search fields (titles, subjects, abstracts, and keywords). When available in the database, articles were selected in English and Portuguese, using the

“language” filter. The last manual search was carried out in September 2020 by two judges.

3. Results

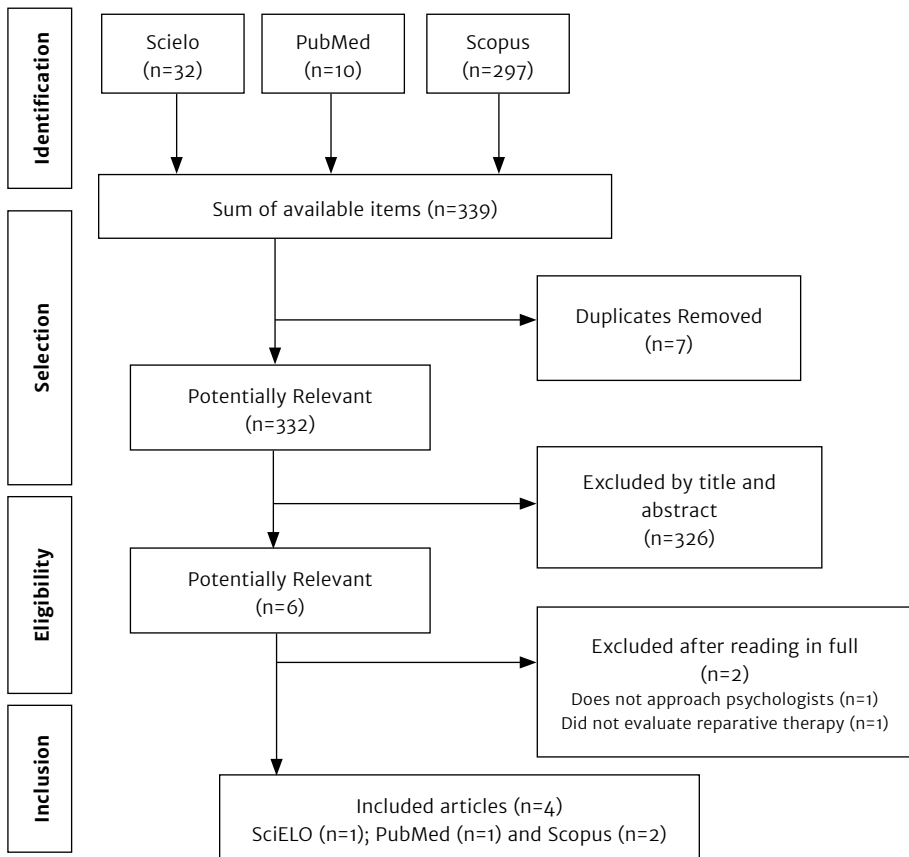
Independently, the authors analyzed the relevant articles and issued opinions on their inclusion or exclusion in the review. After the articles’ selection and definition processes – for those included in the review – the data were tabulated. It should be noted that there were no differences between the authors during the analysis of the inclusion and exclusion criteria, since all the criteria were previously clarified.

All articles found (n=339), without restriction on the year of publication, were exported to a spreadsheet. Then, articles that appeared in more than one database were excluded, thus leaving 332 articles. These were evaluated and submitted to the following inclusion criteria: 1. theme: beliefs and/or practices about reparative therapy; 2. population: psychologists; 3. types of study: quantitative, qualitative and/or mixed; and 4. Portuguese or English languages. And the following exclusion criteria: 1. theoretical studies and systematic reviews; 2. posters, abstracts, dissertations/theses and annals of events/congresses – based on the title and summary of publications. Thus, six articles remained to be read in full. Of these, four articles were included, considering the inclusion and exclusion criteria as an analysis. The flowchart (Figure 3.1) of the choice of articles is presented below.

The general aspects of the studies (Figure 3.2) represent the synthesis of each of the four articles through the following categories: 1. author, year, and country of origin; 2. sample size; 3. study outline; 4. periodic, Qualis, and/or impact factor; 5. instruments; and 6. results. Of the four publications selected for analysis, one is of national origin (Vezzosi, Ramos, Segundo, & Costa, 2020), two are from the United States (McGeorge, Carlson, & Maier, 2017, McGeorge, Carlson, & Toomey 2015), and the last one originated in Italy (Lingiardi, Nardelli, & Tripodi, 2015). Although with different authors and years of publication, articles of North American origin have publications in the same journal (McGeorge et al., 2015, McGeorge, Carlson, & Toomey 2017). As for the article from Italy, the data indicate that this – among the selected writings – has the largest number of psychologist samples (Lingiardi et al., 2015). It should be noted that none of the studies

reviewed covered the transsexual population – even though this was included in the search for articles.

Figure 3.1. The flowchart demonstrates the inclusion and exclusion analysis of the systematic review studies.



Regarding the type of outline, it was identified that three articles used the quantitative approach (McGeorge et al., 2015, Lingardi et al., 2015, Vezzosi et al., 2020). The only study that adopted a mixed-method, with quantitative and qualitative characteristics, was the publication by McGeorge et al. (2017). The study journal by Vezzosi et al. (2020) has A2 qualifications; the other articles presented

the impact factor, which varied between 1.61 and 2.528 (Lingiardi et al., 2015; McGeorge et al., 2015, McGeorge et al., 2017).

Figure 3.2. Description of the characteristics of the reviewed studies.

Author, year, and country of origin	Sample (n)	Outline	Periodic, Qualis, and/or Impact Factor	Instruments	Results
Vezzosi et al. (2020), Brazil	N=692	Quantitative study	<i>Psychology: Science and Profession</i> , Qualis A2	Assessment of the frequency of corrective actions and beliefs using an online questionnaire	29.48% agree if the patient asks to intervene to change sexual orientation. 12.43% agree with the statement that the professional should help.
McGeorge et al. (2017), United States	N=117	Quantitative and qualitative study	<i>Journal of Marital and Family Therapy</i> , impact factor 2.528	Four items on the Likert scale and an open question were used to assess beliefs about the ethics of reparative therapy, and an open question that assessed teachers' beliefs about the ethics of referrals for LGBT patients	76.1% strongly disagreed that it is ethical to practice reparative therapy, 5% agreed to some extent, but 20% agreed to be ethical.
McGeorge et al. (2015), United States	N=762	Quantitative study	<i>Journal of Marital and Family Therapy</i> , impact factor 2.528	<i>The Revised Sexual Orientation Competency Scale (R-SOCCS)</i> and the <i>Modern Homophobia Scale (MHS)</i>	72.7% of the participants reported that it is unethical to practice reparative therapy; 3.5% said they had already practiced it; 20% reported that it is ethical to practice it, claiming that they would practice in the future if presented with the possibility.
Lingiardi et al. (2015), Italy	N=3,135	Quantitative study	<i>Professional Psychology: Research and Practice</i> , impact factor 1.61	<i>Kinsey scale and Social Desirability Scale (MC-SDS)</i>	58% of the sample would intervene to change sexual orientation, of which 56% only if requested by the patient himself and 2% in any case; and 42% would not do so.

It should be noted that the recruitment of psychologist participants occurred in a divergent way in the reviewed studies. Lingiardi et al. (2015) had the support of the Order of Psychologists of Italy (*Ordinedegli Psicologi*) to send the survey questionnaire; McGeorge et al. (2015) recruited members of the American Association for Marriage and Family Therapy in 18 states of the United States; McGeorge et al. (2017) selected members accredited by the Commission on Accreditation for Marriage and Family Therapy Education, also from the United States. Finally, the study by Vezzosi et al. (2020) sent two e-mail invitations to the Federal Council of Psychology (CFP) without restriction of states. It is noticed that, for the recruitment, the authors McGeorge, Carlson, and Toomey (2015) and McGeorge et al. (2017) were directed to professionals from family therapy institutions. The samples by Lingiardi et al. (2015) and Vezzosi et al. (2020) were constituted more diversely, encompassing professionals from clinical psychology, social psychology, organizational and work psychology, school/educational psychology, teaching, and others – it is not possible to generalize the results.

The research by McGeorge et al. (2015) aimed to explore the differences between family therapists' beliefs and clinical competence towards LGBT patients – both those psychology professionals who support/or practice reparative therapy, as well as those who do not. Initially, participants completed a self-report measure about negative beliefs about LGBT individuals, followed by a measure of clinical competence. The *Revised Sexual Orientation Competency Scale* (R-SOCCS) was used to assess clinical self-report competence. The original SOCCS is composed of three subscales, however the authors chose to use only one to combine items from the original knowledge and skills subscales. This subscale consists of 16 items, using a six-point Likert scale ranging from 0 (“strongly disagree”) to 6 (“strongly agree”). The R-SOCCS was validated using confirmatory factor analysis. Finally, the *Modern Homophobia Scale* (MHS) measured negative beliefs about people and homosexual relationships – this scale addresses personal discomfort regarding this population, as well as beliefs about gay and lesbian rights and beliefs about the degree of evidence and mutability of sexual orientation. The MHS consists of 46 items and uses the six-point Likert scale, as does SOCCS. Two items were used to measure participants' beliefs about reparative therapy. In particular, an item from the MHS was: “Do you think it is ethical to practice therapy aimed at changing sexual orientation from homosexual to heterosexual?”. And the second: “Do you practice

therapy to change the sexual orientation from homosexual to heterosexual?” Both items were answered, indicating ‘yes’ or ‘no’. Based on these measures, the results showed that 72.7% of the study participants claimed that it was unethical to practice reparative therapy, 3.5% of the sample reported having already practiced such practice. However, 20% of participants reported that it would be ethical to practice reparative or conversion therapy if the opportunity were presented to them in the future. The results showed that psychologists who believe in the ethical nature of remedial therapy reported significantly lower levels of clinical competence when working with LGBT patients, as well as higher levels of negative beliefs about LGBT individuals. In addition, participants who reported never having worked with an LGBT patient were significantly more likely to practice reparative therapy, as they also believe that such practice is ethical. Logistic regression from the MHS revealed that negative beliefs about LGBT individuals were a significant predictor in relation to participants who did or did not practice reparative therapy. In addition, not having worked with LGBT patients was considered a significant predictor of the practice of reparative therapy.

The study by McGeorge et al. (2017) explored the beliefs of psychology professionals, members of the faculty of a family therapy institution about the ethics of reparative therapy and the referral of LGBT patients/clients. For this, four items on the Likert scale and an open question were used to assess the participants’ beliefs about the ethics of reparative therapy; also, five items of the scale and another open question assessed the participants’ beliefs about whether it is ethical to refer LGBT patients to another psychologist. A six-point Likert scale was used, which ranged from 0 (‘strongly disagree’) to 6 (‘strongly agree’). The two open questions were: 1. “Under what circumstances do you believe it is ethical to practice remedial therapy?” and 2. “Under what circumstances, if any, is it ethical for a therapist to refer a patient based solely on sexual orientation?” From the first question of the qualitative analysis, “Under what circumstances do you think it is ethical to practice reparative therapy”, the authors started the process of thematic analysis from repeated readings from participants’ responses to open-ended questions several times in order to become more familiar with the data. Such analysis led to the identification of two themes and sub-themes related to the beliefs of faculty members about the ethics of conducting reparative therapy, including (a) Under no circumstances, and (b) If requested by the client. Thus, 77

(65.8%) of the 117 participants answered the question that was used for this part of the qualitative analysis. The first item, who asked faculty members if they personally believed that it is ethical to practice reparative therapy, revealed that 11.5% agree to some extent with this item. However, 76.1% strongly disagreed that it is ethical to practice reparative therapy. The second item focused on the level at which participants taught their students how to conduct restorative therapy with their LGBT clients and it was revealed that only 4.4% agreed to some extent that they would train their students in this practice. On the other hand, 84.3% strongly disagreed with this item. The third item assessed the level at which faculty members would teach their students about the negative impacts of reparative therapy on the lives of LGBT patients; 71.5% agreed to some extent, with only 19.3% indicating that they fully agree with this item. The results of the four items on the Likert scale associated with the ethics and practice of reparative therapy revealed that most faculty members do not support the practice of reparative therapy. On the other hand, the results also revealed that the percentage of the sample (23.9%) who viewed reparative therapy as ethical reflects this conception for the students of the family therapy institution. In summary, the results of the five items on the Likert scale associated with ethics and the practice of referring LGBT patients to other professionals based solely on sexual orientation revealed that the majority of teachers surveyed do not support this practice. Regarding LGBT patient referrals, the first item, who asked faculty members if they personally believed that it is ethical to refer a patient exclusively based on the client's sexual orientation, revealed that 16.1% agree to some extent with this item; 46.4% disagreed that it is ethical to make this referral. The second item explored the beliefs of the faculty members about whether or not it is consistent with the Code of Ethics of the referred family therapy institution, for a therapist, to refer a patient based exclusively on the client's sexual orientation, and 77.5% disagreed with some extent, with 40.5% indicating that they totally disagree with this item. The third item asked faculty members if they believed that students should be allowed to choose not to work with LGBT patients based on their own personal and/or religious beliefs about sexual orientation, and 33.3% agreed to some extent; 9.0% totally agreed, and 66.7% disagreed, to some extent, that students should be allowed to choose not to work with LGBT patients; 31.5% totally disagreed. The last item asked faculty members if students in their programs can choose not to work with LGBT clients

based on students' personal information and/or religious beliefs about sexual orientation. The therapist's autonomy was another common factor in referring LGBT clients provided by faculty members in this study. Yet, the participants argued that therapists have the right to protect their own personal and religious beliefs. Furthermore, the subtopic that addressed religious beliefs revealed qualitatively that the research participants expressed the belief that reparative therapy is ethical when requested by the patient, based on their religious beliefs that LGBT guidance is sinful or immoral.

Lingiardi et al. (2015) sought to study the perception of Italian psychologists on the subject of reparative therapy through an online questionnaire. Each research participant was asked to indicate general information such as age and sexual orientation on the Kinsey Scale, ranging from 0 'exclusively heterosexual' to 6 'exclusively homosexual'). It was also asked to indicate the political orientation (from 0 'most conservative' to 4 'most progressive'); religious commitment (0 'non-believer', 1 'non-practicing believer' and 2 'practicing believer') and professional characteristics such as clinical experience with homosexual patients. To explore the frequency of corrective action of psychology professionals, a questionnaire was used (that varied from 0 "no", 1 "yes, if requested by the patient", and 2 "yes, always"). Also, in order to control the bias of social desirability, the abbreviated form (13 items) of the Marlowe-Crowne *Social Desirability Scale* was used – higher scores in this measure indicate a greater tendency to respond according to what is socially desirable. The study pointed out that political conservatism and religious commitment are associated with prejudice towards the LGBT population. The results of the questionnaire indicated that 58% of psychologists would choose to intervene, through reparative therapy/corrective attitude, to change the sexual orientation of the patient/client. Of these, 56% responded that, if requested by the patient himself, they would use such an approach; only 2% of respondents would have chosen reparative therapy in any case. Furthermore, it was revealed that the strongest predictors of corrective action were: 1. the belief that homosexuality is a symptom; 2. the belief that homosexuality is a consequence of psychological imprisonment in development; 3. the patient's sexual orientation; 4. religious commitment; 5. belief that homosexuality is due to a lack of identification with the gender role itself; 6. previous experience of clinical contact with patients concerned about their homosexuality; and 7. the belief that

homosexuality is the result of troubled family interactions. The survey also revealed that the participants' social desirability did not significantly influence the results obtained.

The study by Vezzosi et al. (2020) is an adaptation of the work of Lingiardi et al. (2015). Therefore, it also used the online questionnaire to analyze the actions of a psychologist working in Brazil concerning the conversion of sexual orientation through reparative therapy for LGBT patients. Therefore, the statements used were: "if the patient requests, the psychologist should help to change the sexual orientation from homosexual to heterosexual" and "the psychologist should help to change the sexual orientation of homosexual (gay or lesbian or bisexual) to heterosexual". These statements were assessed using a 5-point Likert scale from (1 "strongly disagree" to 5 "strongly agree"). The results showed that 29.48% of psychology professionals agree on some level that, if the patient requests it, the psychologist should help to change the sexual orientation from homosexual to heterosexual. Also, according to the Likert scale, the survey revealed that 12.43% of psychology professionals agree that the psychologist should help change sexual orientation to heterosexual. In addition, it was the only reviewed study that assessed the frequency of corrective actions by the theoretical approach of the/ a psychology professional. For such an analysis, the approaches were divided into four large groups: humanistic and existential therapies; psychodynamic and psychoanalytic therapies; cognitive and behavioral therapies and systemic; and family therapies. The results showed that the cognitive-behavioral and family/systemic therapists are the ones with the highest levels of corrective action if the patient requests it (34.86%; 33.33%). In addition, systemic/family and cognitive-behavioral therapists are the ones who showed the highest frequencies of corrective action without the patient's request (18.33%; 14.28%). Finally, psychoanalytic and/or psychodynamic therapies revealed 23.85% for the corrective action requested by the patient and 9.62% when not requested. The results of this study also demonstrated that the strongest predictors of corrective actions were: the belief that homosexuality is a pathology; that children raised by homosexual parents (gay or lesbian or bisexual) are more likely to develop developmental problems; that homosexuality/bisexuality is the product of a feeling that one is inadequate or incompetent in heterosexual relationships; that there is a cause for homosexuality/

bisexuality; the gender of the psychotherapist (masculine); and beliefs related to some religion.

4. Discussion

This study aimed to investigate the beliefs and actions of Psychology professionals about the use of reparative therapy in clinical practice with the LGBT population. The results showed that, in the production of McGeorge et al. (2015), almost one-third of the psychologist participants disagreed with taking a stance against reparative therapy. In the study by Lingiardi et al. (2015), more than half of the psychologists would carry out reparative therapy – mostly if requested by the patient himself; on the other hand, McGeorge et al.'s (2017) research revealed that one-fifth of the psychologists agreed that it is ethical to practice this modality; and, finally, in the research by Vezzosi et al. (2020), also almost a third agreed on some level that, if the patient asks, the psychologist should help to change sexual orientation. The data show significant results of the psychology professionals consulted in the studies when presenting favorable beliefs and/or actions towards reparative therapies. In addition, they are worrying surveys considering the scientific consensus regarding such therapy and the ethical guidelines of the profession, such as Resolution No. 01/99 and Resolution No. 1/18 of the Federal Council of Psychology (CFP, 2019b).

Among the studies that comprised the sample, the majority (n=3) revealed ideological and/or religious beliefs, accompanied by a speech that pathologizes non-heterosexual subjects (McGeorge et al., 2015; McGeorge et al., 2017; Vezzosi et al. 2020). Different research show that prejudice against the LGBT population in the practice of clinical psychology, as well as the manifestation of prejudice against sexual and gender diversity, are associated with religiosity (American Psychological Association, 2009a, Dovidio, Hewstone, Gilck, & Esses, 2010; Hancock et al., 2012). Authors such as Davis (2012) and Flentje, Heck, and Cochran (2014) point out that the theme of “conservative values” or “religious beliefs” are frequent reasons for seeking reparative therapy. These religious fundamentalist conceptions are articulated in power games with the effects of hierarchizing sexualities. Thus, discrimination is manifested by disqualifying other forms of expression that differ from heteronormativity (Mesquita & Perucchi, 2016).

Since 1990, homosexuality has not been included in the diagnostic manuals. However, both Psychology and Psychoanalysis still carry the legacy of outdated conceptions that categorized and pathologized LGBT individuals. It is known that Psychology has endeavored not to legitimize practices that violate and discriminate the LGBT population. Thus, psychologists who support and/or practice this type of therapy do not base their practices on evidence, but merely on their personal beliefs (American Psychological Association, 2008; 2009). In this sense, the belief that homosexuality is a pathology was presented in Vezzosi et al.'s (2020) study, which reinforces this relevant current data. Still, the belief that homosexuality is a symptom was a significant predictor in the study by Lingardi et al. (2015). In this study, the authors relate this belief to the concept of Psychoanalysis, considering that the aspect still carries such inheritances, agreeing with other research that revealed a perversion belief about LGBT patients, also relating it to the Psychoanalysis approach (Gaspodini & Falcke, 2018b). There is no denying that psychoanalytic theory has already produced pathological discourses. However, the research data by Vezzosi et al. (2020) demonstrate that Psychoanalysis professionals had a lower percentage of corrective action among the analyzed approaches. Still, it is known that psychoanalytic theory discusses a choice of sexual object, which is indeterminate and which is not related to a perverse psychic structure. Psychoanalysis professionals have dedicated themselves to the assumption that treating homosexuality as a disease is not accepting the subject in their expressions – agreeing with scientific consensus and ethical guidelines (Maya, 2007; Vieira, 2009; Couto & Lage, 2018).

Considering the significantly high data of Psychology professionals who believe that the practice of reparative therapy is ethical, with the patient asking or not, as well as the transmission of such practice, it is necessary to position professionals and teachers regarding these irregular practices during psychologist training. It is essential to have an ethical responsibility for not reflecting discriminatory actions which are based on negative personal beliefs about the LGBT population. In this perspective, the recent study by Mizael, Gomes, and Marola (2019) highlights that, especially with regard to transsexual identities, as well as to the themes of gender and sexuality, academic transmissions (disciplines, seminars, discussions, events) are not enough, portraying the scarcity of investments on the subjects in the field of Psychology. A possible solution that the authors highlight is the responsibility of the Psychology courses, but not limited to it, in highlighting

homophobia and deaths of the LGBT population. Still, McGeorge et al. (2015) pointed out that having never worked with LGBT patients was a significant predictor for the practice of reparative therapy. The literature revealed that individuals who had previous contact with friends, patients, or non-heterosexual acquaintances tend to positively affirm sexual and gender diversity. In contrast, those professionals without previous contact with LGBT subjects have higher rates of prejudice and negative beliefs in relation to this population (Biddel, 2014; Costa, Bandeira, & Nardi, 2015).

There is a need for greater positioning of Psychology professionals on sexual and gender diversity, considering that abstaining from a position in favor of the LGBT population supports collusion with such discriminatory practices. Still, accepting such a condition is to remain in a position in favor of the violation before the human rights guidelines and class council (Oltamari, 2010). For Lobato et al. (2019), the reasons for this include a moralistic perspective regarding variations in sexual behavior. In this context, the American Psychological Association (2009b) advises that psychologists receive specific training and education in prejudice and mental health about the LGBT population to develop affirmative psychological practices, informed by evidence and culturally appropriate to the specificities of sexual and gender diversity. In the national context, there is still a need for such training and education, although entities such as the CFP (2011) have already promoted publications and seminars in order to expand the critical positioning about the rights of the LGBT population.

During the review, emphasis was placed on the practice of reparative therapy, from the perspective of Psychology professionals, in relation to the LGBT population, as well as on the prejudices manifested by psychologists based on their personal beliefs. In summary, the characteristics of clinical practice with the LGBT population are still significantly permeated by beliefs that favor reparative therapy/action, such as the understanding that homosexuality and bisexuality is a pathology or a symptom or that the religious belief of the psychologist should be prioritized, this being the main belief expressed in the reviewed studies. Furthermore, the present review also presented the limitation of the low number of publications on the subject.

It is suggested that undergraduate courses offer the possibility of approaching the theme of sexual and gender diversity, as well as using the findings of this study in an academic context. We highlight the need for a clearer regulation on the

damages of reparative therapy in addition to ethical guidelines. Thus, future investigations, especially adopting different instruments, in addition to self-report questionnaires and interviews, are important for a more precise understanding in relation to clinical practice with sexual and gender diversity. In addition, studies are needed that seek to analyze the factors that lead to the unpreparedness of professionals on the topic of the LGBT population, as well as the consequences of reparative therapy, especially in the national context.

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