

OPEN LETTER TO COLLEGES, SCHOOLS AND TRAINING INSTITUTES AND OTHER FEDERATIONS OF PSY PROFESSIONS IN VENEZUELA

Dear Colleagues,

May 17 is the International Day Against Homophobia. Since 1990 this date has served to organize events that deliver knowledge of current stigma and discrimination against homosexuals in particular, and against sexual minorities in general. These events are often framed into the fight against AIDS because, as is known, preventing HIV infection implies a review of negative attitudes towards sexuality and the promotion of positive ones about sex.

Despite this effort, Venezuelan mental and health professionals have tended to remain out of this movement. It is remarkable that few colleagues have broken the silence on this subject. Even so, those service providers need to talk in a more clear way. For example, some of them have said "homosexuality is not a disease" but, at the same time they are saying that "it can be cured". Other professionals think homosexuality is "learned" as any other behavior. Put it into context, this statement suggests homosexuality can be "unlearned".

As privileged citizens, with access to knowledge about sexuality, and due to the power that society gives us as alleged judges of "healthy" or "normal" behaviors, first, we should talk from the state of the art rather than from our biases and prejudices regarding human sexuality. Second, it is important for us speaking up around these topics, which are not only sensitive for society at large, but crucial in terms of public health.

Future professionals, parents, educators, youth, the LGBT community (lesbian, gay, bisexual and transgender people) and society in general have the right to know from us the following facts, established by our colleagues in accordance with our disciplines' standards:

1. Homosexual behavior is found along the species as something natural (Bagemihl, 2000).
2. Human sexuality is a complex phenomenon and it can not be reduced to a biological component by one side, or the merely learned one on the other side (Roughgarden, 2004).
3. Heterosexuality and homosexuality are a continuum and human beings are distributed throughout this continuing due to different factors (LeVay and Valente, 2005).
4. As we know since Kinsey's research (Kinsey, Pomeroy and Martin, 1998) homosexuality and bisexuality are expressions of human sexuality as heterosexuality is.
5. Adolescence is a period when humans begin to crystallize a sexual identity and, as part of this process, humans tend to explore different behaviors. However, at this stage there are young people who identify themselves as gays, lesbians, bisexuals or

transgenders. They require family and school support in order to reach a healthy adulthood (Tharinger and Wells, 2000).

6. Homosexuality, bisexuality and transgender identities are experienced as "something that happens", just like heterosexuality (e.g. as a heterosexual person just feels attracted to the opposite sex, homosexuals are attracted to the same sex and bisexuals by both sexes). Put it other way, they are variants of heterosexuality and they are as "elected" as heterosexuality is (Castañeda, 2000).

7. No intervention has proved being effective in order to change sexual orientation, and "reparatory" or conversive therapies are not only ineffective, but also cause severe emotional disturbances (Tozer and McClanahan, 1999; Shidler and Schroeder, 2002).

8. As a result, society in general, and our clients in particular, should be aware that professionals who offer reparatory or "conversive" therapies are going against the guidelines of the more serious and prestigious organizations around the world and, above all, are doing damage and offer a fraud. Following the guidelines of the American Psychological Association (APA), "no school of therapy or organization that has as its basis the premise that homosexuality is a treatable mental illness can be supported." (Halderman, 2002: 263). If such treatment have not prohibited is because we respect the plurality but in no way we echo recommendations or guarantees to support these interventions. It are outside our scientific scope.

9. Claims of sexual minorities, despite the fact they are made from a political perspective, are backed by a tradition of research showing that psychological adjustment is not compromised by sexual orientation but because of the negative reactions against the environment sexual diversity, that is, homophobia (Mondimore, 1998).

10. Claims of certain religious groups about what should be our role in the patologización, even criminalization of homosexuality, less that being signed, are belied by the facts outlined here or outside our expertise scope (Fradella, 2002).

11. Our commitment as mental health professionals in a complex society consists in an approach guided by scientific and humanist guidelines. In short, we are pluralistic disciplines (Peterson, 2003); we deliver functional welfare, rather than discrimination and stigmatization.

If the understanding of these facts is not well known in Venezuela, I invite you to make public our position. It would be a very useful partnership of public pronouncement on these points and others related, as various groups around the world have done (including here the aforementioned APA, Fox, 1988). I mean, obviously, a Declaration of Principle regarding homosexuality, as well as the creation of guidelines and policies about what is considered appropriate for our role, for a greater humanity and quality of our services, as well as the training for students in our fields.

In addition I would invite them to interact with networks of support for sexual minorities

and prevention of HIV, which has been working on these issues for several years.

In a country where:

- * There are no reliable epidemiological records of any disease in general, neither HIV infection in particular;

- * The UNAIDS and Pan American Health Organization (PAHO) attempts for supporting the government in creating a network of epidemiological surveillance and counseling have failed;

- * The staff of the National AIDS/ STI Program can be counted on the fingers of one hand (and it left one);

- * The emphasis of this program is on antiretroviral drugs distribution for only 17% of people living with HIV (25,000 people from 130,000-150,000 people infected).

- * Where the State neglects primary prevention and psychosocial support for people living with HIV (poz prevention);

- * Where prevention efforts are carried out through NGOs, which lack funding and rely almost exclusively on what they can achieve on its own;

- * In short, where the epidemic is progressing rapidly and quietly, with no indicators of political will to take effective actions,

this interaction with other stakeholders in the fight against homophobia is crucial, because the same beliefs that cause homophobia are implicated in the progression of the HIV/AIDS.

In this regard, to stop an epidemic that affects all sexually active population members, no matter what their sexual orientation is, we must first "clean our house" of prevailing homophobia. Silence contributes in sustaining homophobia. Therefore we must speak, because with our silence we are contributing to injustice and the progression of HIV infection.

Hoping we together can make a significant change that is worthy of our role as service providers and mental health,

Sincerely,

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c.c. Media, LGBT Agencies, AIDS Services Organizations around the world.