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March 8, 2016

Dr. Tun Kurniasih Bastaman  
Indonesian Psychiatric Association  
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Via [info@pdkji.org](mailto:info@pdkji.org) and [tunbastaman@yahoo.com](mailto:tunbastaman@yahoo.com)

Dear Dr. Tun Kurniasih Bastaman:

We write on behalf of the American Psychiatric Association to express our concern over the Indonesian Psychiatric Association's recent classification of homosexuality as a mental disorder and statements that such individuals can be cured with "proper treatment." News outlets report that IPA has said: "People with homosexuality and bisexuality can be categorised as people with mental problems," and that such persons suffer from "physical, mental and social problems, growth and development, and/or life-quality problems, thus giving them risks to experience mental disorders." We further understand that you have made similar claims about transgender individuals.

We respectfully ask that you reconsider your position, because the latest and best scientific research shows that different sexual orientations and gender expressions occur naturally and have not been shown to pose harm to societies in which they are accepted as a normal variant of human sexuality. In fact, research shows that efforts to change an individual's orientation – so-called "conversion therapy" or "reparative therapy" – can be harmful, and are linked to depression, suicidality, anxiety, social isolation and decreased capacity for intimacy. For these reasons, the APA's Diagnostic and Statistical Manual of Mental Disorders (DSM) does not classify people who are lesbian, gay, bisexual or transgender as intrinsically disordered.

We respectfully submit that the individuals within IPA who ushered through these changes in classification may have misunderstood the significance of recent scientific findings, which show that multiple factors, including both biological and environmental contributors, play roles in sexual orientation and gender identity. In short, one's orientation is not a choice.

There is strong evidence that genes play a role in the determination of sexuality. Mustanski et al., writing in the *Annual Review of Sex Research*, state: "Genetic research using family and twin methodologies has produced consistent evidence that genes influence sexual orientation." This conclusion was reached after a comprehensive review of the relevant research of a 10-year period ending in 2002. This and other studies suggest that genes do play a role, though not necessarily the only role, in determining sexual orientation. And like most genetically determined traits, it is likely that more than one gene plays a role.

A Finnish study involving 3,261 Finnish twins aged 34-43 years old, published in the *Archives of Sexual Behavior in 2007* notes that "quantitative genetic analyses showed that variation in both childhood gender atypical behavior and adult sexual orientation was partly due to genetics, with the rest being explained by non-shared environmental effects." The authors further cite a Dutch study of gender atypical behavior (GAB) in 7- and 10-year-old twins and later sexual orientation, which found that genetic factors account for 70% of the variance in GAB for both boys and girls, and that this phenomenon was substantially linked to homosexuality.

There is other evidence that, during fetal development, exposure to certain hormones also plays a role. A 2011 review by Belgian researcher Jacques Balthazart and published in the journal *Endocrinology* concludes that “homosexual subjects were, on average, exposed to atypical endocrine conditions during development,” and that “significant endocrine changes during embryonic life often result in an increased incidence of homosexuality.”

In addition, genetic and hormonal factors generally interact with environmental factors that have yet to be determined, though neither faulty parenting nor exposure to gay individuals causes homosexuality. The preponderance of opinion within the scientific community is that there is a strong biological component to sexual orientation and that genetic, hormonal and environmental factors interact to influence a person’s orientation. There is no scientific evidence that either homosexuality or heterosexuality is a freewill choice.

Rice et al. note in their 2012 article that “pedigree and twin studies indicate that homosexuality has substantial heritability in both sexes,” but that fetal exposure (or lack of exposure) to the masculinizing hormone androgen during the very earliest stages of embryonic development show a strong relationship to sexual orientation in both sexes. Female embryos exposed to a higher-than-average level of androgen are likely to result in gay women, whereas less-than-average exposure to androgen in male embryos results in homosexuality.

A 2011 article by Bao and Swaab explained that the phenomenon of sexual attraction that runs counter to one’s physiology occurs because the sexual differentiation of the brain happens much later in fetal development than the formation of genitals. As a result, feminization of the brain can take place in a male fetus, due to hormonal exposure, much later than the establishment of male gender.

It is important to recognize that there is no evidence that attempts to change people’s sexual orientation have ever been successful, even when the subject sincerely wants to change. In 1973, based upon a review of scientific research, the American Psychiatric Association determined that homosexuality is not a mental disorder and removed it from the *DSM*. It is the position of the APA that there is no rational basis, scientific or otherwise, upon which to punish or discriminate against LGBT people.

With all due respect to you and to the Indonesian people, we advise that classifying homosexuality and gender expression as intrinsically disordered will only lead to coercive “treatments” and violence against those who pose no harm to society and cannot change who they are. We hope that providing you with the additional scientific data above will further inform your decision. We urge you to consider the evidence contained herein and to reconsider your decision. We stand ready to answer any questions you might have.

Sincerely,



Renée Binder, MD  
President



Saul Levin, MD, MPA  
CEO and Medical Director

## References

*Alanko, Katarina, et al., "Common Genetic Effects of Gender Atypical Behavior in Childhood and Sexual Orientation in Adulthood: A Study of Finnish Twins," Archives of Sexual Behavior, 2010, 39:81 – 92.*

*Balthazart, J., "Minireview: Hormones and Sexual Orientation," Endocrinology, 2011, 152(8):2937 – 2947.*

*Rice, W., et al., "Homosexuality as a Consequence of Epigenetically Canalized Sexual Development," The Quarterly Review of Biology, 2012, 87(4)343 – 368.*

*Bao, A.M. and Swaab, D., "Sexual Differentiation of the Human Brain: Relation to Gender Identity, Sexual Orientation and Neuropsychiatric Disorders, Frontiers in Neuroendocrinology, 2011, 32:214 – 226.*