

Pulse

The Conversion Therapy Controversy

One of the most controversial issue surrounding people struggling with same-sex attraction arguably is whether their sexual 'orientation' can or should be 'corrected' through therapy. For many, the very idea of treating people who are same-sex attracted with the view of helping them to become heterosexuals must be roundly rejected because the current orthodoxy states that homosexuality is not a disorder.

Objectors of sexual reorientation therapies often point to the landmark decision in 1974 by the American Psychiatric Association (APA) to remove homosexuality from the list of pathological psychiatric conditions. The APA states categorically that 'homosexuality per se is one form of sexual behaviour and like other forms of sexual behaviour which are not themselves psychiatric disorders, is not listed in the nomenclature of mental disorders.'¹

It is important to underscore the fact that the APA decision was not made because of some scientific breakthrough which showed conclusively that homosexuality is innate. The inconvenient truth is that APA removed homosexuality from the list because it succumbed to the pressure exerted by gay activists.

Recounting this saga in his book *Homosexuality and American Psychiatry: The Politics of Diagnosis*, Ronald Bayer – himself a gay man – writes:

The result was not a conclusion based upon an approximation of the scientific truth as dictated by reason, but was instead an action demanded by the ideological temper of the times.²

Once removed from the venerable list, homosexuality should no longer be seen as a psychological disorder that requires treatment. Therapy given to people who are same-sex attracted should now be directed at an altogether different goal – that of helping them to cope with and / or overcome their 'internalised homophobia'.

All this is undergirded by the dogma that has gained much traction which says homosexual orientation is determined by genetic and other biological factors.

¹ "Homosexuality and Sexual Orientation Disturbance". Proposed Change in DSM II, 6th Printing, page 44', APA Document Reference No. 730008.

http://www.torahdec.org/Downloads/DSM-II_Homosexuality_Revision.pdf.

² Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (New Jersey: Princeton University Press, 1987), 3-4.

Homosexuals and lesbians are ‘born that way’. It is therefore a violation of their dignity to try to change their innate sexual orientation.

It is important to state here that there is to date no scientific evidence that shows conclusively that homosexual preference is solely the result of a biological determinant. In 2019, a major study was conducted (the largest to date) to determine if homosexual orientation can be explained by genetics using the method known as the Genome-Wide Association Study (GWAS). In reporting the findings of this study, the researchers state:

We established that the underlying genetic architecture is highly complex; there is certainly no single genetic determinant (sometimes referred to as the “gay gene” in the media). Rather, many loci with individually small effects, spread across the whole genome and partly overlapping in females and males, additively contribute to individual differences in predisposition to same-sex sexual behaviour. *All measured common variants together explain only part of the genetic heritability at the population level and do not allow meaningful prediction of an individual’s sexual preference.*³

This notwithstanding, many established organisations have decried the reparative or conversion therapies employed by some psychologists and psychiatrists to treat homosexuals.

Calling for a global ban, Victor Madrigal-Borloz, a UN expert said that not only have such therapies been debunked by the scientific community, they have also been shown to cause long-term harm to the physical and mental health of LGBT persons. ‘Such practices’, he adds, ‘constitute an egregious violation of rights to bodily autonomy, health, and free expression of one’s sexual orientation and gender identity. Ultimately, when conducted forcibly, they also represent a breach to the prohibition of torture and ill-treatment.’⁴

Madrigal-Borloz is not alone in his opposition to conversion therapy. A formidable group of organisations in the US involved in mental healthcare and social work has issued a joint statement against it:

We, as national organisations representing millions of licensed medical and mental health care professionals, educators, and advocates, come together to express our professional and scientific consensus on the impropriety, inefficacy, and detriments of

³ Andrea Ganna, et al., “Large-scale GWAS reveals insights into the genetic architecture of same-sex behaviour”, *Science*, 30 Aug 2019, Volume 365, Issue 6456, eaat7693. (<https://science.sciencemag.org/content/365/6456/eaat7693> - accessed 19 January 2020), italics mine.

⁴ ‘Un expert calls for global ban on practices of so-called “conversion therapy”’, United Nations Human Rights. Office of the High Commissioner. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26051&LangID=E>.

practices that seek to change a person's sexual orientation or gender identity, commonly referred to as 'conversion therapy'.⁵

In similar vein, the American Psychoanalytic Association, in its 2012 position statement on conversion therapy, asserts that:

Psychoanalytic technique does not encompass purposeful attempts to 'convert', 'repair', change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.⁶

Examples like these can easily be multiplied.

Those who are adamant that every kind of conversion or reparative therapy must be prohibited or banned have insisted that these therapies are ineffective and that they cause great physical and psychological harm.

Success Statistics

Is it true that reparative therapies are absolutely ineffective in helping people with same-sex attraction? There are many studies that show that this is not the case and that, on the contrary, such therapies have in fact enjoyed reasonable success.

Before we look at a few of these studies, some preliminary clarifications and qualifications are in order. These have to do with what is meant by success with regard to conversion or reparative therapy.

Here, the approaches of two researchers in the field are helpful in framing our discussion. In his 2006 doctoral dissertation, Elan Karten defines treatment success as follows: (a) increased sexual feelings and behaviour towards members of the opposite sex, (b) decreased sexual feelings and sexual activity towards the same sex, (c) a strong heterosexual identity, and (d) improvement in psychological wellbeing.⁷

While these are helpful indicators that enable better assessment of treatment progress or success, it is also important to recognise that there are degrees of

⁵ 'Declaration on the Impropriety and Dangers of Sexual Orientation and Gender Identity Change Efforts', http://assets2.hrc.org/files/assets/resources/National_Orgs_Letter_in_Support_of_Legislative_Efforts_to_End_Conversion_Therapy.pdf?_ga=2.75679196.818713384.1607301876-1173721483.1602210126.

⁶ '2012 – Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression', <https://apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender>.

⁷ Elan Karten, *Sexual Reorientation Efforts in Dissatisfied Same-Sex Attracted Men: What Does it Really Take to Change*. Unpublished dissertation, Fordham University, New York, NY, 2006.

success. Edward Glover's 1960 study has presented the different degrees of treatment success that is helpful in evaluating the various outcomes of reparative therapy.⁸

According to Glover, treatment success may be divided into three categories. The first is cure, where conscious homosexual impulse are eradicated and the heterosexual impulse is developed to its fullest extent. The second category is much improved. This is where conscious homosexual impulses have dissipated, but the heterosexual impulse is not fully developed. And the final category is improved, where there is increased capacity to control the homosexual impulse.

With these important caveats, we turn our attention now to some reports of the success statistics of conversion therapy.

In his book *Homosexuality: Disease or Way of Life* (1956), Edmund Bergler reports that in his analysis of 100 homosexuals, there is strong evidence that real change towards heterosexuality has occurred in some as a result of treatment.⁹ Using psychoanalysis, Berger and his colleagues stated that about 33 percent of their patients who were exclusively homosexuals were able to function heterosexually after treatment.

In 1968, Charles W. Socarides used a psychoanalytical based reparative therapy to treat homosexuals and reported a 50 percent success rate.¹⁰ This success rate is supported ten years later. 20 out of the 44 patients (44%) experienced an absence of homosexual thoughts, fantasies or behaviour and developed heterosexual functioning as the result of treatment by psychoanalysis.¹¹

In 1971, Feldman and MacCulloch treated 36 patients using anticipatory avoidance learning therapy and reported a 57 percent success rate after monitoring the cases for about one year.¹² In addition, Feldman, MacCulloch and Orford followed up on research that was done between and years 1963-65. They found that among the 63 male homosexual patients they worked with 29 percent have experienced change: they have ceased homosexual behaviour altogether, experienced strong heterosexual fantasy and behaviour (or both), and only occasionally experienced homosexual fantasies.¹³

In 2007, Alcoholic Anonymous published its long-term success statistics which may be summarised as follows:¹⁴

⁸ Edward Glover, *The Roots of Crime: Selected Papers in Psychoanalysis*, Volume 2 (New York: International Universities Press, 1960).

⁹ Edmund Bergler, *Homosexuality: Disease or Way of Life?* (New York: Collier Books, 1956).

¹⁰ Charles W. Socarides, *The Overt Homosexual* (New York: Grune and Stratton, 1968).

¹¹ Charles Socarides, *Homosexuality* (New York: Jason Aronson, 1978).

¹² M. P. Feldman and M. J. MacCulloch (Eds.). *Homosexual Behaviour: Therapy and Assessment* (New York: Pergamon Press, 1971).

¹³ M.P. Feldman, M.J. MacCulloch, and J.F. Orford, 'Conclusions and Speculations'. In M.P. Feldman and M.J. MacCulloch (Eds.). *Homosexual Behaviour: Therapy and Assessment* (New York: Pergamon Press, 1971), 156-188.

¹⁴ https://www.aa.org/assets/en_US/p-48_membershipsurvey.pdf

- 27 percent of members were sober for less than a year's time
- 24 percent were sober for between 1 and 5 years
- 13 percent were sober for between 5 and 10 years
- 36 percent were sober for 10 or more years

The success rates of AA are comparable with those of conversion therapy. Yet, no organisation has maintained that the methods employed by AA are ineffective in treating alcoholics.

In addition to statistics obtained from individual studies, a number of meta-analyses have also been conducted to assess the efficacy of conversion therapies. Space allows us to cite only one such study.

In 2002, A. Dean Byrd and Joseph Nicolosi conducted a meta-analysis of 146 studies published between 1969 and 1982. This meta-analysis led them to conclude that 'treatment for homosexuality is effective'.¹⁵ In addition, the authors write:

Political, legislative and psychotherapeutic issues concerned with homosexuality are debated regularly. Within the various mental health professions, psychotherapy for homosexuals is being challenged, and many have described it as unethical, suggesting that it does not produce change and that it does more harm than good. This meta-analysis is pertinent to that political debate and provides empirical evidence, based on the literature, that treatment interventions can be successful with individuals identified as homosexual.¹⁶

More Harm than Good?

The second reason why many organisations are calling for a global ban on conversion therapy is that attempts at the sexual reorientation of homosexuals are said to have done more harm than good. The question whether conversion therapies are indeed harmful and in what way they are harmful is difficult to answer objectively for two reasons.

Firstly, many of the testimonies collated by researchers by those who feel that they have been harmed by the conversion therapy they had undergone have to do with self-perceived harm. Objective assessment as to how they are in fact harmed by the procedure is often lacking.

The way in which the research is conducted also has a part of play in its outcome. For example, in 2002 Shidlo and Schroeder conducted a study of consumer's report on conversion therapy and found that several who have received such therapies 'were plagued by serious psychological and

¹⁵ A. Dean Byrd and Joseph Nicolosi, 'A Meta-Analytic Review of Treatment of Homosexuality', *Psychology Reports*, 2002, 90, 1139.

¹⁶ *Ibid.*, 1149.

interpersonal problems during the therapy and after its termination.’¹⁷ However, it must be stressed that this report was based on the testimonies of consumers who were recruited specifically for the purpose of documenting harm.

Furthermore, as the 2009 APA report indicates, these perceptions of harm ‘are countered by accounts of perceptions of relief, happiness, improved relationship with God, and perceived improvement in mental health status, among other reported benefits.’¹⁸ It is therefore important that the reports of harm be evaluated alongside the testimonies of consumers who have been helped by the therapies if we are to achieve a more balanced assessment.

Secondly, there are simply insufficient objective and scientifically sound research on the risks of conversion therapies. The APA’s conclusion on the current status of research concerning the harmful effects of such therapies is therefore quite objective and fair:

We conclude that there is a dearth of scientifically sound research on the safety of SOCE. *Early and recent research studies provide no clear indications of the prevalence of harmful outcomes among people who have undergone efforts to change their sexual orientation or the frequency of occurrence of harm because no study to date of adequate scientific rigor has been explicitly designed to do so. Thus, we cannot conclude how likely it is that harm will occur from SOCE.*¹⁹

Science or Ideology?

If there is irrefutable evidence that reparative therapies have enjoyed reasonable success and little evidence that they are in fact harmful, why is there such strong opposition to these therapies in some quarters? Why have some gone so far as to compare such therapies with ‘ill-treatment’ and even ‘torture’?

Since the opposition is not based on science – as we have seen – could it be driven by ideology instead?

In 2013, the World Medical Association (WMA) issued a statement on ‘Natural Variations of Human Sexuality’ that roundly ‘condemns so-called “conversion” or “reparative” methods.’²⁰ It categorically asserts that these therapies

¹⁷ A. Shidlo and M. Schroeder, ‘Changing Sexual Orientation: A Consumer’s Report’, *Professional Psychology: Research and Practice*, 33(3), 254.

¹⁸ ‘Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation’, 2009, p. 42, <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>.

¹⁹ Ibid. Italics mine.

²⁰ ‘WMA Statement on Natural Variations of Human Sexuality’, <https://www.wma.net/policies-post/wma-statement-on-natural-variations-of-human-sexuality/>.

... constitute violations of human rights and are unjustifiable practices that should be denounced and subject to sanctions and penalties. It is unethical for physicians to participate during any step of such procedures.

WMA's opprobrium is clearly premised on the current orthodoxy on homosexuality discussed earlier. This is evident in the familiar refrain we find in its statement: 'A large body of scientific research indicates that homosexuality is a natural variation of human sexuality without any intrinsically harmful health effects.'

It goes on to assert that the discrimination and stigmatisation of homosexuals 'can be exacerbated by the so-called "conversion" or "reparative" procedures' which, according to WMA are not only ineffective ('they have no medical indication') but also 'represent a serious threat to the health and human rights of those so treated.'

Responding to the WMA statement, the National Association for Research and Therapy of Homosexuality (NARTH) observes that 'the WMA's statement in many places lacks scientific integrity, sometimes providing conclusions that are no more supportable than speculation and at other times failing to provide adequate scholarly context.'²¹

NARTH understandably expresses dismay over the medical association's attempt to 'discredit any and all professional attempts to assist clients who wish to modify same-sex attractions and behaviours.' Consequently, it considers it necessary to publish a response 'to provide the public with information WMA irresponsibly neglected in their statement.'

Space does not allow a discussion of every criticism of the WMA statement that NARTH makes in its robust response. What is of note is that NARTH took the WMA to task for its rhetoric that conversion therapy causes harm and stigmatization, accusing the medical association of presenting straw arguments.

Worst of all, WMA implies that professional psychological care to assist a client in modifying unwanted same-sex attractions and behaviours is a form of harm-inducing stigmatization and discrimination. NARTH would kindly ask WMA to provide the direct empirical basis for this supposition as well as detailed list of procedures NARTH therapists engage in that allegedly exacerbate psychological distress. Since there is no study in existence on this subject that disentangles pre-existing client distress from any distress that may have occurred as a direct result of change-oriented psychological care, NARTH believes that the WMA statement in this regard has relied heavily on straw arguments.

²¹ Christopher H. Rosik, 'NARTH response to the WMA statement on natural variations of human sexuality', *The Linacre Quarterly*, May 2014, 81(2): 111-114.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4028723/>.

In addition, NARTH also criticises WMA for the heavy-handed way in which it threatens practitioners who employ conversion therapy despite the absence of conclusive evidence that it is harmful.

The WMA's clear dislike for a form of psychological care and its moral and theoretical assumptions, in the absence of definitive and replicated empirical evidence, is not a scientific basis for threatening medical and mental health professionals with 'sanctions and penalties.'

WMA's condemnation of conversion therapy stems from certain ideological commitments, a narrow dogmatism that is not supported by solid and conclusive scientific evidence.

As NARTH puts it, based on the current orthodoxy concerning homosexuality, WMA devises a 'strict orthopraxy which is not grounded in definitive or properly contextualised empirical data.' It then forces therapists and clients with unwanted same-sex attraction to conform to this orthopraxy, thereby infringing upon their rights and freedoms.

NARTH ends its response with this scathing criticism of WMA:

Within this orthopraxy, the WMA refuses to give its imprimatur to certain moral, religious, and theoretical views of homosexuality. It also restricts the range of options available for how clients with unwanted same-sex attractions and behaviours can therapeutically address their conflicts. The WMA statement thus appears to represent rhetoric of heavy handed activism and intimidation and is beneath the dignity of an organisation that claims a professional and scientific identity.

It is clear from this exchange that the sanctions against conversion or reparative therapy are not of solid scientific evidence and reasoning. They are driven by totalitarian fiat. Conversion therapy is widely rejected today because of the pontifications of the new authoritarianism, a new dogmatism that is not governed by reason but directed instead by what Ronald Bayer has aptly described as the 'ideological temper of our times.'

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