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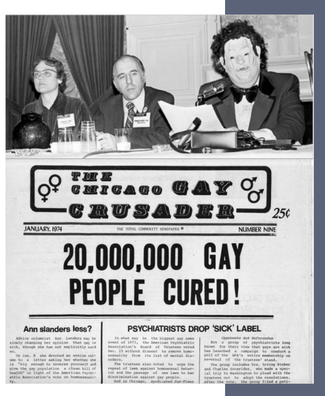
THE ARGUMENTS FOR SEXUAL ORIENTATION CHANGE EFFORTS - HISTORICAL AND PHILOSOPHICAL ANALYSIS

Sexual orientation change efforts (or convertion therapies—CT) have had devoted supporters and vigorous opponents using a rich repertoire of arguments to support their opinions. We will provide a historical analysis of the changes in these arguments. We will argue that, initially, shifts in argumentation have reflected the more general attitudinal changes towards the nature of mental illness and have been accompanied by heated debates on the abuse of medical power to define normality and enforce treatment on those classified as abnormal. More recently, some CT defenders cite the client's autonomy and the special nature of therapeutic relationships as valid moral grounds for providing treatment. It is claimed that clients' values (usually stemming from their religious convictions) should be respected even if the same values are the source of distress.

Key words: homosexuality, ICD-10, autonomy, SOCE, ethics

IMPORTANT DATES

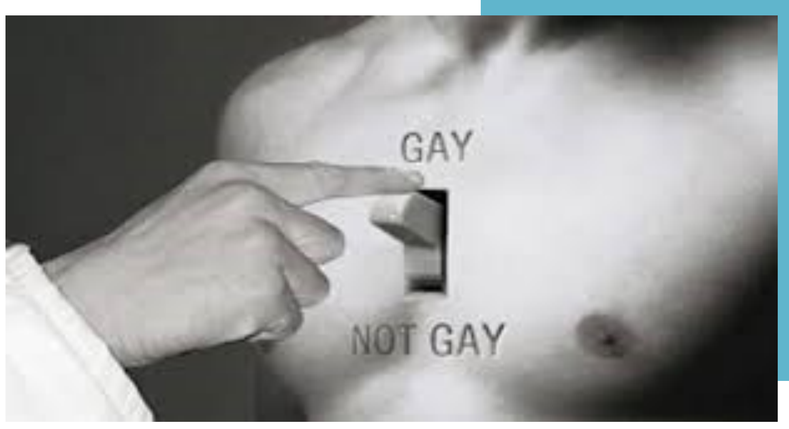


1973— The American Psychiatric Association, with the key role played by R. Spitzer, removes homosexuality from the DSM (ego-dystonic remains till 1987)

1990— WHO removes homosexuality from ICD-10 (ego-dystonic homosexuality remains till 2018)

Since 1993—first professional statements against the use of CT

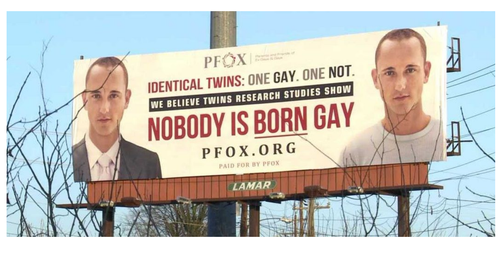
2003—R. Spitzer publishes a study claiming CT efficacy



WHAT ARE „CONVERTION THERAPIES"?

They are interventions aimed at changing (homo)sexual orientation or adapting to heterosexual life or celibacy. They included, historically ordered:

- outdoor activities (eg. fatiguing bicycle riding), visiting brothels, sex surrogates—end of XIX c, but also in concentration camps in WWII and in Masters-Johnson's therapy
- electroconvulsive therapy (till grand mal convulsions), surgical interventions (e.g. lobotomy, castration, ovary removal, testes transplant), drug and hormonal therapy (e.g. steroids, androgens) - late XIX-mid-XX c.
- orgasmic reconditioning, aversion therapy (pain-, repulsion- or nausea-inducing) and social skills training, cognitive restructuring, hypnosis, abstinence training, "gender lessons" - since c. 1950
- psychoanalysis—since c. 1920
- more recently, religion-based „therapies" have incorporated some psychoanalysis methods and assumptions, threats of damnation, the use of prayer, reliance on the power of God to change orientation, gender restructing and pursuing celibacy.



LEGAL STATUS

- Malta imposes fines and jail terms "on those advertising, offering, performing or referring an individual to another person which performs" any kind of CT since 2016
- Australian Government of Victoria outlaws CT provided by health professionals for adults and for minors since 2017
- In Canada, Manitoba and Ontario outlaw conversion therapy on LGBT minors
- Taiwan: CT punishable regardless of whether or not the offender holds a medical license
- USA: in some states and cities bans on CT with minors provided by health professionals
- Several professional organizations have their own regulations regarding CT and may expel those psychologists or M.D.s who do not conform.

DEBATE OVER PERMISSIBILITY OF CONVERTION THERAPIES

AGAINST: 70':

1. The very existence of CT is the reproduction of social prejudices, it delays the social acceptance of homosexuality and supports the assertion that homosexual reactions are wrong, inappropriate or sick. „If there is a cure, there must be a disease".

2. Most CT are based on the assumption of illness and, contrary to science, they perpetuate that mistaken belief in the client.

3. Informed consent is invalid as there is a great risk of lack of voluntariness — probably anyone who wants to undergo the treatment has internalized homophobic messages and is under substantial pressure. Heterosexual people do not seek change.

4. Therapists not only do not have an obligation to deliver whatever clients wish, but have a social responsibility to not cure some conditions (following premise nr 1)

80' and 90':

5. CT may be professionally disadvised if they entail harm and are ineffecive. First studies on the harm done by CT.

6. Professional conduct of psychologists: offering CT violates the rules of competence (presenting ineffective treatments as effective), integrity (by ignoring the sociopolitical homophobic context) and social responsibility

7. If LGB people can choose to change their minority status, they do not constitute a group or class deserving of protection

XXI c:

8. CT do not meet empirically supported psychological treatment standards. Religious views can be incorporated into affirmative therapy

PRO:

1a. Some non-pathological difficulties (e.g. non-assertiveness) are the subject of therapy.

2a. Homoexuality IS a disorder (Socarides Bieber, Nicolosi)

2b. Some CT are not based on such an assumption (eg. Masters and Johnson's approach). Informed consent given on the basis of provided alternative options and the scientific status of homosexuality is necessary.

3a. To regard homosexuals as incapable of informed consent equals treating homosexuals as severely maladjusted. We should respect their autonomy and warrant free choice of treatment of „descriptive problems" (non-medical ones)

3b. For some people religious convinctions and specific family standards are more important than sexual orientantion—we should respect different systems of values and not impose only one choice on distressed homosexuals, i.e. affirmative therapy

4. Therapists have an obligation to help distressed people in achieving their goals (which should be set by the client, not the therapist).

5. Informed consent should include both the harms and the benefits of affirmative therapy and CT. It is still a matter of choice of the client if she wishes to undergo treatment with a poor harm/benefit ratio.

80 and 90': The rhetoric of the disease, disorder, treatment is gradually turned into the rhetoric of free choice, free trade, rights and responsibilities, wishes and preferences.

CT slowly moves from psychology into the domain of religious movements, where it remains up to now.

MODERN BIOETHICAL SCI-FI SCENARIO:

PRO: If CT prove to be effective and safe, bioethicians should respect the autonomous decision of undergoing it, but be aware of the danger of coercion and try to avoid it. The same applies to people who wish to manage their heterosexual desire (e.g. radical feminists or people in stable homosexual relationships with unwanted heterosexual infatuation)

AGAINST: In a still discriminatory society, giving members of sexual minorities the option to "convert" would harm them in three ways: (a) by generating pressures to undergo "conversion," (b) by demanding that individuals justify their unaltered gay sexual orientation and (c) by making "conversion" a rational course of action.

Full bibliography can be found on:
https://goo.gl/JVyPDV

Or under the code:

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