

Background Document to the 1 March 2018 declaration:

'Conversion therapy has no place in the modern medical and spiritual world.'

summary

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Summary

Conversion therapy (also known under different names such as gay cure therapy) covers a wide range of practices which have in common that they pathologise certain sexual orientations or gender identities: they approach these as an illness that needs a cure. This pathologising has no medical justification and is often done on religious grounds. Scientific research concluded there is no reliable evidence that such therapies ever worked, while there is clear evidence that they can cause harm. They also lead to increased stigmatisation and social exclusion.

Worldwide, medical organisations such as the World Psychiatric Association, PAHO (the Pan American Health Organisation of the World Health Organisation) and several other leading professional medical organisations have spoken out clearly and unambiguously against conversion therapy. So did all major therapy professional bodies in the UK in a 'Memorandum of Understanding' (MoU 2015) and a 'Statement against conversion therapy' (2017). In July 2017 the Church of England condemned conversion therapy and endorsed the 2015 UK MoU.

The purpose of this background document is to underline the shared responsibility spiritual and medical professionals have to protect those who are vulnerable and seek our help from harmful interventions. We share a duty to ensure that their needs are addressed in safe and confidential ways that respect their identity and human dignity.

Given that many conversion therapists are non-medically trained religious leaders, it is also imperative that religions join medical professionals in condemning these therapies unequivocally. We therefore invite spiritual professionals, religious organisations and all who agree that conversion therapy has no place in the modern medical and spiritual world, to join the medical professionals in their condemnation of conversion therapy and their efforts to increase awareness and protect their members and the public from such harmful practices.

A. What is conversion therapy?

1. Conversion therapy is an umbrella term that covers a wide range of practices. It is also practiced under many other names, such as 'reparative therapy', 'corrective therapy', 'sexual reorientation therapy', 'gay cure therapy', 'gay conversion therapy', etc.
2. In the narrow sense, conversion therapy is an attempt to change a person's sexual orientation (always from non-heterosexual to heterosexual), or reduce attraction to others of the same sex.

In a broader sense it is also increasingly used as a term to try to convert a transgender person's gender expression to match that of the sex they were assigned at birth.

3. These therapies have in common that they pathologise certain sexual orientations or gender identities: they approach these as illnesses that need a cure.
4. This pathologising is often done on religious rather than medical grounds. It is an attempt to justify (mostly religious) moral judgement with a medical vocabulary. There is however no justification for this in evidence based medical science.

B. The practice of conversion therapy

5. 'Therapy' can be a misleading term, as these practices are often not limited to talking therapy. They can for example also include prayer, hypnosis or electroshocks.
6. But conversion therapy is also associated with a culture of violence, both social and physical. Adolescents have been subject to 'reparative' interventions against their will, often at their families' initiative. In some cases, the victims were interned and deprived of their liberty, sometimes to the extent of being kept in isolation over several months. Their testimonies describe degrading treatment, extreme humiliation, physical violence, aversive conditioning through electric shock or emetic treatment, and even sexual harassment and attempts at 'reparative rape', especially in the case of lesbians.¹
7. Conversion therapists often lack a professional medical or mental health training and/or have no psychiatric or psychological license. They are mostly self-declared and self-taught practitioners who work in unofficial 'clinics', often align themselves with social and/or religious prejudices and reflect a stark ignorance in scientific understanding of sexuality and sexual health. They are more likely to be linked to a religious organisation than to a medical professional association, although in a minority of cases conversion therapists are also trained in psychiatry and/or psychology and offer such therapies alongside other therapies.

C. Science on conversion therapy

8. Being gay or lesbian has no intrinsically harmful effect on the health of those concerned or those close to them. In none of its individual manifestations does homosexuality constitute a mental disorder or an illness.
9. Homosexuality is therefore no longer considered a pathological condition and requires no cure. It was declassified as a mental disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association in 1973. It was removed from the International Classification of Diseases (ICD) by the World Health Organisation in 1992.
10. Several professional bodies have reviewed the research around conversion therapy and confirmed there is no evidence that it works. There is however evidence that conversion therapy can cause harm: attempts to change a person's sexual orientation is linked among other things to depression, anxiety, feelings of guilt and shame, self-harm and even suicide.^{2,3,4}

¹ For example: Taller de Comunicación Mujer (2008). Pacto Internacional de Derechos Civiles y Políticos: Informe Sombra. <<http://www.tcmujer.org/pdfs/Informe%20Sombra%202009%20LBT.pdf>> Centro de Derechos Económicos y Sociales (2005). Tribunal por los Derechos Económicos, Sociales y Culturales de las Mujeres. <<http://www.tcmujer.org/pdfs/TRIBUNAL%20DESC%20ECUADOR%20MUJERES.pdf>>

² UKCP (2014), 'Conversion therapy: consensus statement'. London: UK Council for Psychotherapy. http://www.ukcp.org.uk/UKCP_Documents/policy/Conversion%20therapy.pdf

³ APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009), Report of the task force on appropriate therapeutic responses to sexual orientation. Washington, DC: American Psychological Association <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

⁴ Royal College of Psychiatrists, 'Psychiatry and LGB people'. [Online] [Accessed 1 November 2014]. <http://www.rcpsych.ac.uk/members/specialinterestgroups/gaylesbian/submissiontothecofe/psychiatryandlgbpeople.aspx>

D. The position of medical professional bodies

11. Worldwide, medical organisations such as the World Psychiatric Association and PAHO (the Pan American Health Organisation of the World Health Organisation) and several other leading professional medical organisations have spoken out clearly and unambiguously against conversion therapy⁵:
 - *“As medical professionals, we are highly trained to treat our patients regardless of their sexual orientation – not because of it. Being gay or trans is not a disease, it is not a mental illness and it doesn't need a cure. Any proclamations to the contrary risk causing harm to our gay and trans patients' physical and mental health and wellbeing, as well as perpetuating discrimination in society.”*⁶
 - *“We have always been clear that sexual orientation and gender identities are not mental health disorders. The public must know that they can access therapeutic help without fear of judgment.”*⁷
 - *“Anyone seeking therapeutic help, regardless of their gender and sexual diversity, should have access to unbiased and informed therapists who provide ethically skilled therapy.”*⁸
12. In January 2017, a 'Statement against conversion therapy' was signed by several major UK organisations: The Royal College of General Practitioners, The College of Sexual and Relationship Therapists, The British Association for Counselling and Psychotherapy, The British Association for Behavioural and Cognitive Psychotherapies, The British Psychoanalytic Council, The British Psychological Society, The National Counselling Society, The UK Council for Psychotherapy, The National Health Service Scotland, The Scottish Government, GLADD (The Association of LGBT Doctors and Dentists), Pink Therapy and Stonewall. This statement forms 'Part A' of the September 2017 declaration 'Conversion therapy has no place in the modern medical and spiritual world'.

E. Actions to protect the public

13. In the USA, California banned conversion therapy in 2012 and New Jersey in 2013. Several appeals were made claiming such a ban violates freedom of religion, all of which were rejected by the US Supreme Court.
14. Malta was the first European country to legally ban the practice in 2016.
15. In Taiwan an amendment was added to the Physicians Act to prohibit conversion therapy (in effect since March 2017).
16. In the UK, a *Memorandum of Understanding* was agreed between professional associations, statutory and voluntary regulators, government departments, NHS England and campaigning groups (2015). The organisations recognised a shared commitment to protecting the public from the risks of conversion therapy. In July 2017, the (Anglican) Church of England endorsed the 2015 UK *Memorandum of Understanding* too. A new and updated Memorandum of Understanding will be published end of 2017.

⁵ Much of the information in this document is taken from such documents, in particular by PAHO, the Pan American Health Organisation of the WHO (CD52/18 'Addressing the causes of disparities in health service access and utilization for LGBT persons.', and "Cures" for an illness that does not exist') and the UK Memorandum of Understanding (2015).

⁶ Professor Helen Stokes-Lampard, Chair of the Royal College of General Practitioners. <http://www.rcgp.org.uk/news/2017/january/uk-organisations-unite-against-conversion-therapy.aspx>

⁷ Janet Weisz, Chair of the Memorandum of Understanding group, and Chief Executive of the UK Council for Psychotherapy <http://www.rcgp.org.uk/news/2017/january/uk-organisations-unite-against-conversion-therapy.aspx>

⁸ Dr Andrew Reeves, Chair of the British Association for Counselling and Psychotherapy <http://www.rcgp.org.uk/news/2017/january/uk-organisations-unite-against-conversion-therapy.aspx>

F. Conversion therapy fails to meet ethical standards

17. The American Psychiatric Association has condemned conversion therapy as ethically flawed and based on misguided moral judgement⁹.
18. The core value of medical ethics is to cause no harm and to offer support to those seeking our help to alleviate their complaints and problems, not to make them worse. This central principle in medical ethics is known as '*primum non nocere*' (first do no harm) and has been part of the Hippocratic Oath from the days of Hippocrates¹⁰ till the present day.
19. 'First do no harm' not only refers to physical well-being, but also reflects the duty to respect personal integrity and 'otherness' of a patient. By design, conversion therapy fails to do this, as it assumes certain sexual orientations or gender identities are inferior to others.
20. 'First do no harm' also includes the right to be approached and treated with dignity as well as the right to confidentiality and a safe environment. It is not only a commitment not to harm people directly, but also a commitment to do our utmost to protect people who seek our help from harmful interventions by others. This includes a commitment to refer only to confidential, safe and appropriately trained therapists. In some communities, disclosure of someone's sexual orientation or gender identity may raise concerns regarding arrest, discrimination, social exclusion, and physical harm.
21. 'Informed consent' is another core value in medical ethics. For consent to be ethically valid, it has to be free from pressure and based on reliable and comprehensive information about the method, the risks and the effectiveness. These ethical aspects of medicine and psychotherapy are not valued in conversion therapy.
22. The vocabulary used in conversion therapy is - by design - confusing and misleading. It deliberately mingles moral judgment with medical vocabulary, and presents itself as a 'therapy', while it has no backing for its views and practices in medical science. Using scientific terminology to misrepresent personal judgment as an objective medical illness against all evidence, is morally objectionable.

G. Historical background of psychopathologisation

23. Psychiatric medicine has a long history of psychopathologisation by presenting as illnesses behaviour that is different from the medical professional's personal convictions and preferences, even against all evidence.
24. Such psychopathologisations did mostly originate from a world-view where every single aspect in life only had one function and one 'correct' application (uniformity). Left-handed persons, for example, were until recently told that the use of the left hand ("sinister" in Latin) would lead to disaster. These people were regarded as carriers of misfortune and as having a 'constitutional defect'. Until relatively recently, attempts were made to 'treat' and 'correct' this supposed defect, causing suffering, humiliation, learning difficulties and difficulties in the affected persons in adapting to daily life.
25. A famous example of psychopathologisation in medicine was the drapetomania mental health 'diagnosis' in 19th century USA, describing the "madness" of black slaves who tried to flee from captivity. These doctors believed that a slave was created by God to be submissive to his master, and could therefore have no natural desire to run away. "Whipping the devil out of them" was prescribed as a preventative measure against drapetomania. Some doctors also 'treated' this by prescribing the removal of both big toes to make running impossible.

⁹ The American Psychiatric Association: Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies), 2000

¹⁰ The phrase as such does not appear in the original oath, although the oath does contain "I will utterly reject harm and mischief." It also appears in the Hippocratic Corpus, epidemics, book I, sect. XI: "The physician must... have two special objects in view with regard to disease, namely, to do good or to do no harm."

26. The historical medical pathologising of sexual orientation and gender diversity was based on similar cultural, religious and ideological biases and prejudices, but not on evidence-based science.
27. There is overwhelming scientific evidence that diversity is the biological norm, not uniformity. Most people might be right-handed, but that does not make left-handed people 'unnatural'. Consequently, there is also widespread consensus in biology and medicine that sexuality is diverse in nature. Most people might be heterosexual, but that does not make queer people 'unnatural', a 'deviation', or the result of 'arrested sexual development'.

H. The role and responsibilities of religions

28. Because conversion therapy is often practiced in a religious context and many conversion therapists are non-medically trained religious leaders, it is imperative that religions join medical professionals in speaking out against these practices.
29. Most religious leaders do not have the academic training to define medical illness or set standards for professional therapy. Medical vocabulary should be avoided where it is not supported by science.
30. Religious authorities obviously have the right to express and defend their moral views. It is preferable that this is done in a clear and unambiguous way. Those religious leaders and spiritual professionals who consider certain sexual orientations or gender identities to be a breach of their ethical prescriptions should present this as such: a moral judgment based on their world-view.
31. Conversion therapy often takes place in a context of violence, such as humiliating and dehumanising language, hate speech or exposure to physical violence. Such forms of violence can never be justified, whether it is in a medical or a spiritual context or both.
32. Engaging with conversion therapy, directly or indirectly, is a failure to fulfil one of the core responsibilities medical and spiritual professionals have in common: to protect those who are vulnerable and seek our help.

We therefore invite spiritual professionals, religious organisations and all who agree that conversion therapy has no place in the modern medical and spiritual world, to join the medical professionals in condemning conversion therapy unequivocally.

You can do so by signing the declaration 'Conversion therapy has no place in the modern medical and spiritual world' (September 2017).

A website will be launched later this year where organisations and individuals will be able to sign on line.

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