GENERAL SYNOD

Conversion Therapy

A note from the Secretary General

Introduction

1. The terms conversion or reparative therapy are understood variously in relevant literature to cover a wide range of practices as well as specific practices within that range; so much so that there is no universally agreed definition. Consequently, it is not possible to compose a list of practices that are universally agreed to constitute conversion therapy. As a result, no comprehensive or verifiable register of practitioners exists. What one person might view as conversion therapy another might not.

2. Nevertheless, a working definition is necessary in order to discuss this topic. Most relevantly for this debate, the UK Council for Psychotherapy's 2014 paper, 'Conversion Therapy: Consensus Statement' defined conversion therapy as: 'the umbrella term for a type of talking therapy or activity which attempts to change sexual orientation or reduce attraction to others of the same sex'[1]. This definition was also used in the 2015 'Memorandum of Understanding on Conversion Therapy in the UK'[2]. The definition used in the 2017 Statement against Conversion Therapy varies: 'Conversion Therapy is the term for therapy that assumes certain sexual orientations or gender identities are inferior to others, and seeks to change or suppress them on that basis'[3]. The distinctions between these will be discussed below.

3. To the extent that individuals view themselves as offering therapy, whether or not they see themselves as 'practitioners', their practices ought to be held to the same standards as all health or wellbeing interventions. This means that they must meet rigorous criteria of safety, efficacy, ethics and prudence before being endorsed. As very little scientific research has been conducted into conversion therapy and gender identity, the following paragraphs focus on issues of sexual orientation and attraction, echoing the 2014/15 definition above.

4. The American Psychiatric Association removed references to homosexuality from its Diagnostic and Statistical Manual of Mental Disorders (DSM) in a series of steps between 1973 and 1987[4] and the World Health Organisation International Classification of Diseases followed suit in 1992. Consequently, the prevalent view among professional psychological bodies in the UK, USA and elsewhere is that conversion therapy, by its very nature, cannot be efficacious: one cannot cure a non-existent illness. Similarly, sexual orientation is not viewed as a moral issue by most psychological professionals: conversion therapy is, they argue, based on misguided moral judgement and, consequently, is essentially ethically flawed[5].

5. Advocates of conversion therapy, however, do not necessarily argue that LGB sexual orientation is an illness; rather they might view the effects of 'non- heterosexual' orientation or sexual activity as being either intrinsically or contextually harmful. Frequently, though not

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[1] https://www.psychotherapy.org.uk/wp-content/uploads/2016/08/ukcp-conversion-therapy.pdf
[2] https://www.psychotherapy.org.uk/wp-content/uploads/2016/09/Memorandum-of-understanding-on-conversion-therapy.pdf
[3] http://www.rcgp.org.uk/news/2017/january/uk-organisations-unite-against-conversion-therapy.aspx
[4] https://www.psychiatry.org/psychiatrists/cultural-competency/treating-diverse-patient-populations/working-with-lgbtq-patients
[5] Cf. The American Psychiatric Association: Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies) 2000

necessarily, heterosexuality is also seen as being either inherently superior to other types of sexuality or as the only ethically acceptable model for sexual activity. While there are secular advocates of conversion therapy, particular religious beliefs underlie much of this practice, although groups such as the Association of Certified Biblical Counselors disown the practice as failing to recognise what they view as the essentially sinful nature of homosexuality[6].

6. Christians are to be found on both sides of the argument that conversion therapy is intrinsically flawed and hence incapable of meeting the criteria necessary for the endorsement of any health or wellbeing intervention. Resolving this disagreement requires examination of people's theological, hermeneutical and ethical convictions beyond the scope of this background paper; nonetheless, specific issues of safety, efficacy, ethics and prudence remain.

Safety

7. There are many personal accounts stating that significant harm has been experienced as a result of individuals undergoing conversion therapy[7].

8. It is, however, difficult to identify rigorous scientific research into the safety of conversion therapy practices. On this basis, the Royal College of Psychiatrists states that it 'is widely believed that it has the potential to cause harm'[8]. The American Psychological Association concluded that 'Recent research reports on religious and non-aversive efforts indicate that there are individuals who perceive they have been harmed. Across studies, it is unclear what specific individual characteristics and diagnostic criteria would prospectively distinguish those individuals who will later perceive that they been harmed'[9]. The World Psychiatric Association is more forthright in its assessment and 'highlights the harm and adverse effects of such "therapies"'[10].

9. A particular area of concern is that of consent. For consent to be valid it has to be free and informed. Individuals seeking conversion therapy must be given prior comprehensive information with regard to its efficacy and methodologies and must also be free from overt or covert coercion to seek therapy. It is important to recognise ways in which membership of some religious communities has the potential to compromise free consent.

Efficacy

10. The Royal College of Psychiatrists has concluded that 'There is no sound scientific evidence that sexual orientation can be changed. Systematic reviews of the evidence for conversion therapy suggest that studies which have shown it to be successful are seriously methodologically flawed.[11]' The American Psychological Association concurs that 'Compelling evidence of decreased same-sex sexual behavior and increased attraction to

[6] https://biblicalcounseling.com/resources/acbc-essays/oil-and-water-the-impossible-relationship-between-evangelical-and-reparative-therapy/
[7] The Conversion Therapy Survivors' website is one source of testimonies among many: http://conversiontherapysurvivors.org/
[8] http://www.rcpsych.ac.uk/policyandparliamentary/atozindex/atozg/gayconversiontherapy.aspx
[9] https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf
[10] http://www.wpanet.org/detail.php?section_id=7&content_id=1807
[11] http://www.rcpsych.ac.uk/policyandparliamentary/atozindex/atozg/gayconversiontherapy.aspx

and engagement in sexual behavior with the other sex was rare[12]'. The consensus of expert opinion is that the efficacy of conversion therapy is not supported by scientific research.

Ethics

11. Opinion is divided, though not equally so, with regard to whether or not conversion therapy is intrinsically unethical. Professional psychological bodies in the UK believe firmly that it is; some religious bodies and individuals disagree.

12. An important ethical issue arises with regard to the provision of therapy that has not been shown to be safe or efficacious. It might be argued that individuals who wish to explore the possibility of changing their sexual orientation or attraction ought to be free to do so. The key ethical issue, however, is whether it is ethical for practitioners to offer therapies that have not been shown to be safe or efficacious. Protection of the vulnerable is a key ethical imperative: services ought not to be offered whose safety and efficacy have not been established.

Prudence

13. When reviewing health and wellbeing interventions, the burden of proof lies with the proposed intervention. The issue is not whether a practice has been proven to be unsafe, ineffective and unethical, but whether it has demonstrated that it is safe, effective and ethical.

14. The brief outline above suggests that two approaches may be taken: either conversion therapy is intrinsically unethical (as professional bodies state) and fails to meet criteria of safety, efficacy and ethics in practice or that it is not intrinsically unethical (as some religious bodies maintain) but that it fails to meet required standards in practice.

15. Unless new and convincing evidence emerges that indicates conversion therapy is both safe and effective and, hence can be practised ethically, it would be imprudent to support it.

Definitions of Conversion Therapy

16. As stated in paragraph 1, there is no universally agreed definition of conversion therapy. The most relevant definitions for this debate, however, are those found in the 2014/2015 and 2017 documents cited. While all of these documents agree that conversion therapy is unethical, the distinctions between their definitions are significant as are inferences drawn from them.

17. The 2014 Consensus Statement was drawn up by ten organisation including the UK Council for Psychotherapy, the Royal College of Psychiatrists, the British Psychological Society and Relate. The 2015 MoU had sixteen signatories with (among others) the Association of Christian Counsellors, NHS England and the Royal College of General Practitioners joining those who had published the Consensus Statement. The 2017 Statement – which is the statement referred to in the Private Member's Motion - had thirteen initial signatories with the Royal College of Psychiatrists, Relate, NHS England and the Association of Christian Counsellors absent.

[12] https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf

18. The 2014/15 definition addresses sexual orientation and attraction and focuses on the purpose of conversion therapy. The 2017 definition includes the topic of gender identity and focuses on attitudes underlying conversion therapy as well its purpose.

19. The 2014/15 documents state that conversion therapy has the potential to cause harm; the 2017 Statement asserts that it is harmful.

20. The 2015 MoU draws a distinction between conversion therapy and other therapies that seek to address issues centred on sexuality. Quoting a RC Psych statement the MoU affirms, 'This position is not intended to discourage clients with conflicted feelings around sexuality seeking help. Psychological therapists routinely work with people who are struggling with inner conflict. "For people who are unhappy about their sexual orientation – whether heterosexual, homosexual or bisexual – there may be grounds for exploring therapeutic options to help them live more comfortably with it, reduce their distress and reach a greater degree of acceptance of their sexual orientation"'[13].

21. The 2017 addition of gender identity to the discussion on conversion therapy raises questions. What evidence is there indicating the extent to which conversion therapy is being used in this context and how is it being utilised? What distinctions are made between conversion therapy on the one hand and counselling with regard to gender fluidity on the other? Given the paucity of research in this area what is the evidence base for stating that it is harmful? Is also unclear what is meant by the statement that 'certain…gender identities are inferior to others'; which identities are in mind?

22. The 2017 Statement introduces underlying attitudes into the definition of conversion therapy, 'Conversion Therapy is the term for therapy that assumes certain sexual orientations or gender identities are inferior to others, and seeks to change or suppress them on that basis'. Some conversion therapy, however, is practised on the basis of the effects of sexual orientation or attraction and not on this underlying assumption. Some advocates of conversion therapy claim to be neutral on whether or not sexual orientation or attraction is a matter for ethical consideration. Paradoxically, such practices would fall outside the 2017 definition of conversion therapy although they would be censured by the 2014/15 definition.

23. The disparity between the definitions with regard to the issue of harm is important. The 2014/15 assessment of potential harm is based on an analysis of scientific research and restricts itself to what has been proven. The 2017 assessment of actual harm arguably gives greater weight to personal testimony and self-reported incidents of harm.

24. Regardless of the distinctions between the definitions and the inferences drawn from them all three documents are critical of the range of practices understood to constitute conversion therapy.

25. While the Private Member's Motion proposes that the General Synod 'call upon the Archbishops' Council to become a co-signatory the [2017] statement on behalf of the Church of England', the Archbishop's Council is an independent charity that must consider any such call (were the motion to be passed) in the light of its own objectives and responsibilities.

William Nye
Secretary General

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[13]Royal College of Psychiatrists (2014), 'Royal College of Psychiatrists' statement on sexual orientation'. London: Royal College of Psychiatrists http://www.rcpsych.ac.uk/pdf/PS02_2014.pdf