The Ethics and Politics of Sexual Reorientation Therapy

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References

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- “Unerased: The History of Conversion Therapy in America. Podcast, November 2018, WNYC. https://itunes.apple.com/us/podcast/unerased-the-history-of-conversion-therapy-in-america/id1439513792?mt=2&i=1000423964953.
- ”Conversion”. Documentary film based on the 1974 AABT Presidential Address. To be released by Bristol Pictures, Santa Monica, CA. Gregory Caruso, Producer and Director.

Press release from Apocryphal Press International

API (Apocryphal Press International). The governor recently signed into law a bill prohibiting discrimination in housing and job opportunities on the basis of membership in a Protestant Church. This new law is the result of efforts by militant Protestants, who have lobbied extensively during the past ten years for relief from institutionalized discrimination. In an unusual statement accompanying the signing of the bill, the governor expressed the hope that this legislation would contribute to greater social acceptance of Protestantism as a legitimate, albeit unconventional, religion.

At the same time, the governor authorized funding in the amount of twenty million dollars for the upcoming fiscal year to be used to set up within existing mental health centers special units devoted to research into the causes of people's adoption of Protestantism as their religion and into the most humane and effective procedures for helping Protestants convert to Catholicism or Judaism. The governor was quick to point out, however, that these efforts, and the therapy services that will derive from and accompany them, are not be imposed on Protestants, rather are only to be made available to those who express the voluntary wish to change. "We are not in the business of forcing anything on these people. We only want to help," he said.

Outline of Remarks (Based on Davison, G.C. *Homosexuality: The Ethical Challenge*. Presidential Address, Association for Advancement of Behavior Therapy, Chicago, November 2,1974)

Press release from Apocryphal Press International
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Historical and Current Context

Homosexuality as a diagnosable disorder and therefore needing change

Changes in the DSM

Homosexuality dropped in 1973 from DSM-II (1968) in favor of “sexual orientation disturbance” (bothered and wanting to change). No real change

Altered in DSM-III (1980) to “ego-dystonic homosexuality” (same)

Altered again in DSM-IIIR (1987) to “sexual disorder not otherwise specified,” opening door to heterosexuals (unwittingly?) (same basically)

Retained in DSM-IV (1994) and DSM-IV-TR (2000) (same)

Entirely out of DSM-5

June Supreme Court ruling against the Defense of Marriage Act

Some states banning sexual reorientation/conversion therapy but still an unsettled issue

The Myth of Therapeutic Neutrality

- Therapists never make ethically or politically neutral decisions (Halleck)
- Psychiatric/psychological neutrality is a myth
- Naturalness of and familiarity with our therapeutic practices blind us to non-empirical biases. “A fish doesn’t know it is swimming in water.”

Differences Do Not Imply or Prove Pathogens

Some argue homosexuality is pathological because homosexuals differ from heterosexuals in a particular way.

Flawed argument – gotta assume beforehand that a phenomenon is abnormal to adduce differences as proof of pathology. Cf. Bieber et al. (1962), terrible study both methodologically and logically.

No Cure Without a Disease

- Past therapist efforts to reduce homosexual attraction and increase heterosexual attraction in homosexuals
- Little time spent encouraging health professionals to change their negative biases
- My question: “How can therapists honestly speak of nonprejudice when they participate in or tacitly support therapy regimens that by their very existence and regardless of their effectiveness condone the societal prejudice and perhaps also impede social change?” (Davison, 1974)
- Availability of a technique encourages its use.

Clinical Problems as Clinicians' Constructions

- Clients come with vague and complex complaints
- Clinician *transforms* these complaints into a diagnosis (e.g., DSM) or functional analysis (SORC)
  - Psychological problems are for the most part *constructions* of the clinician.
  - Argument has been that a gay patient's problems are caused by or associated with their homosexuality -- faulty reasoning from correlation to causation.

Discrimination, Hate Crimes, and the "Voluntary" Desire among Gays to Change Sexual Orientation

- Acceptance of gay marriage has been spreading at an unexpectedly high rate in recent years.
- But legal pressure and especially societal biases against homosexuality remain in large portions of the country and throughout the world.
- Gays and lesbians are still discriminated against
  - Hate crimes
  - Heterosexism and "minority stress"
  - Loathing, self-hatred, minority stress, religious prohibitions – determinants of "voluntary" requests for change of sexual orientation

So, how voluntary are expressed desires to change?

“To suggest that a person comes voluntarily to change his sexual orientation is to ignore (he powerful environmental stress, oppression if you will, that has been telling him for years that he should change. To grow up in a family where the word "homosexual" was whispered, to play in a playground and hear the words "faggot" and "queer," to go to church and hear of "sin" and then to college and hear of "illness," and finally to the counseling center that promises to "cure," is hardly to create an environment of freedom and voluntary choice. The homosexual is expected to want to be changed and his application for treatment is implicitly praised as the first step toward "normal" behavior.

“What brings them into the counseling center
I Silverstein continues] is guilt, shame, and the loneliness
that comes from their secret. If you really
wish to help them freely choose, 1 suggest you first
desensitize them to their guilt. Allow them to dissolve
the shame about their desires and actions and
to feel comfortable with their sexuality. After that,
let them choose, but not before. I don't know any
more than you what would happen, but I think
their choice would be more voluntary and free than
it is at present” (Silverstein, 1972, AABT Symposium, NYC)

A Proposal Regarding Sexual Reorientation Therapy

Therapists engineering patients' wants. E.g., London (1969). *Behavior Control*

Therapists' inevitable influence on patients, viz. Halleck (1971). *The Politics of Therapy*.

"At first glance, a model of psychiatric [or psychological] practice based on the contention that people should just be helped to learn to do the things they want to do seems uncomplicated and desirable. But it is an unobtainable model. Unlike a technician, a psychiatrist [or psychologist] cannot avoid communicating and at times imposing his own values upon his patients. The patient usually has considerable difficulty in finding the way in which he would wish to change his behavior, but as he talks to the psychiatrist [or psychologist], his wants and needs become clearer. In the very process of defining his needs in the presence of a figure who is viewed as wise and authoritarian, the patient is profoundly influenced. He ends up wanting some of the things the psychiatrist [or psychologist] thinks he should want (Halleck, 1971, p. 19)."

My proposal: Don't attempt sexual orientation change even if the patient asks for it.

Not Can But Ought – Empirical versus Ethical Questions

Keeping the empirical distinct from the ethical and political

But ineffective treatments (can) can make people feel worse.

Davison’s sure-fire and fast cure for all ailments

The Therapist as Secular Priest

Perry London (1964). Therapist as secular priest – looked to and functions as a strong influence in moral as well as empirical/practical issues

Who makes the goal-decisions? Better to assume it's the therapist (even if it isn't entirely)?

Psychotherapy, Politics, and Morality

Individual intervention as a community psychology enterprise – taking institutional perspective

Psychosocial interventions as part of social institutions. Therapists do not work with their patients in a social vacuum. Cf. Tsrasoff, for example.

END