



"We are not to simply bandage the wounds of victims
beneath the wheels of injustice,

we are to drive a spoke into the wheel itself."

Dietrich Bonhoeffer, Letters and Papers from Prison (1943-1945)

'Conversion Therapy', Suicide and the Question of Harm
Dermot O'Callaghan

'I don't want to see another young person take their life,' says Jayne Ozanne. She wants to see 'conversion therapy' banned.

There are four propositions here: that (i) LGBT-identified people experience more depression than others; (ii) they likewise commit suicide more often; (iii) a major cause of this is what she calls 'spiritual abuse' in the Church; and (iv) therapy makes matters worse, not better.

Depression/ 'Attempted Suicide'

Only the first of these propositions has scientific backing. Many studies have shown that depression and what are often called 'suicide *attempts*' are elevated among people who identify as gay - though it is difficult to judge what is a real suicide attempt as opposed to a cry for help, because it is a subjective judgement.

Completed suicide

In the case of completed suicides the judgement, tragically, is far from subjective – there is the undeniable evidence of a dead body.

Somewhat counterintuitively, most studies have found completed suicides *not* to be higher among LGBT people (with the exception of two very small groups – people who undergo transgender surgery and men in same-sex 'marriages' in Denmark – one of the most sexually liberal countries in the world). In the words of researcher RM Mathy,¹ '... studies of sexual orientation and attempted v. completed suicide have yielded different results. Nearly all studies of sexual orientation and attempted suicide have found that gay men and lesbians have higher rates of self-harm than heterosexuals. Conversely, all studies of sexual orientation and completed suicide have concluded that gay men and lesbians do not die by suicide at a higher rate than heterosexuals.'

Causes of Depression: 'spiritual abuse' or other things?

Given that there is a higher level of depression and mental illness in the LGBT population, is it due mainly to discrimination (as Ozanne implies) or to other factors? One respected study² says, 'the precise causal mechanism at this point remains

¹ The British Journal of Psychiatry Mar 2004, 184 (4) 361-362; DOI: 10.1192/bjp.184.4.361-a

² Gilman SE *et al* Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. Am J Public Health 2001 June;91(6):933-9.

unknown. Therefore, studies are needed that directly test mediational hypotheses to evaluate, for example, the relative salience of social stigmatization and of psychosocial and lifestyle factors as potential contributors.' In other words, it is wrong simply to blame society (or the Church).

Therapy: Help or Harm?

In 2004 Prof Michael King, a leading figure in the Royal College of Psychiatrists, carried out a survey of professionals in the field³ and found that 'only a small minority believed that current practice denied people distressed by their homosexuality an effective means to change their sexual orientation.' This is a remarkable statement: as recently as 2004 most professionals – who had first-hand experience of therapies – believed that people unhappy with their same-sex feelings could find 'effective' ways to change. Yet anyone holding that view today is liable to be struck off by their professional body. Why? Has the evidence changed? No, the evidence has been overcome by ideology. Only one study⁴ has followed people through religiously mediated therapy using recognised scientific measures of distress (and thus 'harm'); it found that, far from the therapy being intrinsically harmful, people on average came out feeling rather better than when they went in.

The importance of client choice

In the heat of this debate, the easy option for the Church would be to hide behind the authority of the mental health Establishment and support a ban on therapy on grounds that it has been shown to be harmful. But the Church is answerable to a higher authority. It must uphold the truth and speak it in love.

Same-sex attracted people should be allowed the chance to reclaim the birth right which has been theirs since 2014 when the Royal College of Psychiatrists, under pressure, finally admitted that homosexual development is shaped by 'postnatal environmental factors'.⁵ *One is not 'born gay'* and there is evidence that people can, to a greater or less degree, undo the experiences that shaped their sexuality.

The Church should be a haven for such people, many of whom just want to hold their family together, to found a family of their own for the first time, or simply to be open to God's will for their lives. To take from them the right to make an informed choice in this matter would be unconscionable.

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³) King M, Smith G, Bartlett A. Treatments of homosexuality in Britain since the 1950s--an oral history: the experience of professionals. *BMJ* 2004 February 21;328(7437):429.

⁴ <http://dx.doi.org/10.1080/0092623X.2011.607052>

⁵ https://www.rcpsych.ac.uk/pdf/PS02_2014.pdf