

## The New Creed for Gay Science: A Consensus Statement from UK Professional Mental Health Bodies

The (February 2014) [“Conversion Therapy Consensus Statement”](#) produced by the UK Council for Psychotherapy (UKCP) and its partners (The British Psychoanalytic Council, the Royal College of Psychiatrists, the British Association for Counselling and Psychotherapy, the British Psychological Society, the National Counselling Society, Pink Therapy and Stonewall) is a window into the doctrines of the new orthodoxy of the public square, now expected of all those who would climb its ranks.

The document poses three important questions: (1) What is Conversion Therapy? (2) Why do professionals consider Conversion Therapy unethical? and (3) What does research tell us about Conversion Therapy?

Core Issues Trust offers a brief analysis of the answers this document provides to these three questions. It is very noticeable that in the three main paragraphs of the statement set out below, ***the controlling principle is expressed not in scientific terms, but in terms of what “we believe”***. Of course when so many august bodies express such beliefs in unison, the general public is bound to be impressed. But the scientific community should protest that science is based not on what we believe, but on what we can demonstrate in practice.

*“There is no good evidence this works and **we believe** it has the potential to cause harm...”*

1. What is Conversion therapy? Following a helpful reminder that the subject under discussion is ‘talking therapy’, the document’s main argument is that there is “no good evidence this [type of therapy] works and we believe it has the potential to cause harm.” It implies that this approach is based on religious interpretation rather than science. We note the reference to “no good evidence”. In fact the best study that we have *did* find good evidence of change in people seeking to reduce or eliminate same-sex attractions (see below). We note too the statement that “**we believe** it has the potential to cause harm”. This statement is premised on the view that sexual orientation is fixed and unchangeable. They may indeed believe this, *but where is the science?* Their own flawed claim rebounds against them: there is no good evidence that talking therapies cause harm.

*“**We believe** it would be irresponsible and potentially damaging for a therapist to offer to try and change sexual orientation.”*

2. Why do professionals consider Conversion Therapy unethical?

The document answers this question by saying that “this particular approach is based on ... [certain assumptions or views]. But which particular approach do they mean? It seems that their objection is not to any particular approach, but to the *principle* of trying to reduce a person’s same-sex attractions *at all* – even if the person wants to hold together marriage and family.

They say that as homosexuality “is not an illness, it is both logically and ethically flawed to offer any kind of treatment.” But this statement is itself both logically and ethically flawed: one can have ‘treatment’ for anything from smoking to nervousness at having to make a speech in public, without being declared ‘ill’. Their statement does not answer their question: *Why* is it considered unethical?

*“We believe that offering to change a person’s sexual orientation ... would be likely to reinforce the notion that these feelings are wrong or abnormal.”*

3. What does research tell us about reparative therapy?

The document’s answer to this question is effectively ‘very little, really’. There are no randomised controlled trials; studies showing reparative therapy to be effective are seriously flawed; and “oral history studies” of patients going as far back as the 1970’s (when electric shocks and nauseous drugs were used in treatment of homosexuality) show “potential for harm” - a disingenuous reference which is entirely irrelevant to the ‘talking therapies’ used today.

The fact that the document’s writers have to go back to the electric shock treatments of the 1970’s shows that they are having to scrape the bottom of the barrel because they are unable to come up with any research that shows a causal link between talking therapies and harm.

The best research available to us contradicts what these mental health bodies profess to ‘believe’. Jones & Yarhouse (2011)<sup>i</sup> conducted a longitudinal study of people undergoing religiously mediated change in sexual orientation. They found significant effect, (achievement of a shift from homosexual towards heterosexual as desired by the client) and evidence of psychological benefit rather than harm on average. They said, ***“the findings of this study appear to contradict the commonly expressed view that sexual orientation is not changeable and that the attempt to change is highly likely to result in harm for those who make such an attempt.”***

It would appear that the major UK mental health bodies who have collaborated to publish the ‘Consensus Statement’ on Conversion Therapy are not basing their views on science, but on ideological commitments expressed in terms of what they ‘believe’.

That is not good enough. It amounts to replacing good science with gay science. Good science is best for all - “gay science” is a poor substitute.

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<sup>i</sup> Stanton L. Jones & Mark A. Yarhouse (2011): A Longitudinal Study of Attempted Religiously Mediated Sexual Orientation Change, Journal of Sex & Marital Therapy, 37:5, 404-427