

Sexuality is in Crisis - but Where is the Science and Who is Responsible?

It is a very strange world, where people can choose their own gender but are prevented from trying to re-direct their desires.

Prof. Michael King, who died in September, was a key player in these sexuality debates. A psychiatrist and epidemiologist in the Faculty of Brain Sciences at University College, London, his research interests included the role of religious beliefs in mental well-being, and the stress and stigma faced by homosexuals. A gay man himself and a professing Christian, he entered a civil partnership in 2006 and gay marriage in 2017.

As a Member of the Royal College of Psychiatrists, he chaired the College's "Special Interest Group" in Homosexuality. In 2012, he oversaw, the production of the College submissions to the Church of England's Pilling Commission, and the Home Office Consultation on Equal Civil Marriage, as well as various College 'Position Statements' on sex and gender. He also produced a briefing paper for members of CofE's General Synod before their 2017 debate, supporting Jayne Ozanne's motion calling for a ban on "Conversion Therapy."

This was a poor debate, as homosexual practices are incompatible with Christ's clear teaching. Jesus taught, "Haven't you read that at the beginning the Creator made them male and female...that a man will leave his father and mother and be united to his wife, and the two will become one flesh? What God has joined together, man must not separate."

Jesus continued, "Not everyone can accept this teaching, but only those to whom it has been given." Who are they? Surely, his disciples - those who hear his voice and choose to follow him and put his teaching into practice. These are non-negotiable, core issues for Christian people. Even when they fail, Christians know they were called to be faithful to their wives, to nurture their own children and to care for the weak and the elderly. Every Christian knows that the family unit is fundamental to human flourishing. If the Church of England's Bishops do not teach these things, their flock will continue to leave and look elsewhere for leaders, who are obedient to Christ's teaching.

But in King's view, sexual orientation was not a choice. He believed its causes were biological in nature, determined by genetic factors and hormones in the womb. He was adamant that there was no good evidence to show that the nature of parenting or a history of early childhood abuse had any role in shaping sexual orientation. Once formed, he maintained, it could not be changed. It was innate and to attempt to change it was both unethical and potentially harmful. This false dogma, propagated by the Royal College of Psychiatrists, was a major public argument in the campaign to legalise Gay Marriage.

King was highly influential. He brought into being a Memorandum of Understanding, calling for UK mental health bodies to prohibit their counsellors from practicing what they chose to call "Conversion Therapy". The definition of such therapy has been an ongoing source of contention. More than 50 years ago, some appalling therapies were indeed available and homosexuals were often coerced into using them to avoid committing illegal acts.

Since the 1970s, the only therapies available from the National Health Service have been not conversion therapies but *conversational* therapies, where skilled counsellors explore their clients hopes and fears, and support them in achieving their own desired outcomes.

In April 2013, my colleague Dermot O'Callaghan and I wrote, on behalf of Core Issues Trust, to Prof. Sue Bailey, the President of the Royal College of Psychiatrists, seeking clarification on numerous matters of concern. We claimed the College submission to the Government was founded on gay ideology not science, and was written by an author with undeclared interests, distorting science to achieve political ends. These were very serious accusations.

We concluded our letter by saying, "We do not want to misrepresent the College. We realise these matters have international implications and many doctors and therapists look to the College for guidance and leadership. We want to give you the opportunity to respond, before we take matters further. We would be happy to meet with you to discuss these issues, if that would be helpful." Prof. Bailey did not reply to this letter - at all.

Two months later, we had a letter from the College Registrar, Dr Laurence Mynors-Wallis, saying, "I do not propose to enter into a discussion about sexuality." Surely, this 'silencing' of debate was an early sign of our current de-platforming, 'cancel culture'?

In 2015, following a campaign by the General Medical Council to encourage NHS whistleblowers to speak up, when they encountered unprofessional behaviour, we took our grievances to them, claiming that the College had an ethical obligation to address serious matters of scientific dispute, raised by their own publications. The GMC replied, "It is unfortunate that the doctors have been unwilling to engage in discourse with you and we understand this may be frustrating. We appreciate that you are dissatisfied with the contents of the reports, in particular that they may have influenced policy making, but...the GMC is not the appropriate forum for dealing with these matters and we will not be taking any further action." If not the GMC, then who else? They did not suggest any other forum.

So if we have misunderstood the College statements, it was not without a serious effort to gain clarification as to what they meant, and what the science was that they were relying on.

The major issues of concern for us now include these:

- 1) If orientation is biological and innate, why do studies of identical twins not support this? And why has recent extensive genetic research found no evidence of a 'gay gene'?
- 2) It is common among adolescents to experience a phase of emotional or physical attraction to members of their own sex. If this happens to only 40% of teenagers, it seems that only 1-2% develop settled homosexual orientations.
- 3) There has been a growing body of evidence that many adults are attracted to both sexes (as shown in the recent Ipsos MORI Poll, Feb 2021). Does this "sexual fluidity", especially common among those aged under 25 yrs, not mean that such adolescents at that stage have a real choice? The College 'Position Statement' of April 2014 stated, "There is no evidence to impute any kind of choice into the origins of sexual orientation...There is no sound scientific evidence that sexual orientation can be changed."
- 4) Does that also mean there is no sound scientific evidence that it cannot be changed?
- 5) In exploring the stories of homosexual people, the experience of being physically absent, or feeling emotionally distant from their same-sex parent is very common. This lack of affection, affirmation, bonding and role-modelling from the

same-sex parent appears to find compensation, for some anyway, in same-sex relationships. This is described very powerfully in celebrity biographies (such as Elton John, Freddie Mercury, Olly Alexander, April Ashley) but also in the every-day stories of those who want help to move away from gay culture and behaviour. (See the 44 testimonies in the new book "X-OUT LOUD", pub. Core Issues Trust 2021).

6) When I was a medical student, we were taught that brain development was completed around the age of around 21. Over the past generation, there has been increasing recognition that the brain is in fact "plastic", meaning that its nerve pathways and connections are not fixed, but continue to be developed and moulded, even into old age. Learning to play a musical instrument, speak a new language, and develop any new skills, all very much easier in early adult life, they can still be achieved even after retirement. Such things do not happen overnight, but occur with practice and perseverance over a long passage of time. Why has there been no public discussion about the role of neuro-plasticity in retraining and redirecting sexual responsiveness? Would Cognitive Behavioural Therapy not help? And isn't pornography highly destructive for exactly these reasons, that it stimulates, reinforces and provokes new neurological pathways and new connections?

7) Rewarding sexual behaviours can be very addictive, pornography being a prime example. Change can occur, but clients need to be well-motivated and require on-going support and encouragement. As addicts know only too well, the possibility of relapse is a constant reality and any talk of 'cure' is inappropriate. I once asked a psychiatrist friend for advice about the prognosis of an abuser, who was a 'spanker'. He replied memorably, "In my clinical experience, once a spanker - always a spanker." It evidently provides a particularly intense thrill. Certainly child abusers can be very resistant to treatment. But aren't these practices much better understood to be rewarding, addictive behaviours, rather than innate dispositions?

8) In 2003, King himself documented the increased psychological distress experienced within the LGB community, including anxiety and depression, drug and alcohol abuse, and self-harm. He was sympathetic to their needs, but was stone deaf to the cries of those who wanted help to move away from gay culture, for any of the many good reasons.

9) Where is the evidence that counselling therapy itself causes harm? If the Royal College believes it is harmful, they must produce the evidence! The Blosnich study has been discredited by Paul Sullins as it failed to compare suicidality before and after counselling therapy.

10) Finally, is transgender dysphoria acquired or is it also innate? This neglected matter has now become a major social issue, which RCPsych must address. What will they do with the sciences of anatomy, physiology, endocrinology and genetics to justify their current stance?

The College of Psychiatrists 2019 Winter Newsletter, called "The Psychiatric Eye", published an interview with Prof. King. The final question from Dr. Sachin Shah was, "What areas are most important for future research?" King replied:

"One of the key things I would do is understand the natural history of feelings that your gender identity is at odds with that assigned at birth. That would be very important. The other important thing is to understand much more about sexual orientation. It's quite obvious that it is much more of a spectrum than we've hitherto thought. What appears to be coming from most recent studies with young people is that it's much more likely that sexuality is on a spectrum. It would be really helpful to understand that many people have

sexual responsiveness to the same or other sex, and it doesn't classify them as being a certain type of person for their lives."

Our questions, published in our 2013 book, "Beyond Critique" and subtitled "When Ideology replaces Science", were clearly on target. The refusal of the Royal College to even discuss these issues is a major dereliction of duty on their part. The GMC was impotent to intervene. Now, in the light of King's astonishing volte-face, does the College still believe that orientation is innate? And are the Church of England, the British Government and the Royal College of Psychiatrists still of a mind to join Stonewall's international campaign to ban Counselling Therapy, and in so doing ban freedom of speech, freedom of conscience and freedom of choice, while trampling on science?

Dr. Peter May, MRCGP. 18.11.21. (1,799 words)