Changing Medical Practice, Not Patients — Putting an End to Conversion Therapy

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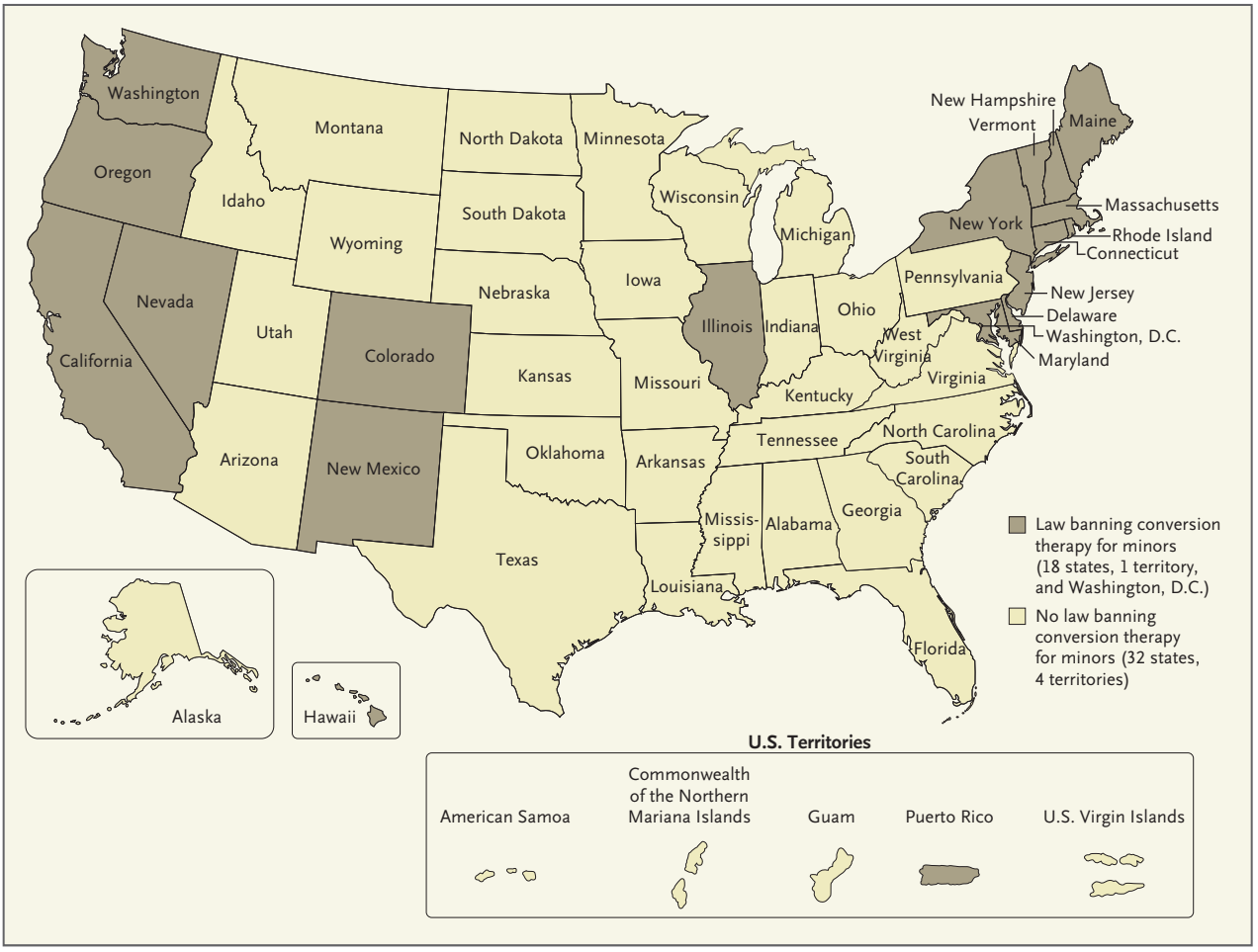
Boy Erased and *The Miseducation of Cameron Post*, two movies released in 2018, raised awareness of efforts to change people's sexual orientation, also known as conversion therapy. These films portray the trauma inflicted by such efforts and the patently false science underpinning this debunked practice. The American Psychiatric Association (APA) used this cultural moment to reaffirm its opposition to conversion therapy, a stance it has maintained since 1998. Despite such longstanding opposition among professional medical organizations, however, in the United States, only 18 states, Puerto Rico, and Washington, D.C., have banned conversion therapy for minors (see map).[1] Adults may voluntarily participate in conversion therapy in all states and jurisdictions.

Conversion therapy is rooted in the notion that any nonheterosexual sexual orientation is a pathology in need of a "cure." Although the science of sexuality has since the mid-19th century



State-Level Bans on Conversion Therapy for Minors.

From Equality maps: conversion therapy laws.[1]

recognized the existence of homosexual or same-sex attraction, most doctors perceived such attraction as abnormal and believed that it could be resolved with surgery. At the turn of the 20th century, medical doctors, psychiatrists, psychotherapists, and sexologists continued to develop theories regarding causes of and potential cures for sexual and gender variations. However, in the pre–World War II era, no single orthodox explanation emerged.

The APA listed homosexuality as a mental illness in the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* in 1952. After World War II, theories blaming excessive parenting — specifically an overbearing mother — for causing male homosexuality became medically and culturally popular, as did theories about the contribution of past sexual abuse. At the time, many medical professionals believed that such factors thwarted maturation to "normal" adult heterosexuality. By the late 1960s, clinicians were using behavior-modification therapy to try to reinforce heterosexual behavior in manipulative ways, including the use of commercial sex workers, orgasmic reconditioning, and an emphasis on marriage to an opposite-sex partner. Psychologists and other professionals also used various forms of aversion therapy, including electroshock, chemical, and deprivation therapy, to cause a "heterosexual adjustment." Evidence that electroshock and chemical therapies are still used for this purpose is scarce, but interventions such as behavioral and talk therapies continue to be touted to lesbian, gay, bisexual, transgender, and queer (LGBTQ) people as providing a pathway to cultural assimilation so they can live as cisgender (non-transgender) heterosexuals.[2]

Starting in the middle of the 20th century, some researchers and psychologists challenged the idea that homosexuality was an illness. In 1948, Alfred Kinsey's *Sexual Behavior in the Human Male* revealed that 37% of American men had participated in same-sex sexual activity to the point of orgasm. Reports from other professionals in various fields soon followed. In 1951, ethologist Frank Beach and anthropologist Clellan Ford reported the acceptance of homosexuality in a range of cultures; psychologist Evelyn Hooker began publishing research in the 1950s revealing a lack of discernible mental differences between homosexual and heterosexual men; and in 1961, psychiatrist Thomas Szasz published *The Myth of Mental Illness*, in which he refuted the premise that homosexuality was a mental illness.[3] In the decades that followed, variations in sexual orientation and gender identity were found to be part of the normal range of human development.

Studies of adults who underwent conversion therapy earlier in life document a range of health risks. The most recent and most compelling evidence comes from the Family Acceptance Project, an initiative that works to prevent physical and mental health risks for LGBTQ young people. In 2018, the organization conducted a cross-sectional study of 245 LGBTQ young adults and found that participants whose parents and other caregivers had encouraged them to attend conversion therapy had higher rates of depression, suicidal thoughts, and suicide attempts and lower educational attainment and income than those who weren't exposed to such efforts to change their sexual orientation.[4]

Conversion therapy has been challenged in court and found to be a fraud perpetrated on LGBTQ people and their families. In the groundbreaking 2015 case brought by the Southern Poverty Law Center, *Ferguson v. JONAH*, a New Jersey state court ruled that homosexuality is not a mental illness as a matter of law and found the defendant, Jews Offering New Alternatives for Healing (JONAH), liable for consumer fraud. In June 2019, the Jewish Institute for Global Awareness (JIFGA), a nonprofit organization established by JONAH's cofounders, was found to have violated the 2015 injunction and settlement agreement when it continued to offer conversion therapy in violation of New Jersey's consumer-fraud law. JONAH and JIFGA operated in Jersey City, New Jersey, and had clients from New York City and surrounding areas — disproving the notion that conversion-therapy practices operate only in politically and religiously conservative regions.

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Professional associations, such as the American Medical Association, have also publicly denounced

conversion therapy and documented the substantial harm associated with it. In addition to the APA, the American Psychological Association, the American Academy of Pediatrics, and other professional organizations have endorsed a primer on sexual orientation and young people, stating that "the idea that homosexuality is a mental disorder or that the emergence of same-sex attraction and orientation among some adolescents is in any way abnormal or mentally unhealthy has no support among any mainstream health and mental health professional organizations." The World Psychiatric Association has declared that interventions such as conversion therapy are "wholly unethical." The American College of Physicians has pointed to research showing that "the practice may actually cause emotional or physical harm to LGBT individuals, particularly adolescents or young persons." Former high-profile proponents of conversion therapy, including Alan Chambers, John Paulk, John Smid, and David Matheson, have also denounced the practice. And yet a recent report estimates that 20,000 LGBTQ adolescents will undergo conversion therapy with a licensed health care professional by the time they reach 18 years of age.[5]

Clinicians can be alert to the profile of a typical conversion-therapy participant. Patients involved in conversion therapy may not volunteer relevant information to a health care provider and may go out of their way to conceal their participation. Although people of many ages and gender identities undergo conversion therapy, the most common participants are young men from conservative religious backgrounds with families that reject their LGBTQ-identified children. Many survivors of conversion therapy will need treatment for post-traumatic stress disorder and post-religious trauma.

Beyond ending harmful practices,[1] supporting the acceptance and inclusion of people of all gender identities, gender expressions, and sexual orientations is critical. Clinicians can complete continuing education on issues that are relevant to LGBTQ patients, including on the ramifications of conversion therapy. Only Washington, D.C., currently requires continuing education on such topics for licensed physicians.

According to a draft of the U.S. Joint Statement on Conversion Therapy, a consensus statement being prepared by more than a dozen health care organizations, medical officials should take into account developmental considerations for each stage of the lifespan when caring for patients and should be prepared to offer supportive therapies and provide accurate information and resources for all LGBTQ patients and their families. We believe it is vital for clinicians to understand both the scientific and the ethical hazards of conversion therapy and appropriate responses for survivors and at-risk patients and to help create supportive environments for all LGBTQ persons.

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