

## The flawed basis of conversion therapy

Homosexuality as a word only dates back to the second half of the 19<sup>th</sup> century. It first appeared in print in 1869, when it was used in a German-Hungarian pamphlet written by Karl-Maria Kertbeny. It was first used in English in 1892 in Charles Gilbert Chaddock's translation of Richard von Kraft-Ebing's '*Psychopathia Sexualis*'. Chaddock's translation was also the first time that the word 'heterosexual' was used in English, having appeared in print for the first time in German in 1887 (Loughlin 2015, 613).

The invention of the word homosexuality represents a departure from past ideas, because it marks the development of a concept of homosexual identity. This new concept of a homosexual identity was distinct from homosexual practice. With this new concept, it was possible to conceive of a person as being homosexual, even when they were not sexually active, or even if they had never been sexually active. It developed a new concept of people as having a sexual orientation based on their attractions rather than their actions.

This idea of orientation would have moral and ethical implications as well as legal ones. Churches have never considered it sinful to be tempted, the sin is in giving into these temptations. This idea has been used both to condemn homosexuals for giving in to temptations, even in their own minds, as well as to promote the idea that homosexuality was acceptable if it was not acted upon – hence the flawed idea of compulsory lifelong celibacy.

The concept of homosexual identity was of great medical interest to those who wanted to understand sexuality. A major question was 'what causes homosexuality?' The theories of Sigmund Freud were very influential in this (Dickinson 2015, 22 – 23). Freud argued that 'every male had to pass through a phase of homosexuality as a way of delivering himself from the Oedipus complex'. This led to the idea that homosexual men were those who were subject to 'repressive influences in infancy and childhood which retard or distort the normal development of the sex instinct' (ibid 23).

By conceiving of male homosexuality as a form of arrested psychosexual development, it medicalised the problem. If it was a medical problem, this was assumed to mean that it could be cured medically too. This medical model led to people being hospitalised in mental hospitals for treatment to try and cure their homosexuality. Sometimes people were voluntary patients, but some were not.

In the United Kingdom, sexual activity between men was illegal, even in private. Even an invitation to have sexual activity was an offence and could lead to a prison sentence. The idea that this was a medical problem, which could be cured, led to those convicted of Gross Indecency under s61 of the *Offences Against the Persons Act 1861* being offered medical treatment as an alternative to prison. This effect of this treatment, such as chemical castration or aversion therapy, was devastating. Some of those who received the chemical treatment, such as the war time hero Alan

Turing ended up committing suicide due to the effects of the treatment. The story of Alan Turing can be seen in the film *The Imitation Game*.

For some people, their medical treatment was as an inpatient in a mental hospital. There was no evidence base to the medical treatments, it was largely based around the ideas of aversion therapy, with no objective ways to determine if there had been any change in orientation or any follow up to see the long-term effects of the treatment. This meant that the long-term harmful effects were not being investigated or recorded and so they did not have any impact on the development of medical interventions.

Dickinson p95 – 105 describes some of these treatments. These included insulin induced comas, cardiazol induced seizures, electroconvulsive therapy and prefrontal leucotomy (known in America as a lobotomy) which involved brain surgery to cut the nerve fibres leading to the prefrontal lobes. These treatments were introduced because they had become part of a new wave of therapeutic interventions, but they were not based on evidence from clinical trials. Other attempts to cure homosexuality had failed and it took a long time for the evidence to emerge that these new treatments were just as ineffective.

Those who were sent for treatment in a mental hospital as an alternative to prison could not be released until they were cured, that is they were no longer homosexual but had become heterosexual. However there were no tools available to assess when (if) this had happened, except for the word and actions of the patient themselves. The patient had every reason to lie about the success of the treatment.

This led to a self-perpetuating problem. If the patients said that the treatments had worked and they were cured, then they could be released from the hospital and back into society. However, this reinforced the doctors' ideas that the treatments were effective and provided support for their continued use. It was difficult to challenge these as being medically ineffective, sometimes a treatment was only abandoned when it was shown to be dangerous.

The idea that homosexuality could be cured seemed to be compassionate because it sought to cure people for being homosexual rather than punish them for something that was part of their nature. The American Psychiatric Association (APA) included homosexuality in its *Diagnostic and Statistical Manual of Mental Disorders 1* (DSM), which was published in 1952. The DSM is the definitive psychiatric manual for diagnosing mental disorders. Including homosexuality in this manual settled the status of homosexuality as a mental illness. Homosexuality was listed under a medical classification of sociopathic personality disturbance. Once homosexuality was medicalised like this, then treatment programmes to cure homosexuals were legitimised. In the late 1940s and early 1950s, this was seen to reflect the medical and compassionate consensus.

In the 1960s some American medical professionals published studies attempting to show that homosexuality could be cured. One of these was Irving Bieber, who published a study of 106 homosexual men, who were being treated for other psychiatric disorders. An account of this can be found in Baldock (2014) pp50 – 56.

Bieber popularised the theory that homosexuality was caused by imperfect parenting. In this theory it was caused by a weak father and / or a smothering mother, which leads to an inability to bond with women and leads to an attraction to men. There were no studies done on women nor were studies done on homosexual men who were not undergoing treatment for other mental disorders. A British based account can be read in Lewis (2016) pp103 – 201. This theory is no longer accepted by any professional mental health organisation.

The medical consensus was challenged by homosexuals themselves. In 1974, the 6<sup>th</sup> printing of DSM version II removed homosexuality as a category of psychiatric disorder. On May 17<sup>th</sup> 1990, the World Health Organisation removed homosexuality from the International Classification of Diseases. This removed homosexuality from all official medical categories.

There are still organisations that offer reparative therapy based on these discredited theories. These organisations are almost invariably faith based. One notable exception is the American organisation NARTH which was founded in 1992 by Joseph Nicolosi, Benjamin Kaufman, and Charles Socarides. NARTH is a secular organisation, but it does work in conjunction with faith organisations.

Jeremy Marks (Marks 2008, Courage UK) describes his experience in the 1980s and 1990s of running a ministry to cure homosexuals. He describes his growing realisation, that not only did this cure not work, but that he was actively harming the very people he was trying to help. A similar story from the other perspective is told by Garrard Conley (2016) in his memoir about undergoing conversion therapy.

In the 1940s, when the medical model and the ideas of compassionate curing of homosexuals were widely accepted, there was a new translation of the Bible being prepared by the RSV (Revised Standard Version) translation team led by Dr. Luther Weigle, Dean of Yale Divinity School. This new version would eventually be published in 1946.

One significant problem that the translators faced was in translating the Greek words *malakoi* and *arsenokoitai* in 1 Corinthians 6.9 and 1 Timothy 1.10. In the King James Version of the Bible, which was the authorised version used in churches, these verses had been translated as, 'Know ye not that the unrighteous shall not inherit the kingdom of God? Be not deceived: neither fornicators, nor idolaters, nor adulterers, nor effeminate, nor abusers of themselves with mankind... shall inherit the kingdom of God.' [1 Corinthians 6.9 – 10]. 'Knowing this, that the law is not made for a righteous man, but for the lawless and disobedient for ... whoremongers, for them that defile themselves with mankind, for menstealers, for liars, for perjured persons, and if there be any other thing that is contrary to sound doctrine.' [1 Timothy 1.9 – 10].

The translators were looking for words that would be more readily understood by the modern generation, so they decided to use the word 'homosexual' in their new translation of the Bible. It was a word in current usage, that would be understood by the people of the time. In trying to make the meaning of the Biblical text clearer and

more easily understandable, they inadvertently changed its meaning. The new translation no longer condemned sexual acts only, but condemned an identity.

This change of translation allowed 'the Bible' to be linked with medical treatment. For the first time, homosexual identity was treated theologically, based on the Bible.

This was an unfortunate coincidence of timing. In the post-war years, the medical model of the causes of homosexuality was gaining acceptance and was soon to be endorsed by the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental Disorders 1*. A new Bible translation was attempting to update the language of the Bible and used a term that was not yet fully understood.

When these two things happened in a short span of time, they reinforced the idea that there was something wrong with being homosexual. This allowed the idea that 'everyone should be heterosexual, because that is God's will' to gain traction in churches. The RSV translation and the introduction of DSM taking place so close together did not allow for the ideas to be evaluated separately. Instead they reinforced an idea that sexual orientation **can** be changed [medical model] and that it **should** be changed [Bible translation].

Conversion therapy starts with the flawed premise that there is something wrong with a person being homosexual and that it can be changed, because it is God's will for everyone to be heterosexual. This is based on poor Biblical scholarship and medical ideas that are rejected by every professional organisation.

The medical model of homosexuality has been discredited, but Bible translators have not been willing to update themselves and their translations to remove the word 'homosexuality' from their Bible translations. Instead, faith-based organisations have perpetuated the discredited ideas that being gay is a choice and that it can be cured, despite the decades of evidence that it can't.

It is time to accept that translators of the Bible can make sincere and academic choices, but they can be mistaken. We need to move on from the mistakes of the 1940s and not base our theology on outdated, discredited ideas.

## Bibliography.

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