

**A Bioethical Analysis
of
Sexual Reorientation
Interventions**

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*Bioethical Analysis of Sexual Reorientation Interventions:
The Ethics of Conversion Therapy*

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Summary of Text

The efficacy, consequences and ethical principles surrounding sexual reorientation therapies provided by health professionals has been debated in the public, professional and academic arenas since the first interventions were offered. This text applies a model for problem solving in bioethics to the issues raised by this debate. This in depth exploration of the facts and fictions surrounding the provision of sexual reorientation interventions through the critical lens of bioethics will be useful to those patients, health professionals, and health policy makers who struggle to make sense of a highly political health care issue. Sexual reorientation is fraught with conflicting moral and ethical implications that impact the patient and the health professional on many levels. Bioethics is used to bring some clarity to a complex and contentious problem.

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Introduction

The past, present, and future of sexual reorientation interventions by health professionals raise numerous ethical issues warranting critical analysis. Science and medicine have concerned themselves since the late nineteenth century with understanding and manipulating both sexual orientation and behavior. Sexual orientation research continues to receive considerable attention within the medical, mental health, philosophical, gay, lesbian, feminist, and queer¹ areas of Western academia.

Sexual reorientation interventions include efforts to modify an individual's sexual orientation or behavior through scientific, psychological, or medical means. Although primarily geared toward homosexual to heterosexual redirection other goals of treatment can be: to sustain an increased level of heterosexual activity; to eliminate sexual orientation toward children or to diminish fetishes such as stimulation deriving primarily from body parts, erotic toys or other inanimate objects.

Fortunately, many of the interventions employed in the late nineteenth and early twentieth centuries would today be considered unethical. This can be attributed not only to advances in the fields of science, psychology, and medicine

¹Queer in academic circles has come to refer to socially marginalized sexuality.

but also to changes in the cultural, political, and religious landscape of twentieth century Western society.

The institutions that academically or clinically define Western sexual custom and its derivations have issued numerous policy statements and ethical guides regarding the diagnoses and treatment of sexual orientation over the past twenty years. Such groups as: the American Psychiatric Association; the American Psychological Association; the American Psychoanalytic Association; the National Association of Social Workers (U.S.A.); the American Counselors' Association; the American Academy of Pediatrics and the American Academy of Family Physicians have not only provoked confusion within the lay community by the inconsistent and frequently contradictory stances each has presented but these professional bodies have also created a problematic setting for individual practitioners seeking authoritative guidance in patient treatment.

Within the literature of medicine and psychology, some of the ethical issues surrounding sexual reorientation are raised, but are often not critically analyzed. Within the literature of gay, lesbian, and queer studies - as is also the case with most of the medical and psychological literature - ethical issues are often raised only insofar as they support large political goals or specific agendas. The future of sexual reorientation interventions in medicine is far from certain. With the recent mapping of the human genome, advances in

neuropsychopharmacology and genetic pharmaceuticals, as well as increased access to reliable prenatal testing and screening, it becomes clear that our understanding of human sexuality will change dramatically throughout the twenty-first century and beyond. The future promises a much clearer and more scientific understanding of the origins and determinants of sexual orientation. As our understanding grows, it is reasonable to assume that the efficacy of sexual reorientation interventions will do likewise.

Changes in medical practice (whether from the past to present or from the present to the future) cannot help but influence profoundly the way in which ethical issues surrounding sexual orientation interventions are formulated, whether the individual ethics of the patient-physician interaction or the communal ethics of policy development and community standards of care (Loewy, 1996). Loewy asserts that learning about the ethics of yesterday and considering ethics as they are expressed in various cultures today can help to both predict and shape the ethics of tomorrow. Given what the future is likely to hold for the field of human sexuality and our understanding of sexual orientation, it seems prudent to consider tomorrow's ethics today.

Section I: ETHICS

Medicine and ethics are inextricably tied to each other by virtue of the unique relationship between physician and patient. This section examines health care ethics and bioethics.

Chapter 1: A Methodology for Ethical Analysis

In 4th century BC Hippocrates' oath enabled the development of medicine. With the creation of his code of ethics, Hippocrates steered the superstition-riddled art of healing into real science. His ethical guidelines of observation, diagnosis and treatment eventually overruled blame of the gods for illness. Today medical ethics still derive from the Hippocratic precepts.

Bioethics is the 20th century descendant of Hippocratic ideas. Van Rensselaer Potter, an American biologist, is described by Calahan as first to use the term 'bioethics', in his text *Morals and Medicine*, which was published by the theologian Joseph Fletcher in 1954 (Calahan, 1997). Calahan describes the focus of traditional medical ethics as being the expected professional standards of the physician within the doctor-patient relationship. Bioethics, however, has come to refer to the broader field of all the Life Sciences, encompassing medicine, biology, and some aspects of the environmental, population and social sciences. Calahan notes that, while earlier medical ethics focused on the domain of physicians (although with considerable reference to theological interests) bioethics encompasses the work of many disciplines. After its inception in the 1950s, bioethics accelerated development in the 1960s and by the 1970s had begun to assume worldwide importance (Calahan, 1997). This text will examine the issues of the medical ethics

surrounding sexual reorientation interventions from the broader perspective of bioethics.

The dramatic biotechnological advances in the 1960s fostered growth in the new field. According to Calahan, small groups of professionals and lay people (particularly in Great Britain and the United States) began focusing on the emergent morals during that period.

By the end of the 1970s, bioethics had spread to all the developed nations of the world. In addition to the variety of private and university efforts, various government agencies and commissions have been formed over the past two decades to help set public policy and educate the general public (Calahan, 1997). By the 1990s, bioethics was established as a strong force in the Life Sciences and in general policy deliberations (Calahan, 1997). This text will examine the issues of the medical ethics surrounding sexual reorientation interventions from the broader terrain of a bioethics perspective.

Scientific methods that can be reviewed retrospectively from a bioethical perspective were applied in an organized exploration of human sexuality during the middle and late nineteenth century. Many intervention practices were developed, some of which exist today. Initial medical ethics issues arose from the importance of the doctor-patient relationship and took the form of issues surrounding consent and confidentiality as regarded specific medical concerns.

Social, political, and theological sexual orientation ethics were not viewed by the medical establishment as relevant to the ethics of the doctor-patient relationship. Prior to this surge of interest, sexuality was considered to be in the realm of theology and politics as much as medicine. The realm of bioethics could encompass much more in the field of human sexuality.

The evolution of human sexuality into a subject for medical and scientific investigation and intervention occurred at a time when social and political views surrounding gender and sexuality were - as they continue to be - in a state of conflicted transition. The twentieth century saw a dramatic shift in Western politics and societal views towards issues such as equality and the rights afforded an individual on the grounds of gender, race, or membership in a socially marginalized group, as well as the balance between individual autonomy and societal morals. Many academic fields, with a rich and varied collection of philosophies, have emerged during the course of the last century to organize and understand the changing value system of the West. Cultural diversity, feminism, and queer theory originate from a variety of fields including philosophy, anthropology, sociology, psychology, political science, and literature, all of which comment on sexuality and the evolution of the Western value system in the last century. Bioethics is the discipline that integrates these philosophical systems with

health care and health science, providing discussion and direction for patients and health professionals.

Ethical Systems

Regarding the development of what would become the bioethics model, Boyd (1997) asserts that traditional ethical codes (from ancient to modern) derive authority from custom, the commands of the gods, or the leaders of the group. He notes, though, that such codes do not necessarily reflect a coherent set of principles. Boyd further observes that in the evolution of ethics, various precepts may not have been consistent, either internally or systemically. Boyd describes the core philosophy as defending traditional authority (e.g. by arguing that it embodies self-evident moral intuitions) in constructing more coherent foundations for morality. According to Boyd:

... philosophical systems of ethics tend to focus either on achieving what is considered to be good (consequentialist or eudeomonistic systems) or on achieving what is considered to be right (deontological systems). The highest human good (if such a thing can be said to exist per se) has generally been considered to be happiness. This can be interpreted, in hedonistic systems, as pleasure (and the avoidance of pain), either for the individual, or for everyone (or the greatest number possible), in utilitarian systems. Both hedonistic and utilitarian systems are consequentialist. Happiness can also be interpreted eudeomonistically, as the kind of

human flourishing that involves the realization of one's highest ideals, finding the golden mean and living in harmony with others and one's deepest self. Variations on this theme are found in ethical systems from Confucius, Plato, and Aristotle to Jung and modern virtue ethics. A key tenet is that being determines action - you do what you are; a good person who flourishes has clear moral vision and is disposed to act accordingly. (Nobody does wrong willingly - Socrates; The just man justifies - G. M. HOPKINS). Agapeistic ethics is similar (Love God, and what you will do - St. Augustine). Kant's deontological ethical system, based on the moral law within, has affinities with the above, but sees a need to spell moral law out in axioms with which (because of their clear implications for everyone) one must reasonably agree, and on which duties and rights can be based. Reason played a similar role in Spinoza's system, albeit with a more positive emphasis on the emotions. Agreement on principles and procedures is also central to ethical systems that reach it from the consideration of historical or hypothetical contracts among equals (John Rawls' system of justice or fairness is a notable contemporary example) (pp.102-103).

In modern bioethics, the most familiar ethical system is still the deontological -- the root of ethics--which is centered around the four principles of *beneficence*, *non-maleficence*, and respect for *autonomy* and *justice*. However, determining the scope of their applications requires recourse to consequentialist or eudaemonistic considerations. In applied ethics generally, each type of system has valid insights to

contribute. The same can be said of skeptics since the days of Hume, and for existentialists, when they question the objectivity of all such systems. No one ethical system commands universal agreement, but each contributes pertinent questions to the moral spectrum to which reason must be applied before reaching a judgement (p.104). Clearly Boyd is citing a need for a broader ethical tool than traditional medical ethics.

A Framework for Ethical Analysis

Although unproblematic moral issues can reasonably be detected within a situation at first glance, in contemporary health care they are usually forced center-stage because of conflict, actual or anticipated, leading to discussion (Higgs, 1997). Unlike most scenarios in which it is usually up to the individual patient or clinician to initiate an ethical discussion, the subject of sexual reorientation has generated commentary from a diverse range of philosophers, professional groups, political groups, and theologians. Institutions often engage professionals with philosophical expertise to stimulate and shape the discussion of complex ethical issues. However, the subject of sexual reorientation appears to generate critical commentary from very divergent groups, all of which have strong opinions and little interest in discussion.

This text follows the framework presented by Campbell and Higgs (1982) for the organization of an ethical analysis at the systems level. Campbell and Higgs examine two principlist models for ethical analysis for each clinical scenario. The Campbell and Higgs model is summarized as follows:

- Identification of the issues at stake, whom they affect, and in what way.
- Further exploration of morally relevant facts with a reasonable attempt to assess the perspectives and purposes of all involved.
- Clarification of the concepts and arguments used in interaction and dialogue in order to air feelings, share points of view, and make sure that everyone is heard.
- An analytical synthesis of the different points of view and concomitant arguments in order to create a response or way forward.

Campbell and Higgs note that a number of additional questions may need to be asked, including:

- Whether the person or group that stimulates the debate is actually the one with the problem?
- Whose point of view has been least heard (whether of a group or an individual) and what this group or individual might say?
- What role individuals played, who they are working for, or what 'system' they were actually involved in?
- Whether any person or group was distorting the discussion by manipulation, misuse of language, or distortion of concepts and arguments?

The flow of such debate depends on the circumstances, especially with respect to whether they are

real and immediate (as in the clinical problem) or theoretical and extendable (as in the philosophical or educational setting) (Higgs, 1997). The field of sexual reorientation includes both varieties, which will be explored further.

Chapter 2: The Stakeholders and their Issues

The first step towards an organized exploration of an ethical conundrum requires not only the identification of the issues at stake but whom they effect and how. This chapter examines the specific medical ethics and bioethics issues surrounding sexual reorientation interventions from the perspective of those groups involved and those who report they speak on behalf of those involved.

The issues identified in this chapter are derived from a series of small group discussions and web-based discussion groups conducted between 1999 and 2001. These discussions focused on both the ethical and bioethical issues surrounding our topic, as well as a review of popular and academic literatures. The following groups have been identified as having a stake in sexual reorientation interventions:

- Gay, lesbian, and bisexual (lesbigay) adults.
- Lesbigay adolescents.
- Non-heterosexual non-lesbigay adults.
- Non-heterosexual non-lesbigay adolescents.
- Gender-identity disordered children.
- Parents and potential parents.
- Healthcare providers.
- Non-healthcare and religious providers.
- Non-heterosexual political activists.