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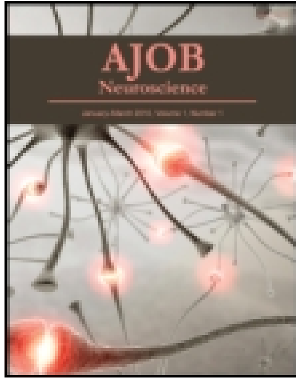

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Three Harms of "Conversion" Therapy

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Three Harms of "Conversion" Therapy

Candice Delmas, Clemson University

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In "Brave New Love: The Threat of High-Tech 'Conversion' Therapy and the Bio-Oppression of Sexual Minorities," Brian Earp, Anders Sandberg, and Julian Savulescu (2014) defend the ethical permissibility, under strict conditions, of using biotechnology to alter the sexual orientation of a consenting adult. In this commentary, I articulate an ethical argument against the development and creation of high tech "conversion" therapy, which rests on the notion that sometimes giving people an option harms them,[1] and concludes that sexual orientation should remain outside the individual's control.

Earp, Sandberg, and Savulescu argue that while the coercive use of the technology on children or unwilling individuals is ethically impermissible, its voluntary use can be justified on the grounds that it could benefit individuals who seriously suffer from their sexual orientation, and despite the worry that it might perpetuate oppressive social norms. Their central case study is that of a yeshiva student whose same-sex attraction feelings hinder the pursuit of his higher order spiritual goals. Helping the student alter his sexual orientation may be justified by concern for his welfare, the authors argue, even if his suffering is the result of internalized homophobic cultural norms.

Some individuals like the yeshiva student may indeed benefit from sexual-orientation-altering therapy; yet, I submit that its development and creation should be viewed as a very serious cause for alarm in heterosexist societies. My argument is that it is better for sexual minorities not to have the option to alter their sexual orientation at all, because having the option to alter one's sexual orientation, in a context of heteronormative domination, harms sexual minorities.

The existence of "conversion" biotechnology would harm members of sexual minorities, both individually and collectively, by changing for the worse the norms that govern people's attitudes toward sexual orientation. Giving members of sexual minorities the option to "convert" would harm them in three ways: (a) by generating pressures to undergo "conversion," (b) by demanding that individuals justify their unaltered gay sexual orientation, and (c) by making "conversion" a rational course of action.

First, by becoming an option, sexual orientation would no longer be outside individuals' control. Thus, what is currently seen, under oppressive conditions, as the most persuasive basis for equal respect (or at least tolerance) of lesbians, gays, and bisexuals, namely, that sexual orientation, like skin color, is not within the person's control, would collapse. Relatives, friends, and clergy might pressure individuals into therapy (on religious, cultural, or pragmatic grounds), either out of diminished tolerance and respect, or out of genuine concern for the person's well-being. Either way, the option to alter one's sexual orientation could become a social demand to "convert," thus exercising undue, coercive pressure on members of oppressed sexual groups. Such pressure would constitute a severe and unjust burden on them.

Second, just by virtue of being available, high tech "conversion" therapy would make sexual orientation a matter of choice, and hence a candidate for ethical justification. Gerald Dworkin (1982) puts the point this way, in another context: "once I am aware that I have a choice, my failure to choose now counts against me. I now can be responsible, and be held responsible, for events that prior to the possibility of choosing were not attributable to me" (50). That is, individuals could be expected to give reasons for their chosen (natural or altered) sexual preferences. Such expectations would unfairly burden members of sexual minorities who refuse to convert, further marginalizing them as "deviant" and "others."

Third, in an oppressive society, members of sexual minorities would have reason to view "conversion" as a rational course of action, since it would maximize their own well-being. A new dimension of the oppression of sexual minorities would emerge: "oppression by choice," or, in our case, "bio-oppression by choice." According to Ann Cudd (2006), oppression by choice occurs when individual victims choose the most advantageous option available to them, personally, in oppressive circumstances, but these individually rational decisions aggregate to socially suboptimal outcomes.[2] Although "conversion" might be rational for individuals, it would be disastrous for the group, as it could lead to a greater stigmatization and ostracism of those who chose to "remain" gay, lesbian, or bisexual. This bio-oppression by choice would harm sexual minorities by enrolling them in their own oppression and reinforcing heteronormative domination.

The three kinds of individual and collective harms I outlined dwarf the potential benefits to individuals that could be gleaned if the technology were available. Together they make a compelling case for the idea that sexual orientation should remain outside the individual's control, and therefore that "conversion" therapy ought not to be created.

1. Simon Rippon (2012) recently developed this notion in the context of donor markets.
2. Ann Cudd (2006) analyzes oppression by choice in the context of women's decision to leave the workforce and take care of their children.

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