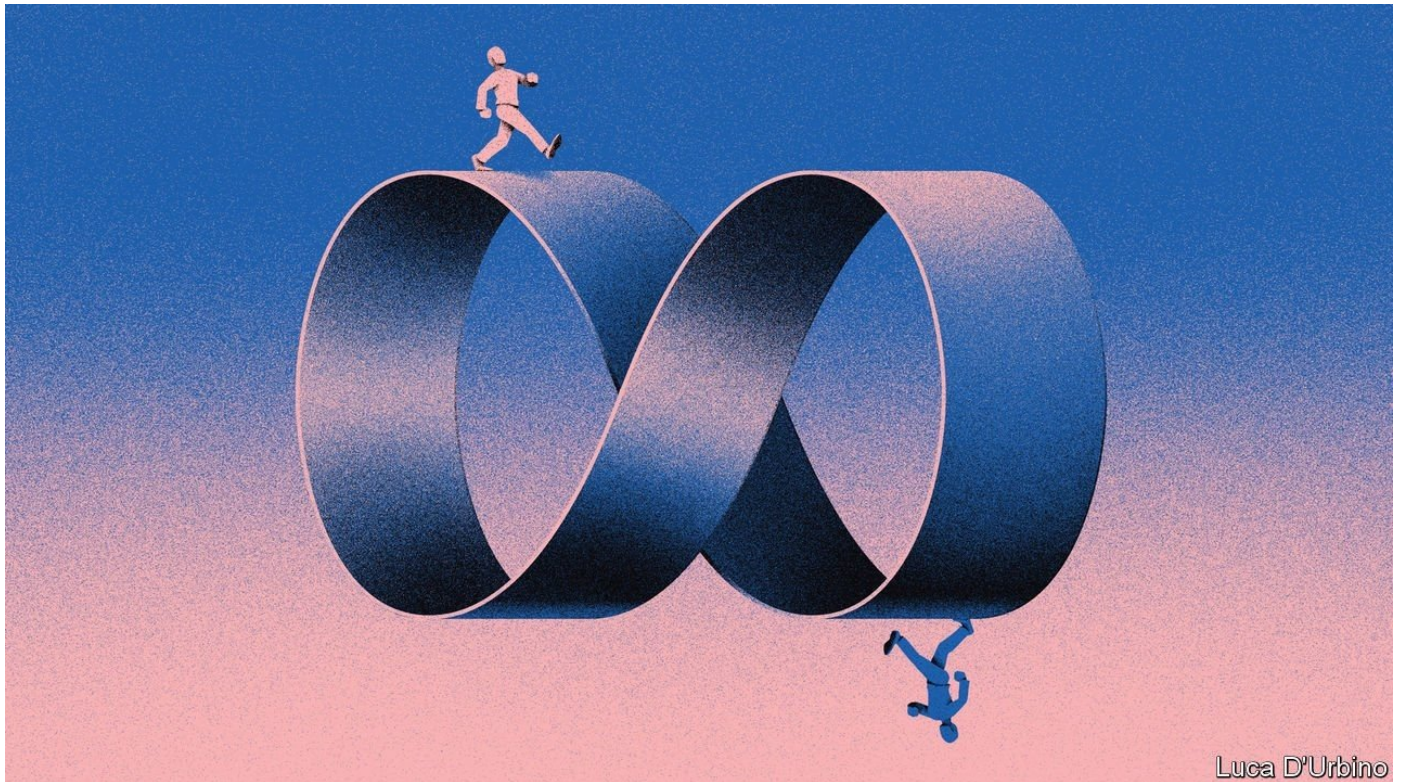


Missing the mark

A proposed bill on conversion therapy could do more harm than good

By conflating sexual orientation and gender identity, the government risks children's health



Dec 4th 2021

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IN 2013 A Conservative government legalised same-sex marriage. It was the latest step in the social liberalisation of Britain that started in the 1960s, and in the Conservatives' own modernisation. Despite opposition at the time, within the party the result is now regarded as uncontroversial.

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Now another Conservative government is seeking its own modernising moment. A short public consultation on banning “conversion therapy” closes on December 10th, with the aim of passing a law before an international conference on gay and trans issues in London next June. Supporters say it is needed to end a practice that harms sexual minorities; opponents, that it may worsen the harms it aims to end.

The plan is to create a criminal offence covering therapy undertaken with the intention of changing a person’s sexual orientation or gender identity. It is supported by campaign groups; the chief executive of one, Stonewall, regards it as so obviously right that she opposed consulting the public at all. But critics point to three problems: its conflation of gay and trans identities; a poor evidence base; and the introduction of “gender identity” into law.

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Efforts to turn gay people straight by prayer, exhortation or “aversive therapy”

such as electric shocks were common until the 1960s, when homosexual acts between men were still illegal. But being gay is now widely accepted as both unproblematic and innate, and such treatments as not only cruel but doomed to failure. To the extent that they still happen, it is largely in religious settings and consists of laying-on of hands and the like, rather than physical abuse (which is in any case already illegal). “There are no legitimate, registered psychotherapists now who would be part of persuading someone they are not gay,” says David Bell, a psychiatrist who wrote a critical report in 2018 about GIDS, England’s specialist gender clinic for children.

Trans conversion therapy (which the proposed law does not define) is a different matter—not because trans people are inherently problematic, any more than gay people are, but because unlike sexual orientation, gender identity is neither well-defined nor necessarily stable. “Conflating the two is incredibly dangerous,” says Anna Hutchinson, a clinical psychologist who used to work at GIDS. A person may dissociate from their biological sex for a host of reasons, including autistic-spectrum disorders, depression, trauma or a history of sexual abuse. Responsible clinical practice requires investigating such possibilities. But the phrase “trans conversion therapy” is being used to mean any approach other than immediately affirming a person’s stated gender, says Dr Hutchinson. “That goes against what therapy is.”

The only safeguard is an acknowledgement that talking therapy may be appropriate if a patient is “questioning their LGBT status”. But “lots of my patients are not questioning; they are very assertive that they are trans,” says Susan Thompson (not her real name), a family doctor who insists on exploring all comorbidities with trans-identifying patients. “The way this is worded at the moment, I could end up in prison,” she says. Even if there are few prosecutions, the law would make medical professionals wary of anything but unquestioning affirmation. It would also reinforce a trend for schools to go along with cross-sex identities asserted by children, sometimes without even telling parents.

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The second complaint about the bill is the poor quality of the evidence upon which it is based. A government-commissioned report by researchers at Coventry University attempts to show that trans conversion therapy is similar to attempts to “pray the gay away”. But that conclusion does not follow from the very limited research presented. The report relies on a handful of articles and interviews, none of which establishes evidence of harm. Much is made of an online perception survey based on a six-minute fictional video clip, and a single question in a unrepresentative survey by an American transgender lobby group. The growing number of “detransitioners”—people who identify as trans, only later to change their mind—is ignored.

The third big complaint is that the proposals would introduce the nebulous concept of “gender identity” to British law for the first time. In 2020 a grass-roots campaign by feminists succeeded in forcing the government to abandon plans to allow anyone to change their legal sex at will. That would, in effect, have made self-described gender identity the deciding factor in who counted legally as a man or a woman, abolishing single-sex spaces and services at a stroke. The plans are “a smoke screen for bringing gender-identity ideology into law,” says Maya Forstater, one of the founders of Sex Matters, an organisation campaigning for sex-based rights.

The consultation comes as an independent review of gender-identity services for children is under way, led by Hillary Cass, a former president of the Royal College of Paediatrics and Child Health. Findings are expected next year. “Why not wait until after Cass is published?” asks Dr Bell. But the government faces a dilemma. It wants to appeal to younger voters by showing it is not stodgy, while also signalling to socially conservative older and working-class voters that it is not too “woke”.

This complicates a second U-turn on trans issues in quick succession. And if the bill goes before Parliament in its current form, MPs may fear voting against it, even though many Conservatives and growing numbers on the Labour benches are uneasy. Few voters realise how much is concealed by the phrase “conversion therapy”, and MPs may fear being smeared as bigots.

Perhaps most worrying is the impact on children. Many, it seems, are interpreting the stirrings of same-sex attraction as indicating a trans identity. In

an article last year in *BJPsych Bulletin*, a medical journal, Lucy Griffin, a

consultant psychiatrist in Bristol, and co-authors found that, of the girls referred to GIDS in one calendar year, only 8.5% were primarily attracted to boys.

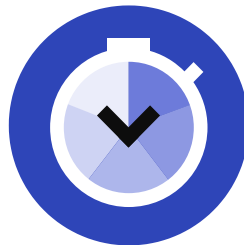
Collateral damage

Once such children reach 16, gender clinics will prescribe synthetic hormones. Such drugs were used to “chemically castrate” Alan Turing, Dr Griffin points out. The gay mathematician, whose code-breaking helped defeat the Nazis, accepted the drugs as an alternative to a prison sentence. “The whole thing”, says Dr Griffin, “risks becoming an exercise in damaging the people they are setting out to protect.” ■

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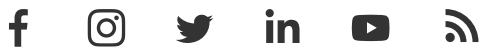
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