

IFTC Intervention at 2011 OSCE HDIM

To: The Organization for Security and Co-operation in Europe: 2011 Review Conference Warsaw

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Regarding: *Tolerance and non-discrimination II:*

Intolerance and Discrimination Against Medical and Mental Health Professionals, Researchers and Educators Threaten the Freedoms of the Professionals and Those Whom They Serve

This intervention is being given on behalf of the International Federation for Therapeutic Choice (IFTC). The IFTC supports the rights of sexual minorities who find their attractions, orientation, behavioral tendencies, behaviors and/or identity unwanted, to receive competent professional guidance and therapeutic care. The IFTC also supports the rights of medical and mental health professionals to offer that care (cf. www.therapeutic-choice.org).

Central Recommendation to Participating States of the OSCE:

- to draft legislation to safeguard the freedom of medical and mental health practitioners, educators and researchers:

1) to study, publish and educate other professionals and the public about the possible causes, consequences and amelioration of sexual minority attractions, behaviors, orientations, and identities; and

2) to offer their professional guidance and therapeutic expertise to persons whose sexual minority behaviors, orientations, and/or identities are unwanted and who freely choose help in order to overcome or diminish their unwanted sexual attractions and behaviors.

Some sexual minorities find their attractions, behavioral tendencies, behaviors, and/or identity *unwanted*. Some of these persons *freely choose*, or have *freely chosen*, to seek professional guidance and therapeutic assistance in order not to base their relational and sexual lives according to their sexual minority attractions, behaviors, orientations, and/or identifications. Over one hundred years of clinical reports and other research literature document that *some* persons have been successful in achieving this goal. I refer you to the first volume of the *Journal of Human Sexuality* which reviews the clinical and scientific literature on this issue (cf. <http://www.narth.com/docs/journalsummary.html>).

Medical and mental health professionals who research, educate and offer guidance and therapeutic services to persons with unwanted sexual minority concerns are experiencing increasing intolerance and discrimination. When they attempt to train for and conduct their professional work, such professionals commonly are labeled as “homophobic” and even accused of hate crimes. This intolerance and discrimination likewise hinders the freedom of citizens who want to receive the information and other services of these professionals.

I offer several examples:

- In 2010, in the United Kingdom, psychiatrist Paul Miller, was accused of unethical behavior for offering help someone to change same-sex feelings and behaviors. The person seeking help proved to be an undercover, self-identified gay journalist who lied about his true intentions.
- This past spring of 2011, also in the UK, this same journalist again simulated being a client, of Christian counselor Lesley Pilkington, allegedly in order to receive her help to resolve unwanted same-sex attractions and behaviors. As in the first case, after a couple of sessions, the fraudulent client/undercover journalist accused Ms. Pilkington of unethical practice. This led to her being dismissed from the British Association for Counseling and Psychotherapy (BACP), although this case is under appeal. It is worth noting that during her hearing, a key witness in her support was threatened by homosexual activists, causing her hearing to be postponed.
- Last month (2011), here in Poland, in Poznan, activists interfered with and tried to prevent a conference which had been publicized as offering training to help professionals understand better how to serve persons with unwanted same-sex attractions and behaviors. Public media reported absurd accusations by gay activists which led the Poznan Medical School to cancel the written contract for the use of the conference facilities. The presenter, Dr. Joseph Nicolosi, Ph.D., was falsely accused of many things, including teaching fake pseudoscience, forcing persons to undergo therapy, using electric shock therapy, and forcing homosexuals to have sex with female prostitutes. Unfortunately, the negative publicity generated by these false accusations led another conference facility, which already had verbally agreed to allow the conference to be held there, to break their verbal agreement. The conference finally was held in a sports facility with tight security.
- The internet provider of the organization conducting the conference received two letters demanding that the provider close down the organization’s conference web-site due to “homophobic content.” Subsequently, the internet provider was hacked and their entire server crashed, including not just the conference organizer but all of the provider’s clients.

These examples illustrate just a few of many recent instances of harassment, intolerance and discrimination toward medical and mental health professionals, researchers and educators who attempt to serve persons with unwanted sexual minority attractions, behavioral tendencies, behaviors and/or identities.

Such intolerant behavior by persons who themselves claim to be victims of intolerance violate a number of rights upheld by the *Universal Declaration of Human Rights* (<http://www.un.org/en/documents/udhr/index.shtml#a11>), including the rights to:

- freedom for the full development of one's human personality (UDHR, Article 26)
- medical care and necessary social services (Article 25)
- freedom of thought, conscience and religion (Article 18)
- freedom of opinion and expression which includes the freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media (Article 19)
- freedom of peaceful assembly and association (Article 20)
- the protection of the law against arbitrary interference with one's privacy, family, or correspondence and attacks upon one's honour and reputation (Article 12)

We therefore recommend to OSCE Participating States:

In light the aforementioned fundamental rights upheld by the *Universal Declaration of Human Rights*,

- **To recognize and condemn intolerance and discrimination against sexual minorities who freely choose to receive help in order to overcome or diminish their unwanted sexual attractions, orientation, behaviors or identity.**
- **To draft legislation to safeguard the freedom of medical and mental health practitioners, educators and researchers: 1) to study, publish and educate other professionals and the public about the possible causes, consequences and amelioration of sexual minority attractions, orientations, behaviors, and identities; and 2) to offer their professional guidance and therapeutic expertise to persons whose sexual minority concerns are *unwanted* and who *freely* choose help in order to overcome or diminish their unwanted sexual attractions, orientation, behaviors, and/or identity.**

We recommend to OSCE/ODIHR, and OSCE Missions:

- **To be aware of and condemn intolerance and discrimination against sexual minorities who freely choose help in order to overcome or diminish their unwanted sexual attractions, orientation, behaviors, and/or identity.**
- **To assist OSCE Participating States in monitoring and drafting legislation, with special attention to safeguarding the above mentioned rights upheld by the UDHR.**