Conversion Therapy

A “Cure” for a Disease that Does Not Exist

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Konverteringsterapi

En “kur” for en sykdom som ikke eksisterer

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Abstract

Mange liberale stater rundt om i verden har nylig begynt å regulere *konverteringsterapi*, en ineffektiv og enormt skadelig praksis som har som formål å forandre eller undertrykke en LHBT+ person sin seksuelle legning, seksuelle adferd, kjønnsidentitet og/eller kjønnsuttrykk for å gjøre personen heterofil og ciskjønnet. Denne masteroppgaven argumenterer for at alle former for konverteringsterapi i liberale stater bør forbys, både for LHBT+ barn og LHBT+ voksne, og både praksisen i seg selv og promotering av den. Mange kritikere ønsker kun en regulering av konverteringsterapi da de er bekymret for å ødelegge autonomien for voksne LHBT+ personer. Som et resultat ønsker de at voksne LHBT+ personer tar et informert valg før de velger konverteringsterapi. Jeg, derimot, argumenterer for at informerte LHBT+ personer som ønsker å undergå konverteringsterapi er hemmet i valget sitt grunnet undertrykkelse fra samfunnet. Å gjøre konverteringsterapi ulovlig vil både styrke LHBT+ personer sin plass i liberale samfunn, verdier som mangfold og individualitet, og ha positiv innvirkning på samfunnet som helhet. Relevante temaer for oppgaven er *paternalisme* og *egalitarisme*.

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Liberal states have in the recent years started regulating the ineffective and very harmful practice of attempting to change or suppress an LGBT+ person's sexual orientation, sexual behavior, gender identity and/or gender expression, to become heterosexual and cisgendered, in other words, the practice of *conversion therapy*. This master's thesis will argue that all forms of conversion therapy in liberal states should be outlawed, both its provision and promotion, both for minors and adults. Many opposed to outlawing conversion therapy are concerned with breaking LGBT+ adults' autonomy and, therefore, only want to regulate the provision through informed choices. I, however, argue informed LGBT+ adults are impaired in their decision-making due to societal oppressions. Outlawing all forms of conversion therapy for all LGBT+ people, then, will affirm that LGBT+ people belong in liberal states, promote values of diversity and individuality, and make society as a whole better. Relevant topics for this thesis are *paternalism* and *egalitarianism*.

Acknowledgements

Originally, I wanted to write this thesis about religion's boundaries in secular states, on topics like abortion, animal rights, ritual circumcision on boys, conversion therapy, and euthanasia. Espen Gamlund at the University of Bergen gave me good advice to *only* focus on one of these topics, so, thank you for steering me the right way.

When doing research for my thesis, reading the many stories from both LGBT+ people, as well as the bereaved, was very powerful and moving, and made quite the impact on me. The LGBT+ community is such a wonderful community, filled with diversity, compassion, and joy. To every one of you who were brave enough to share your stories, I give you my deepest thanks.

To my wonderful chosen family, Christine, Irmelin, Kine, and Amanda, thank you for keeping me sane throughout my writing. To my wonderful husband, the love of my life, the amazing, compassionate, and giving Frank, I love you dearly. You motivated and supported me throughout this journey. Thank you for everything you give me every day, for being part of my life, and for being the amazing person you are.

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Chapter 1 – Introduction and Thesis

Liberal states have in the recent years started, or are considering, outlawing or regulating the harmful and controversial practice of attempting to change or suppress an LGBT+ person's sexual orientation, sexual behavior, gender identity and/or gender expression, to become heterosexual and cisgendered, in other words the practice of *conversion therapy* (CT)[1,2]. CT is ineffective and can only cause harm, which includes,

> significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder, as well as often significant physical pain and suffering[3]

Due to its harm, especially to minors[4], some liberal states, like Germany, has banned CT for minors up to the age of 18. As a result, those offering a CT service to a minor in Germany could receive 1 year in prison, or € 30 000 in fines[5]. Other liberal states, like Norway, is attempting to outlaw both the provision and promotion of CT for all LGBT+ people, where the provision of CT can result in 3-6 years of prison, depending on severity of harm, while the promotion of CT through any form of marketing will result in fines or up to 6 months of prison[6]. To protect the autonomy of LGBT+ adults, some critics are against outlawing CT for LGBT+ adults and are, instead, arguing for a regulation where consumers of CT must be informed and

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[1] Groot, "Bans on conversion 'therapies' The situation in selected EU Member States", *European Parliament*, 2022, taken 13.03.2023 at https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/733521/EPRS_BRI(2022)733521_EN.pdf

2 Regjeringen, «Høringsnotat om forbud mot konverteringsterapi», taken 13.03.2023 at https://www.regjeringen.no/contentassets/db8ef806b27c41178be98831009e2c00/horingsnotat-om-forbud-mot-konverteringsterapi.pdf

[3] United Nations – Human Rights Council, "Practices of so-called "conversion therapy"", page 13, taken 30.01.2022 at https://undocs.org/A/HRC/44/53 and https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement

[4] Human Rights Campaign, "The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity", 2020, taken 01.04.2023 at https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy

[5] BBC, "Germany passes law banning 'gay conversion therapy' for minors", 2020, taken 04.04.2023 at https://www.bbc.com/news/world-europe-52585162

[6] Regjeringen, "Forbud mot konverteringsterapi på høring", 2022, taken 01.04.2023 at https://www.regjeringen.no/no/aktuelt/forbud-mot-konverteringsterapi-pa-horing/id2920610/

give consent before undergoing CT[7,8]. Experts in law, however, doubt this approach and ask if "informed consent to LGBTQ+ 'conversion therapy' [is] compatible with (…) International Human Rights Law"[9]. The various approaches to regulating CT in liberal states, then, have different elements to it. These regulations can affect both the provision or promotion of CT, in addition to aiming at protecting only LGBT+ minors or LGBT+ adults as well. Due to its harm, liberal states seem to favor outlawing CT for minors, but doing the same thing for adults, however, has proven to be a slow and difficult process due to concerns of breaking consensual LGBT+ adults' autonomy.

I do not agree with the critics who *only* wants to regulate CT for LGBT+ adults in liberal states to protect their autonomy. The reason for this is because outlawing CT in liberal states for all LGBT+ people will protect all LGBT+ people from harm, as well as society as a whole. As a result, **I argue the provision and promotion of conversion therapy in liberal states should be outlawed for minors and adults**. Since criminalizing the consumers of CT will only cause harm, I will, additionally, argue why consumers of CT should not be criminalized and, instead, be offered clinical affirmation therapy to alleviate their suffering. Also, the approach to CT in illiberal states should be delt with differently than liberal states, which will discuss further I my conclusion in chapter 5. As a result, my thesis has its focus on liberal states.

Benevolent interference, or *paternalism*, which many liberal critics oppose, becomes a prominent topic in addressing the critic's concerns about informed LGBT+ adult's autonomy when consuming CT. As a result, a substantial portion of this thesis will be about paternalism. The paternalism section will argue when paternalism is permissible and why CT is such a permissible case. Critics of paternalism, however, might not be persuaded by my arguments that outlawing CT in liberal states for LGBT+ adults is a permissible case of paternalism and, as a result, I will additionally provide non-paternalistic arguments to defend outlawing CT in liberal states for all LGBT+ people. According to non-paternalistic arguments, LGBT+ people

[7] BBC, "Conversion therapy: MP warns of loophole in proposed ban", 2021, taken 01.04.2023 at https://www.bbc.com/news/uk-politics-59409689
[8] Tam, "Conversion Therapy Bans and Legal Paternalism: Justifying State Intervention to Restrict a LGBT Individual's Autonomy to Undergo Conversion Therapy", 2021, taken 13.03.2023 at https://lawreview.lse.ac.uk/articles/abstract/248/
[9] Purshouse, "Is informed consent to LGBTQ+ 'conversion therapy' compatible with UK and International Human Rights Law?", 2022, taken 01.04.2023 at https://essl.leeds.ac.uk/law/dir-record/research-projects/1223/is-informed-consent-to-lgbtq-conversion-therapy-compatible-with-uk-and-international-human-rights-law

constitute an oppressed group, that CT contributes to this oppression, and that it is better for society that the provision and promotion of CT are fully outlawed.

This thesis is divided into five chapters, including this introduction. Chapter 2 provides information about CT and argues CT is ineffective, harmful, fraudulent, dangerous, malicious, cisheterosexist, stigmatizing, and an assimilation practice. Chapter 3 is about *paternalism*, when paternalism is permissible, and why outlawing CT is such a permissible case. Here I will go through various objections that anti-paternalists have made towards paternalism. I will critique these objections and defend outlawing CT. Chapter 4 will turn to non-paternalistic arguments in support of outlawing CT. I argue that LGBT+ people are an oppressed group, that CT contributes to this oppression, and, consequentially, outlawing the provision and promotion of CT should be outlawed since it benefits both LGBT+ people and society. Relevant to my arguments are the topics of *relational egalitarianism* and *oppression*. Chapter 5, the last chapter, will summarize all points made in this thesis and conclude that the provision and promotion of CT should be outlawed. In addition to my summary and conclusion, I will also point out some further topics I think should be given attention.

Chapter 2 – About Conversion Therapy

As mentioned in chapter 1, conversion therapy (CT) is the attempt to change or suppress an LGBT+ person's sexual orientation, sexual behavior, gender identity and/or gender expression, to become heterosexual and cisgendered.

This definition of CT is a combination of various definitions. The reason for this is because once CT became heavily critiqued by international experts and labeled as pseudo-science, dangerous and fraud, proponents of CT "have rebranded the practice and adapted their claims about it over time in response to sustained critiques"[10]. By moving the goalpost, which the United Nation's Independent Expert on Sexual Orientation and Gender Identity (IESOGI) describes as a "moving target"[11], defenders, promoters and providers of CT come up with new strategies to justify the practice by changing its definition and/or its claims. For example, many promoters and providers of CT claimed that sexual orientation can be changed, but as science and evidence denies this claim, the promoters and providers started to say that it is the *sexual behavior* and *gender expression* that can change, not the *sexual orientation* and *gender identity*. As the claims of CT change so does its definition, both by those who are in favor of it and against it. As a result, I find the above definition best covers all these various definitions[12]. The

[10] American Psychological Association, "Facts about "Conversion Therapy"", taken 16.02.2022 at https://www.apadivisions.org/division-44/resources/conversion-fact-sheet.pdf

[11] UN, "Practices of so-called "conversion therapy"", page 19-13, section 40, taken 15.02.2022 at https://undocs.org/A/HRC/44/53

[12] Pan American Health Organization, ""CURES" FOR AN ILLNESS THAT DOES NOT EXIST", taken 15.02.2022 at https://www.paho.org/hq/dmdocuments/2012/Conversion-Therapies-EN.pdf
American Psychological Association, "Facts about "Conversion Therapy"", taken 16.02.2022 at https://www.apadivisions.org/division-44/resources/conversion-fact-sheet.pdf
Human Rights Campaign, "The Lies and Dangers of Efforts to Change Sexual Orientation or Gender Identity", taken 04.05.2023 at https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy
United Nations Independent Expert on Sexual Orientation and Gender Identity (IESOGI), "REPORT ON CONVERSION THERAPY", taken 16.02.2022 at https://www.ohchr.org/sites/default/files/Documents/Issues/SexualOrientation/ConversionTherapyReport.pdf
UN, "Practices of so-called "conversion therapy"", taken 15.02.2022 at https://undocs.org/A/HRC/44/53
American Psychological Association, "Facts about "Conversion Therapy"", taken 16.02.2022 at https://www.apadivisions.org/division-44/resources/conversion-fact-sheet.pdf
United Nations, "Global ban needed on bogus 'conversion therapy', argues UN rights expert", 2020, taken 16.02.2022 at https://news.un.org/en/story/2020/06/1066652
American, Psychological Association, "Banning Sexual Orientation and Gender Identity Change Efforts", taken 04.05.2023 at https://www.apa.org/topics/lgbtq/sexual-orientation-change
Regjeringen, "Forbud mot konverteringsterapi på høring", 2022, page 6, taken 13.03.2022 at

above definition is only the descriptive part, but CT is much more than the information given so far. During this chapter, I will give information about CT, which I will use to argue that CT is fraudulent, ineffective, stigmatizing, dangerous, cisheterosexist, and an assimilation process. These statements and arguments will act as a premise for the rest of this thesis.

Promoters and providers of CT have a stigmatizing belief that there is something inherently wrong with an LGBT+ person and that they both *can* and *should* change[13] to become both *heterosexual* and *cisgendered*, a combination of a sexual orientation and gender identity I will refer to as *cishetero*. This stigma is based on *heteronormativity*, and *cisnormativity*[14]. *Heteronormativity* is "based on assumption that heterosexuality is the norm and privileges this over any other form of sexual orientation". Among both individuals and institutions, this can lead to invisibility and stigmatization of other sexualities and gender identities. Often included in this concept is a level of gender normativity and gender roles, the assumption that individuals should identify as men and women, and be masculine men and feminine women. *Cisnormativity* is a "discourse based on assumption that cisgender is the norm and privileges this over any other form of gender identity". I will refer to the combination of these two norms as *cisheteronormativity*.

In the case of CT, *cisheteronormativity* has led to a discriminating assimilation practice based on a combination of *heterosexism* and *cissexism*. *Heterosexism* is "a system of oppression that considers heterosexuality the norm and discriminates against people who display non-heterosexual behaviors and identities"[15]. *Cissexism* is

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https://www.regjeringen.no/contentassets/db8ef806b27c41178be98831009e2c00/horingsnotat-om-forbud-mot-konverteringsterapi.pdf
United Nations, "UN expert calls for global ban on practices of so-called "conversion therapy"", 2020, taken 26.02.2022 at https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26051&LangID=E
United Nations – Independent Forensic Expert Group (IFEG), "Statement on Conversion Therapy", taken 16.02.2022 at https://www.ohchr.org/Documents/Issues/SexualOrientation/IESOGI/CSOsAJ/IFEG_Statement_on_C.T._for_publication.pdf
Pauls, "assimilation", taken 13.03.2023 at https://www.britannica.com/topic/assimilation-society

[13] IESOGI, "Report on Conversion Therapy", taken 16.02.2022 at https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/ReportOnConversiontherapy.aspx and https://www.ohchr.org/sites/default/files/Documents/Issues/SexualOrientation/ConversionTherapyReport.pdf

[14] LGBTQ+ Primary Hub, "HETERONORMATIVITY & CISNORMATIVITY", taken 13.03.2023 at https://www.lgbtqprimaryhub.com/heteronormativity-cisnormativity

[15] Merriam Webster, "heterosexism", taken 13.03.2023 at https://www.merriam-webster.com/dictionary/heterosexism

> discrimination against individuals who identify with and/or present as a different sex and gender than assigned at birth and privilege conveyed on individuals who identify with and/or present as the same sex and gender as assigned at birth. It is a form of sexism based on sexual and gender identity and expression. [16]

I will refer to the combination of heterosexism and cissexism as *cisheterosexism*. *Cisheterosexism* is defined as "the societal and institutional privileging of heterosexuality, cisgender identity, and binary sex assignment as the norm" [17]. These two forms of discrimination are comparable to racism and sexism, only directed towards LGBT+ people. *Cisheterosexism* can, then, often be the foundation for the practice of CT since it targets non-cisgendered and non-heterosexual people and tries to assimilate them to *cisheteronormative* standards. Since I will be referring to the combination of cisgendered and heterosexual a lot throughout this thesis, I will, to make things simpler, refer to this combination as *cishetero*. Furthermore, since providers and promoters of CT are not interested in diversity in gender identity or sexual orientation and wants LGBT+ people to convert to cisheteros, it makes the practice an *assimilation* practice, regardless of sexual orientation and gender identity being normal[18] and natural[19].

Since promoters and providers of CT claim their practice works and use this as an argument to promote and provide CT to LGBT+ people, I have named their argument as the *"It-Works"* argument[20]. The "*It-Works*" argument is, as we will see from statements from major international health organizations, not rooted in evidence and must, as a result, be discredited. Regardless of this established evidence, certain medical communities, for example in China, Republic of Korea, the United States and Eastern Europe still promote this fraudulent practice[21]. For example, the IESOGI states,

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[16] Hibbs, "Cissexism", taken 13.03.2023 at https://link.springer.com/referenceworkentry/10.1007/978-1-4614-5583-7_679

[17] LGBT CENTER, "COMING OUT", taken 13.03.2023 at https://lgbtq.unc.edu/resources/exploring-identities/coming-out/

[18] American Psychological Association, "Understanding sexual orientation and homosexuality", taken 01.05.2023 at https://www.apa.org/topics/lgbtq/orientation

[19] World Medical Association, "WMA STATEMENT ON NATURAL VARIATIONS OF HUMAN SEXUALITY", 2022, taken 01.05.2023 at https://www.wma.net/policies-post/wma-statement-on-natural-variations-of-human-sexuality/

[20] Since conversion therapy does not work, it is only fitting to put quotation marks around the "*it-works*" argument, illustrating that the practice is fraud.

[21] UN, "Practices of so-called "conversion therapy"", page 7, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement

> Roughly one third of some 1,000 mental health professionals interviewed in a study carried out in China said that being gay was a form of mental illness and that they regarded practices of "conversion therapy" as effective.

Regardless of all the major international health experts clearly stating CT is ineffective, fraud and harmful, it is important to be aware that not *all* health authorities worldwide agree. Based on the evidence I have provided so far; however, it is notably clear to me that this evidence should be understood as consensus within legitimate medical communities, which is what I will be assuming for the rest of this thesis.

To understand the challenges the consumers of CT experience, it is important to know a little about who they are. This community, commonly known as LGBT+ people, is an ever-expanding community, composed of people with *sexual orientations* and *gender identities* that differ from those of *heterosexual, cisgendered* people. Depending on how you ask the question, and which age the person is, there are approximately between 12-27 % people that are LGBT+[22]. To symbolize this expansion of the many types of identities and sexual orientations, I will add a "+" sign to the "LGBT" acronym. To understand the complexity of gender identities and sexual orientations that CT targets, it is worth explaining some of them.

The World Health Organization defines sexual orientation as a notion that,

> refers to a person's physical, romantic, and/or emotional attraction towards other people. (…) Sexual orientation is comprised of three elements: sexual attraction, sexual behaviour, and sexual identity

while sexual behavior,

> is used to describe the way in which an individual sexually engages with others. Sexual behaviour is not always determined by an individual's sexual orientation. For instance, an individual can be identifed as a man who has sex with other men (MSM) regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as

[22] Bufdir, "Hvor mange er lhbtiq?", taken 13.05.2023 at https://www2.bufdir.no/Statistikk_og_analyse/lhbtiq/Hvor_mange/

> heterosexual but have sex with other men and would not otherwise be reached through public health interventions

and lastly, regarding gender identity and gender expression,

> Gender expression, unlike gender identity which is an internal experience and understanding of one's gender, refers to the way in which an individual outwardly presents their gender. [23]

The term *heterosexual* is a "sexual orientation in which a person feels physically and emotionally attracted to people of a gender other than their own"[24,25]. *Heterosexual* is often in opposition with *homosexual*, which is a (often derogatory) term historically used to describe someone who is attracted to the same gender as oneself[26]. The term *homosexual* is more commonly known today as *gay men* and *lesbian women*. A *bisexual* person is "someone who can be attracted to more than one gender"[27]. *Cisgender* is "having a gender identity that matches one's assigned sex"[28], meaning that you were born male and identify as a man or that you were born female and identify as a woman. *Cisgender* is often in opposition to *transgender*, a term used to describe "people with a wide range of identities (…), people who identify as third gender/other gender and others whose appearance and characteristics are perceived as gender atypical and whose sense of their own gender is different to the sex that they were assigned at birth"[29]. Being transgendered can also include, *non-binary* people, which "is an identity

[23] World Health Organization, "Gender, Equity & Human Rights (GER) – FAQ on Health and Sexual Diversity", page 1-2, taken 16.02.2022 at https://www.who.int/gender-equity-rights/news/20170329-health-and-sexual-diversity-faq.pdf and https://www.who.int/publications/i/item/WHO-FWC-GER-16.2
[24] University of California San Francisco, "General Definitions", taken 26.04.2023 at https://lgbt.ucsf.edu/glossary-terms
[25] UNHCR, "Training Aide: IOM SOGIESC Glossary of Terms", page 2, taken 14.03.2023 at https://www.unhcr.org/6163eb9c4.pdf
[26] UNHCR, "Training Aide: IOM SOGIESC Glossary of Terms", page 2, taken 14.03.2023 at https://www.unhcr.org/6163eb9c4.pdf
[27] Human Rights Campaign, "Bisexual FAQ", taken 13.03.2023 at https://www.hrc.org/resources/bisexual-faq
[28] World Health Organization, "Gender, Equity & Human Rights (GER) – FAQ on Health and Sexual Diversity", page 3, taken 16.02.2022 at https://www.who.int/gender-equity-rights/news/20170329-health-and-sexual-diversity-faq.pdf and https://www.who.int/publications/i/item/WHO-FWC-GER-16.2
[29] World Health Organization, "Gender, Equity & Human Rights (GER) – FAQ on Health and Sexual Diversity", page 3, taken 16.02.2022 at https://www.who.int/gender-equity-rights/news/20170329-health-and-sexual-diversity-faq.pdf and https://www.who.int/publications/i/item/WHO-FWC-GER-16.2

embraced by some people who do not identify exclusively as a man or a woman"[30]. *Intersex* people have,

> variations in sex characteristics, intersex traits cause a person's chromosomes, gonads, or other internal reproductive organs, genitals, and/or hormone function to develop in ways that are not typically male or female. Some variations cause noticeable genital differences, and some affect the development of secondary sex characteristics.[31]

Besides heterosexual and cisgendered, these are only a *few* of the vast number of *gender identities* and *sexual orientations* that is included in the LGBT+ term.

Knowing who CT targets, it is important to take note of the highly problematic premises for CT, in addition to the false promises built in its name. The promise that you can *convert* your *sexual orientation* and *gender identity* is false[32] and the word *therapy* implies help, which CT is not. This is pointed out by numerous international health experts. For example, the United Nations – Human Rights Office of the High Commissioner (OHCHR) states,

> The word "therapy", derived from the Greek, denotes "healing". However, practices of conversion therapy are just the opposite: they inflict severe pain and suffering, resulting in long-lasting psychological and physical damage

In addition, the United Nations' Independent Forensic Expert Group (IFEG) states, "Conversion therapy is ineffective and harmful"[33,34]. The Pan American Health Organization (PAHO) states, ""conversion therapy" represent "a serious threat to the health and well-being—even the lives—of affected people"[35] and underscores this harm by writing *therapy* in quotation

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[30] Human Rights Campaign, "Transgender and Non-Binary People FAQ", taken 11.03.2023 at https://www.hrc.org/resources/transgender-and-non-binary-faq
[31] Human Rights Watch, "MAPPING THE INTERSEX EXCEPTIONS", taken 13.03.2023 at https://www.hrw.org/feature/2022/10/26/mapping-the-intersex-exceptions
[32] OHCHR, "Report on Conversion Therapy", taken 16.02.2022 at https://www.ohchr.org/Documents/Issues/SexualOrientation/ConversionTherapyReport.pdf
[33] IFEG, "Statement on Conversion Therapy", taken 16.02.2022 at https://www.ohchr.org/Documents/Issues/SexualOrientation/IESOGI/CSOsAJ/IFEG_Statement_on_C.T._for_publication.pdf
[34] UN, "Practices of so-called "conversion therapy"", page 5, taken 16.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[35] Pan American Health Organization, ""Therapies" to change sexual orientation lack medical justification and threaten health", taken 16.02.2022 at https://www3.paho.org/hq/index.php?option=com_content&view=article&id=6803:2012-therapies-change-sexual-orientation-lack-medical-justification-threaten-health&Itemid=1926&lang=en

marks in their article headline, ""Therapies" to change sexual orientation lack medical justification and threaten health". Also, the American Psycholological Association states (APA), "[SIC]Conversion therapy" is NOT therapy"[36]. Based on these statements from major international health experts, CT can be put in the "all harm, no benefit" category. A therapy is supposed to help, but once a therapy is all harm and no benefit, it is no longer therapy. Since there is no conversion and only harm, the usage of the word "conversion" and "therapy" is fraudulent and unjustified. The harm referred to are,

> significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder, as well as often significant physical pain and suffering[37]

A further problem attached with CT is that it is malicious due to it being only harmful and fraud, in addition to stigmatizing. Since the *"It-Works"* argument promoters and providers of CT give is easily rejected by empirical data from international health experts, there is no point spending more time on refuting this argument. As a result, the *"It-Works"* argument given by promoters and providers of CT is unjustified and must be discredited. Furthermore, since a person cannot consent to fraud and since the consumers of CT can only be harmed from CT, the consumers of CT are deemed as *victims* and *survivors*. Similar logic is used at the other end where people who provide the services of and/or promote CT are deemed as *perpetrators*. Also, since promoters and providers of CT claim LGBT+ people *should* change, it creates further false premises of LGBT+ people being *immoral* and/or *inferior* to cisheteros.

Despite the overwhelming consensus from international health experts worldwide discrediting CT, consumers of CT are still exposed to pressure from many different angles to undergo CT in at least "68 countries"[38]. The UN's IESOGI gives a description of who the

[36] American Psychological Association, "Facts about "Conversion Therapy"", taken 16.02.2022 at https://www.apadivisions.org/division-44/resources/conversion-fact-sheet.pdf
[37] United Nations – Human Rights Council, "Practices of so-called "conversion therapy"", page 13, taken 30.01.2022 at https://undocs.org/A/HRC/44/53 and https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[38] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 6, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement

perpetrators, or providers, of CT are globally[39]. These are "family members coerc[ing] the victim", "religious leaders", "members of the surrounding communities", "mental health practitioners", "employers" (which they state is "particularly worrying"), "school authorities" and "State authorities"[40], in addition to "traditional healers and groups", "conversion camps", "rehabilitation centres", "police" and "military"[41].

Furthermore, they state,

> It is confirmed in an abundance of the literature that mental health professionals continue to carry out such practices, for example in China, the Republic of Korea,28[SIC] the United States29[SIC] and countries in Eastern Europe.30[SIC] In China, a randomized survey found that roughly 50 per cent of "conversion" agents were public hospitals.[42]

Additionally, these mentioned groups may work together to induce CT on their *victims*. For example, in Brazil, every State and non-State institutions "had religious practices as a point of reference"[43]. Also, they state, "[f]aith-based organizations and religious authorities in particular operate in a space surrounded by blurred lines", which influences "more than half of the providers" of CT in the United Kingdom of Great Britain and Northern Ireland[44]. They inform us that CT are "lucrative business"[45], and that it is encouraged in states that criminalizes "diversity in sexual orientation and gender identity"[46,47]. As we, then, see, a strong motivation to perpetuate and expand CT is religion, criminalization of diverse sexual orientations and gender identities, and monetization.

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[39] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 6-8, taken 17.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[40] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 6, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[41] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 7, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[42] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 7, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[43] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 7, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[44] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 7, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[45] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 7, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[46] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 8, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[47] I will focus on states that do not legally restrict sexual orientation and gender identity/expression.

The nature of CT is practiced in various ways according to the IESOGI[48]. They state,

> Providers often combine a number of methods and religious interventions with traditional rituals and/or pseudo-medical or mental health consultations, especially when it appears that one type of intervention is not working.[49]

Also, "[v]ictims may suffer treatment of heinous physical and psychological violence in institutions and in the context of programmes carrying out practices of "conversion therapy""[50].

Examples of these are, "circumcision rites"[51], being "shackled", "beaten", and "subjected to force-feeding or food deprivation", "forced nudity", "isolation and solitary confinement", being "restrained for days"[52], "sexual violence" like "corrective rape", "detention or imprisonment", "physical abuse", "kidnapping and forced pregnancy", and "coercive anal examinations"[53].[54]

These examples of how CT is performed are also influenced by several mechanisms, for example, "family or community-based coercion", "[t]he loss of financial means", and "gender specific" activities like "excessive exercise". Also, when CT become banned, they morph into other types to perpetuate its abuse, which makes CT a "moving target"[55].

The three main approaches to CT are "psychotherapeutic, medical and faith-based". Various psychotherapies are used like, "psychodynamic, behavioural, cognitive and interpersonal therapies"[56], "[a]version methodologies" like "electric shock", "nausea-inducing or

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[48] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 3, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[49] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 9, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[50] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 9, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[51] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 9, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[52] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 9, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[53] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 9, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[54] It is worth mentioning that many of these forms of CT are already outlawed in liberal states, but some of them are not.
[55] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 10, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[56] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 10, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement

paralysis-inducing drugs" to have a negative association towards stimulus like "erotic material"[57], masturbation "while fantasizing about persons of a different gender", "hypnosis", behavior change to be "more stereotypically feminine or masculine"[58]. With medical approaches, they state, "[c]urrent medical practices mostly rely on pharmaceutical approaches, such as medication or hormone or steroid therapy"[59], "Ayurvedic, homeopathic and other traditional medical approaches" like "pouring of oil in the vagina"[60]. The faith-based approach has the premise that something with the person is "evil" and, as a result, one promotes healing by "prayers", "children being taken to church and beaten with rods while others prayed for them"[61], "12-step programmes" similar to "addiction" programs[62], being "blindfolded and pummelled with basketballs, bound with duct tape, rolled up into blankets and subjected to anti-gay slurs"[63], "exorcism"[64] and "celibacy"[65].

Since CT can manifest in many different ways, like "corrective rape" and "prayers", we see different degrees of harm from this practice. Regardless of one form of CT being more harmful than another one, they are all an attack against LGBT+ people, as the IFEG states,

> The wide range of forms of "conversion therapy", from horribly violent practices to more subtle verbal psychotherapies, are all attacks on a person's identity and integrity[66].

[57] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 10, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[58] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 10-11, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[59] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 11, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[60] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 11, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[61] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 12, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[62] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 12, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[63] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 12-13, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[64] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 13, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[65] United Nations/Human Rights Council/IESOGI, "Practices of so-called "conversion therapy"", page 13, taken 26.02.2022 at https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/108/68/PDF/G2010868.pdf?OpenElement
[66] United Nations, "*Online launch of the report on practices of "conversion therapy" by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity*", OHCHR, taken 30.01.2022 at https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26077&LangID=E

Due to the many problems attached to the practice of CT, health professionals have an especially important role to not enable the practice. UN's Independent Forensic Expert Group (IFEG) states that since variations "*in sexual orientation and gender identity is not a disease or disorder"*, health professionals are expected to "*have no role in diagnosing it or treating it*" and should decline treatment to voluntary adults[67]. If health professionals would offer CT, it "*constitutes [as]a form of deception, false advertising, and fraud*. Also, it is virtually impossible to ensure "informed consent" in most situations since "*profound discrimination may create situations where a person is incapable of giving genuine consent*". If a health practitioner would provide CT, they would add to internalized feelings of self-hatred and contribute to "s*ocial, cultural, or statesponsored system of profound repression and stigmatisation against their patients*" that "c*onflict with their ethical obligations and respect for the rights and dignity of individuals".* As a result, they should instead focus the treatment on "*on the conflicts that may arise between their orientation, identity, and religious, social, or internalised norms and prejudices*".

Before starting the next chapter, it is worth mentioning the points made in this chapter. CT has been discredited by most, if not all, major international health authorities. CT is a fraudulent, ineffective, dangerous, malicious, stigmatizing, assimilation practice, which makes the "It-Works" argument obsolete. Health professionals should never promote or provide CT and focus on treatment that focuses on conflicts that may occur with sexual orientation/gender identity and religious, social, and internalized norms and prejudices. The harm of CT is graded, but always an attack against LGBT+ people. CT is violent and/or coercive towards its victims and keeps changing definition and form to evade unattainable claims as it is subjected to heavy critique. Due to the immense harm done to consumers, in addition to CT being fraud, *providers* of CT are *perpetrators*, and the *consumers* of CT are *victims* and *survivors*. CT is cisheterosexist and its premise is that LGBT+ people *can* and *should* change. The providers of CT are family members, religious leaders, surrounding communities, health practitioners, employers, schools, State authorities like the police and military, hospitals, traditional healers, camps, and rehabilitation centers. Strong motivations to perpetuate and promote CT is religion,

[67] IFEG, "Statement on Conversion Therapy", taken 27.04.2023 at https://www.ohchr.org/sites/default/files/Documents/Issues/SexualOrientation/IESOGI/CSOsAJ/IFEG_Statement_on_C.T._for_publication.pdf

criminalization of diverse sexual orientations and gender identities, and money-making. It is almost impossible for consumers to give *genuine* consent to CT due to monumental surrounding pressure to be cishetero. CT can cause, significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder, as well as often significant physical pain and suffering.

Chapter 3 – Paternalism and Conversion Therapy

Based on information from chapter 1 and 2. I defined conversion therapy (CT) as the attempt to change or suppress an LGBT+ person's sexual orientation, sexual behavior, gender identity and/or gender expression, to become heterosexual and cisgendered. CT is fraud, ineffective, cisheterosexist, and causes only harm, making the "It-works"-argument obsolete. Variation in sexual orientation and gender identity is normal and natural. Medical communities supporting CT are illegitimate medical communities. *Providers* of CT are *perpetrators* and the *consumers* of CT are *victims* and *survivors*. The premise for CT is that these orientations, behaviors, identities, and expressions *can* and *should* change because they are *immoral* and/or *inferior* to being cishetero.

Building on the points made from chapter 1 and 2, this chapter will, on paternalistic grounds, argue why CT in liberal states should be outlawed for minors and adults. Since paternalism is a remarkably massive topic one could write several volumes about, I have chosen to focus on the book *In Our Best Interest – A Defense of Paternalism* by Jason Hanna as a useful framework for this chapter. Based on highlights of Hanna's book, I will defend cases of paternalism that can (a) reduce or avoid harm, (b) promote *neutral moral values*, (c) avoid poorly motivated or misguided paternalism, (d) show respect to the individuals who are paternalized, and (e) protect, preserve, or enhance self-development. This chapter will be divided into 2 sections. The first section will explain what paternalism is, its many forms, why paternalism is relevant to the topic of CT, and what constitutes as an anti-paternalist and a pro-paternalist. The second section presents and critique six arguments against paternalism from anti-paternalists, and develop arguments, (a)-(e), in support of the conclusion that CT in liberal states should be outlawed for minors and adults.

3.1 – Paternalism and CT

As seen previously in this thesis, CT can both be forced on, or *chosen*[68] by, its consumers. Liberal states already protects individuals against forced harm, for example a form of CT like "corrective rape". As a result, CT is, then, primarily chosen in liberal states. Anti-paternalists, however, argue that denying consumers the choice to undergo CT in liberal states violates their autonomy, which they use as an argument for a regulation of CT for adults *instead* of outlawing it. An anti-paternalist would, then, argue that if the consumer of CT is informed about the there being no benefits, in addition to all the harm it does, CT should still be an option for its consumers. This argument of regulation is to protect the autonomy of individuals in liberal states so that they can choose to live their own lives the way they want to. Here is where I disagree with the anti-paternalists, which is why this chapter is about when paternalism is permissible and that outlawing CT in liberal states for minors and adults is such a permissible case.

Before discussing permissible cases of paternalism, it is important to have a clear definition on what paternalism is. For this thesis, I will be using Gerald Dworkin's definition, which states,

> the interference of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm[69]

Since this thesis will argue that CT in liberal states should be *outlawed* for all LGBT+ people, the act of paternalistic interference I will be referring to is on a state level (*narrow paternalism*).

It is worth briefly mentioning some of the various forms of paternalism. The most relevant forms to my thesis is the *soft/hard* distinction, and Jason Hanna's *ignorance exception, impaired exception,* and *neutral* moral values. In addition to the soft/hard distinction, which I will address shortly, the most common forms of paternalism are *weak, strong, narrow, broad, pure, impure, moral and welfare*[70]. *Weak paternalism* is when someone has an end they want to

[68] I will later argue the choice to undergo CT is not actually free, due to an impairment or lack of information about the harms and inefficacy of CT.
[69] Dworkin, Gerald, "Paternalism", The Stanford Encyclopedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), taken 28.02.2022 at URL = https://plato.stanford.edu/archives/fall2020/entries/paternalism/
[70] Dworkin, Gerald, "Paternalism", The Stanford Encyclopedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), taken 28.02.2022 at URL = https://plato.stanford.edu/archives/fall2020/entries/paternalism/

reach and the paternalizer interferes with their choice to make sure they reach their ends. An example is if safety is an end the individual wants to achieve then one can make them wear seatbelts. *Strong paternalism* is when "people may have mistaken, confused or irrational ends and it is legitimate to interfere to prevent them from achieving those ends". An example of this is interfering with someone's choice to wear a helmet while driving a motorcycle because (1) they believe in safety and (2) they believe that not wearing a helmet when motorcycling increases safety (which it does not). *Narrow paternalism* is when someone is "only concerned with the question of state coercion, i.e., the use of legal coercion", which is the type of paternalism I am concerned with in this thesis. *Broad paternalism* are any paternalistic actions, for example at the state level, institutional level, or an individual level. *Pure* paternalism is the same class that is being protected as the class that is being interfered with, like swimmers not being able to swim somewhere[71]. *Impure* paternalism is when a class of people are being interfered with is larger than the class of people being protected, like the manufacturers of cigarettes are penalized to protect the smokers. *Moral paternalism* is when someone's actions are interfered with because they will be *morally* better off. An example of this is preventing people from selling sex because the paternalizer believes "it is morally corrupting to sell one's sexual services"[72], even if persons selling sex are taking the necessary health precautions to avoid sexual transmittable diseases, enjoys it, and makes a decent amount of money. W*elfare*[73] *paternalism* is when you interfere with someone to make them a better person, to "improve a person's moral character (…) even if her life does not go better for her as a result". There are also discussions around the burden of proof, *paternalistic lies*, *nudges*[74,75], an *opt-in/opt-out* system, lack of *transparency*, and how to *define* paternalism[76].

The *soft/hard* distinction becomes relevant when addressing the anti-paternalist's arguments, and when explaining the difference between an anti-paternalist and a pro-paternalist.

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[71] Dworkin, Gerald, "Paternalism", The Stanford Encyclopedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), taken 25.08.2022 at https://plato.stanford.edu/entries/paternalism/#WeakVsStroPate
[72] Dworkin, Gerald, "Paternalism", The Stanford Encyclopedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), taken 20.08.2022 at https://plato.stanford.edu/entries/paternalism/#BroaVsNarrPate
[73] This refers to "moral welfare", not welfare.
[74] Hector, Colin, 2012, "Nudging towards Nutrition: Soft Paternalism and Obesity-Related Reform", Food & Drug Law Journal, 67(1): 103–122.
[75] Wilkinson, "Nudging and Manipulation", 2013, Political Studies, 61(2): 341–355. doi:10.1111/j.1467-9248.2012.00974.x
[76] Coons and Weber, "Paternalism: Theory and Practice", (Cambridge University Press), 2013, page 25-38.

I will define a *pro-paternalist* as someone who favors some form of paternalism based on the SEP definition that I have given in this chapter. The definition of an *anti-paternalist*, however, is a little more complex and difficult to define. This is because, as Hanna states, most anti-paternalist support paternalism in one form or another, albeit in a lesser form than pro-paternalists[77]. This is easily illustrated by three examples. The first example is that anti-paternalists are in favor of stopping children from harming themselves to protect them. The second example is that anti-paternalists are in favor of stopping a person writing on his phone who is, unknowingly, about to walk off a cliff. The third example is that and anti-paternalist is in favor of stopping a person, who is temporary impaired by severe emotional distress, from harming himself. Hanna explains, the arguments anti-paternalists often use to defend these, and other, cases of interference is by distinguishing between soft paternalism and hard paternalism[78].

S*oft paternalism*, which supposedly does not violate autonomy according to anti-paternalists, is commonly described in philosophical literature as, "the view that the only conditions under which state paternalism is justified is when it is necessary to determine whether the person being interfered with is acting voluntarily and knowledgeably"[79]. The anti-paternalist, John Stuart Mill, illustrates the justification of interfering with someone due to ignorance in his bridge example[80]. In this example, a person is unknowingly about to cross a damaged bridge. Due to the walker's lack of knowledge, you are allowed to stop the person and inform him about the dangers ahead. Once the person knows about the dangers ahead, however, he must be allowed to cross if he still wants to. This is also the case if the person did not understand you because he spoke a different language than you. You are allowed to stop the person until the information you had was translated. Hanna calls similar cases like Mill's bridge example the *Ignorant Exception*[81]. A *hard paternalist* goes further than ignorance and thinks that you can stop someone who is informed of the dangers, for example stopping an informed swimmer from swimming somewhere due to lack of lifeguards. Since hard paternalism supposedly violates autonomy, according to anti-paternalists[82], it is where anti-paternalists draw the line. In addition

[77] Hanna, Jason, "In Our Best Interest – A Defense of Paternalism", (Oxford University Press, 2018), page 145.
[78] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 20.
[79] Dworkin, Gerald, "Paternalism", The Stanford Encyclopedia of Philosophy (Fall 2020 Edition), Edward N. Zalta (ed.), taken 13.02.2023 at https://plato.stanford.edu/entries/paternalism/#HardVsSoftPate
[80] Collini, Stefan (Edited), *J. S. Mill 'On Liberty' and other writings*, 2018, Cambridge University Press, page 96.
[81] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 146.
[82] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 170.

to the ignorant exception, there are other cases in which the anti-paternalist would interfere. These are cases where the person, who is about to cause harm against themselves, is not acting rationally due to emotional distress, disease, disability, or is under some sort of influence like drugs. Hanna calls these exceptions the *Impairment Exception*[83]. Based on the information I have given, the primary conditions for anti-paternalists to no interfere with a choice is that a choice must be both voluntary and informed. The cases of ignorance and impairment, however, lack at least one of these conditions.

Anti-paternalism, then, comes in degrees or strengths. In the case of ignorance and impairment, as Hanna explains, "most anti-paternalists would hold that it is easier to justify "soft" paternalism than it is to justify "hard" paternalism"[84]. For example, the *absolutist* anti-paternalist does not believe in any interference with a target, no matter how good it would be for them. For a *moderate* anti-paternalist, interference can *sometimes* be permissible, as in the case of *soft paternalism*. As a result, Hanna explains, some anti-paternalists' view "may differ little, in practice, from pro-paternalism". For the purpose of this thesis, the main concern anti-paternalists have in regard to CT is that the consumer's choice must be informed and unimpaired, which implies soft paternalism. With these degrees and strengths in mind of an anti-paternalist, I, then, define an *anti-paternalist* as a person who believes (i) soft paternalism may *sometimes* be permissible and (ii) hard paternalism *always* violates autonomy. The soft/hard distinction anti-paternalists use, however, is, as we will see, what Hanna is critiquing in his book, a critique I find compelling and support.

3.2 – Anti-paternalism Arguments

The arguments anti-paternalists use to defend their view vary and throughout Hanna's book, I have identified six of them relevant to CT. I will discuss each of these arguments in turn before analyzing if any of them apply to outlawing CT in liberal states.

[83] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 170.
[84] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 20.

3.2.1 – Paternalism does More Harm than Good

The first anti-paternalistic argument, (1), is that interference with a rational informed adult causes more harm than not doing it. A, seemingly, good example of this is how one punishes a drug user with, for example, 10 years in prison for drug use, which is a type of punishment Hanna describes as *direct* punishment[85]. The human rights organization Amnesty International states, "[a]s evidence has shown, the criminalization of the use and possession of drugs for personal use has posed a direct threat to a person's health and wellbeing, has led to widespread human rights violations and has failed to decrease the use and availability of drugs"[86]. What the drug user needs is help, not imprisonment, and by criminalizing the drug user, one takes away future opportunities from him, along with 10 years of his life that was wasted in prison. To add insult to injury, if the drug user does not get the help and the support system he needs, he has an increased chance to relapse once he gets out of prison, making him more likely to end back in prison than if he would have received help instead of imprisonment. Hanna argues that harsh punishments towards an individual can be used as an argument to discipline the general population's behavior, but one can hardly call it paternalistic[87], a point I agree with. Offering help and support to the drug user helps, but severely punishing him does not help and very likely only causes him harm, which might give validation to the anti-paternalist's critique.

Douglas Husak and Peter de Marneffe describe the problem of criminalizing drug users quite well in their book, The Legalization of Drugs (For and Against). For example, which drugs that are legal and illegal is not logical. There are between 80-90 million Americans that have used illicit drugs[88] and, according to the Office of National Drug Control Policy (ONDCP), 25 000 people in the US die each year due to illicit drugs. In comparison, 100 000 people die due to licit drugs that has been correctly taken, which shows that legal drugs in the US kills four times more than illegal drugs. In comparison, tobacco kills 430 000 people and alcohol kills 100 000 people. Worldwide, the World Health Organization (WHO) states that there are "3 million deaths every year [that]result from harmful use of alcohol, this represent 5.3 % of all

[85] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 27.
[86] Amnesty International, "Human Rights and Drug Policy: A Paradigm Shift", 2019, page 17, taken 10.03.2023 at https://www.amnesty.org/en/wp-content/uploads/2021/05/POL3011302019ENGLISH.pdf
[87] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 27.
[88] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 46 (Kindle edition).

deaths" and "[t]he harmful use of alcohol is a causal factor in more than 200 disease and injury conditions"[89]. Back in the US, only a minority dies from using of the illicit drugs since the majority of them die from diseases like AIDS and hepatitis, and accidents. Licit drugs also do more non-fatal harm than illicit drugs[90]. As Husak and Marneffe states, "[i]f criminalization is designed to prevent users from risking their life, our society has criminalized the wrong drugs"[91]. There are many recreational activities that are much more dangerous, like American football[92], "skydiving, skiing, or scuba diving" and "mountain climbing", which can even be admired since we "write books and make movies about their courage"[93]. Also, sun exposure "kills more people in the United States than all illicit drugs combined"[94] and "obesity may account for about 300 000 deaths a year – far more than all illicit and licit drugs (except tobacco) combined"[95]. Despite the monumental harm done with licit recreational activities and drugs, no one suggest putting smokers, drinkers, and sun bathers in jail.

The fact that someone decided that *these* activities, which are much less harmful than these *other* activities, should be illegal might give validation to the anti-paternalist's critique. Husak and Marneffe argues that the reason for why this occurs is because there is "a widespread psychological tendency to devalue activities that we ourselves do not like", which, as a result, is why people who value drugs for recreational use must defend their usage[96], while those who enjoy mountain climbing does not. They state, "demanding that drug users defend their preference" is peculiar since "our own preferences give us no reason to limit the freedom of those who disagree with us"[97]. The use of drugs has value to people, whether it is caffeine/coffee in the morning to wake up or alcohol is used in the evening to unwind[98], a sort of "mood control" if you will.

[89] World Health Organization, "Alcohol", taken 14.04.2022 at https://www.who.int/news-room/fact-sheets/detail/alcohol
[90] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 49 (Kindle edition).
[91] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 47-48 (Kindle edition).
[92] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 52 (Kindle edition).
[93] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 88 (Kindle edition).
[94] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 51 (Kindle edition).
[95] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 51 (Kindle edition).
[96] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 86 (Kindle edition).
[97] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 87 (Kindle edition).
[98] Husak, Marneffe, "The Legalization of Drugs", (Cambridge University Press), page 90 (Kindle edition).

By seeing how laws that are, allegedly, supposed to prevent harm but instead are counter effective, one could be tempted to claim that paternalism in this drug user case causes harm. The problem with this reasoning, however, is that since paternalism is supposed to help, and criminalizing the drug user does more harm than good, paternalism does not support punishment in this case. As a result, one must carefully evaluate which paternalistic arguments one uses to interfere with someone's choice, which, furthermore, underscores the importance of using evidence and empirical data when paternalizing. This example supports Hanna's argument, which is that what is "better" and "the best interest" for a person should be considered[99]. He makes it clear that no one, including pro-paternalists, should support unsuccessful paternalism[100].

An example Hanna uses to illustrate how paternalism reduces and prevents harm is the case of manufacturers of cars being bound by law to install airbags in new cars[101], even if its consumers (drivers) do not want them installed. One could argue that these installments have a consequentialist/utilitarian component to it since it costs extra money to take care of people who gets injured due to airbagless cars. But even if this is the case, the laws in place that forces car manufacturers to install airbags certainly has a paternalistic component to it that protects people, which makes the airbag argument *mixed*[102] with both paternalistic arguments and non-paternalistic arguments. As a result of this paternalistic component, we see that installing airbags in cars both reduces and avoids harm. If one would not force manufacturers by law to install airbags in their cars to protect the consumer, like anti-paternalists suggest, more harm would come to be to the drivers. This *impure* paternalistic interference, which was when a class of people that are being interfered with is larger than the class of people being protected, shows that the argument that interference with a rational informed adult causes more harm than not doing it, then, is not valid in this case. The claim that paternalism does more harm than good, then, is not always correct.

The drug user example shows that the critique from the anti-paternalists might have some support because, in that case, one can end up doing more harm than good. But if one looks at the purpose of paternalism, which is benevolent interference, then punishing the drug user for 10

[99] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page page 4.
[100] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 28.
[101] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 5.
[102] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 24.

years is not paternalistic since it does more harm than good. Based on "empirical assumptions", we know through the airbag example that the anti-paternalist's general argument about paternalism doing more harm than good is not correct. I, therefore, argue, when applied appropriately with empirical evidence, some cases of paternalism avoid and reduces harm.

These drug and airbag cases become important parallels to the practice of CT since outlawing CT in liberal states for minors and adults will, also, avoid or reduce harm. Since the vulnerable consumer of drugs is harmed by being criminalized, it makes more sense to help them and criminalize the providers of drugs instead. The same can be said for the practice of CT. If you criminalize the vulnerable consumer of CT, you end up causing more harm to them than good. As a result, it makes sense to criminalize the providers of CT, not the consumer themselves. To add support to this argument, we saw from the airbag example that forcing providers to do things, in that case install airbags in cars, can go against what the consumers want. Even though there are many non-paternalistic arguments to force manufacturers to install airbags in their cars, like the fact that governments will save money by not taking care of injured people, the law still has a paternalistic component to it. This made the airbag example *mixed* and, as we saw, by forcing providers to install airbags, consumers were protected and better off for it.

Outlawing CT can be reasoned the same way. Since LGBT+ people have an increased chance to be unemployed and depressed due to systematic stigmatization and discrimination[103], there are obvious non-paternalistic arguments to outlaw CT, just like in the airbag example, since it will save the government money to not take care of these stigmatized people. Also, just like the airbag exampled is *mixed* with both paternalistic and non-paternalistic arguments, outlawing CT should be considered the same way. By penalizing providers of CT, just like how car manufacturers are penalized if they install faulty airbags or do not install airbags[104] in their cars, which was an *impure* interference, we can reduce and avoid harm to consumers of CT the same way harm to consumers was reduced and avoided in the airbag example. By drawing parallels from the drug and airbag examples, I argue the claim that paternalism does more harm than good, (1), does not apply in the case of outlawing CT. My arguments so far in (1), support

[103] Fric, "How does being out at work relate to discrimination and unemployment of gays and lesbians?", taken 05.05.2023 at https://labourmarketresearch.springeropen.com/articles/10.1186/s12651-019-0264-1
[104] The Toronto Star, "Airbag manufacturer Takata Corp. pleads guilty to fraud, to pay $1-billion penalty", 2017, taken 05.03.2023 at https://www.thestar.com/business/2017/02/27/attorneys-say-five-automakers-knew-takata-airbags-were-dangerous.html

criminalizing the providers of CT because it: reduces and avoids harm, (a), to the consumers of CT; it promotes *neutral moral values*[105], (b), like health to the consumers of CT; it shows respect to the LGBT+ individuals who are paternalized, (d), by promoting health instead of and non-discrimination; and it protect, preserve, or enhance self-development, (e).

3.2.2 – Paternalism Imposes Values on Others

The second anti-paternalistic argument, (2) is that paternalism imposes values on others. In my opinion, this argument is one of the most crucial arguments when criticizing paternalism, because value imposing paternalism can do immense harm to others[106]. Hanna defines this imposition as, "a good which is not recognized as such by those persons for whom the good is intended"[107]. Here I would like to take the opportunity to bring forth my critique against *subjective moral paternalistic rationales*. Moral paternalistic rationales "appeals to the claim that intervention in a person's behavior would be for her "moral good", or that it would satisfy some interest she has in developing virtue or responding appropriately to certain moral values"[108]. Hanna states, "[c]ritics sometimes object that pro-paternalism would permit the government to promote contentious or "perfectionist" values"[109]. I share the critic's concern, but only when it is done in the name of *subjective morality*. When morality is *subjective*, numerous inconsistencies occur since all people around the world have different views of what is moral and immoral. As a result, when paternalizing on *subjective* moral grounds, one can end up doing severe harm to those who make choices that makes them happy as long as those choices conflicts with the paternalizer's moral values. One of the best examples of the harm done with *subjective paternalistic morality*, I think, is how gay men are still criminalized in 1/3 of the world's countries[110], which includes the death penalty and life in prison[111] due to people thinking them as

[105] I will explain more about *moral values* in "3.2.2 – Paternalism Imposes Values on Others".
[106] There can be many problems with inflicting values on others but for this thesis, I will focus on the harm done to people, especially gay men, due to *subjective paternalistic morality*.
[107] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 87.
[108] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 15.
[109] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 15.
[110] Human Dignity Trust, "Map of Countries that Criminalise LGBT People", taken 28.04.2023 at https://www.humandignitytrust.org/lgbt-the-law/map-of-criminalisation/
[111] Human Rights Watch, "Barbados High Court Decriminalizes Gay Sex", taken 28.04.2023 at https://www.hrw.org/news/2022/12/13/barbados-high-court-decriminalizes-gay-sex

"immoral" and by appealing to the logical fallacy of them being "unnatural"[112]. This has done, and still does, massive harm to millions of people worldwide. Since *subjective moral paternalism* can be non-scientific and cause, and have caused, severe harm to millions of people worldwide, especially to gay men, one must be immensely careful which moral values a paternalizer imposes on someone. I think it is a frightening notion when the paternalizer can cause severe harm to the paternalized and *still* think it is benevolent since it can justify any harm for the sake of benevolence. The critique by anti-paternalists, then, is warranted. As a result, I argue due to the massive harm that has been, and still is being, done to a vast amount of people, especially gay men, in the name of *subjective morality*, any paternalization based on *subjective morality* is never an acceptable way to paternalize someone.

Rejecting *subjective moral paternalism*, however, is not an argument to dismiss moral paternalism as whole, which brings me to Hanna's *neutral* values. He states, "[m]ore generally, defenders of paternalism often appeal to widely recognized neutral goods such as health, longevity, financial security, psychological well-being, and increased opportunity"[113]. This is a view I support. The way I view *neutral* morality is by considering what, virtually, every individual worldwide personally wants for themselves. For example, virtually all individuals personally want (to): avoid pain; be healthy; be happy; not be discriminated; and, at minimum, equal opportunities. Since morality is based on values, we can draw *neutral* values from these neutral examples to find a *neutral morality*. We, then, see that any form of discriminating "-ism", like racism, sexism, heterosexism, cissexism, ageism, classism, etc., can be viewed as non-neutral values and immoral. Egalitarian values that promote equal social status and equal opportunities, then, can be viewed as a *neutral* moral good. The values Hanna lists, then, can be defended on paternalistic grounds since this is what virtually every person worldwide personally wants for themselves. This makes the values objective and, consequentially, creates an *objective morality*. Hanna's *neutral morality*, then, can be view as *objective morality*. Since Hanna's *neutral* morality is based on *neutral* values that are values that, virtually, everyone personally wants, you are, in a sense, not "imposing" any values on someone else by imposing these *neutral* values. The risk of harming someone by paternalistically imposing values on them happens

[112] Human Rights Watch, "This Alien Legacy", page 37, taken 28.04.2023 at https://www.hrw.org/sites/default/files/reports/lgbt1208_webwcover.pdf
[113] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 90-91.

when, as I argued earlier, when you impose *subjective* values on them but when you "impose"[114] *neutral* values on someone, it is justified since these are values that, virtually, what everyone already personally wants. Paternalistic interference can, then, be justified when supported with *neutral morality*.

One of Hanna's arguments for paternalizing someone was that what is "better" and in "the best interest" for a person should be considered. To figure out what is "better" or "the best interest" for LGBT+ persons that has the goal to undergo CT, we must know what their "ultimate goal" is. Converting from an LGBT+ person to a cishetero person, I argue, is not the ultimate goal for the LGBT+ person wanting to consume CT. The LGBT+ person who wants to undergo CT' has the ultimate goal to be accepted, either through community-acceptance and/or self-acceptance, so that they can be happy, a *neutral* goal that virtually everyone personally wants for themselves. As we saw from the United Nation's (UN) report on CT in chapter 2, CT is an all harm and no benefit practice with severe consequences to an already vulnerable group. CT is, then, not the "better" "option"[115] that promotes LGBT+ people's "best interest". In fact, since it is a worse option built on fraudulent premises, which are that it is both "therapy" and that you can "convert" your sexual orientation and/or gender identity, I argue it is not an option at all. Since being accepted is LGBT+ people's "better" option and in their "best interest", then, one should offer help that promotes acceptance. This is why clinical affirmative therapies should be offered to LGBT+ people instead of CT[116], clinical because therapy must be based on the best, recent, available evidence, and therapy that will affirm that there is nothing wrong with being LGBT+. This type of clinical therapy, unlike CT, would affirm their individuality and identity, reduce or remove their internalized homophobia and/or transphobia, and help them accept themselves for who they are. As a result, LGBT+ people would be provided with a better option that protects their best interests. In addition, the *promotion* of CT is stigmatizing and harms, and to affirm that there is nothing wrong with LGBT+ people, *promotion* of CT should be discontinued. I, therefore, argue that *promotion* of CT should be outlawed, that consumers of CT

[114] I write impose in quotation marks since these are values, virtually, what everyone personally wants and, therefore, you are not imposing the values on them.
[115] I write option in quotation marks because I think it is not really an option to undergo CT due to stigma and pressure from an LGBT+ person's surroundings.
[116] Yale School of Public Health, "LGBTQ-Affirmative Mental Health Treatments & Implementation", taken 02.05.2023 at https://medicine.yale.edu/lgbtqmentalhealth/projects/affirmative/

should be denied access to CT, and the clinical affirmative therapy should be *promoted* and *provided* instead of CT. This will: reduce or avoid harm, (a); it promotes *neutral values*, (b), like good health, happiness and equal social value; it shows respect, (d), by affirming there is nothing wrong with LGBT+ people; and it protects, preserve, or enhance LGBT+ people's self-development, (e), by promoting self-acceptance.

This "better" and "best interest" argument Hanna provides can be used to refute the argument from benevolent CT providers. There could *potentially* exist providers of CT that *only* wants to help alleviate the suffering of the consumer of CT, not having any opinion about LGBT+ people's sexual orientation or gender identity. They could, then *potentially* argue that offering CT will alleviate LGBT+ people's suffering. This is, still, not an argument to allow CT in liberal states, however, because if you want to help someone, you must provide a choice that helps, or is "better". Since CT is ineffective and only harmful, it does not help. If your goal is to alleviate suffering of the LGBT+ person, you cannot cause harm to them, like CT very likely will. Since it neither helps and very likely causes harm, it is not a "better" option. As a result, as of today, the only way to decrease harm and increase well-being of LGBT+ people who wants to consume CT is acceptance. Consequently, any providers that *genuinely* wants to help the consumer of CT must reject offering CT and, instead, forward the LGBT+ person to clinical acceptance therapy. A similar example is that, *hypothetically*, *some* providers of CT could simply argue that they are just supplying for the demand for CT, not caring about a person's sexual orientation or gender identity. However, since the United Nation's Independent Expert on Sexual Orientation and Gender Identity (IESOGI) states that CT has the premises of LGBT+ people being immoral and that they *can* and *should* change, it is highly unlikely the case that many providers *only* supply the *demand* for CT, not caring about LGBT+ people's sexual orientation or gender identity. Regardless of if these providers exist or not, they are *still* not *providing* with what is demanded, namely *effective CT*. Since effective CT does not exist, there is no *supply* for a demand, which makes their, *hypothetical*, argument invalid.

3.2.3 – Paternalism Might be Motivated by Self-interests

This moves us to the third argument against paternalism, (3), that paternalism might, in some cases, be motivated by self-interests by the paternalizer instead of what is best for the

person being paternalized. It is not clear how this argument is supposed to be an argument against paternalism since, at least in liberal states, a person cannot change a law alone. To change a law in a liberal state, you need multiple people's vote to enforce it, and to get these people, you need to argue for your case. I, then, think in the case of (3) that anti-paternalists can have an argument against poorly motivated or misguided paternalism. My argument will, then, address how to avoid poorly motivated and misguided paternalism by using the previous anti-paternalist argument, (2), in addition to underscoring the importance of empirical evidence by using an example of sex work.

If a person has the agenda of criminalizing sex workers, he can say anything to achieve his goal. He could, for example, defend his agenda by "paternalistically"[117] arguing that this would be for the person's moral good, or non-paternalistically argue that it would save the government money. Either if he uses paternalistic arguments, non-paternalistic arguments, or a *mix* of the two, the evidence he uses, if any, to support his claim(s) must be considered before potentially interfering with someone's choice. As I already argued in (2), *subjective* moral paternalism is not an argument to paternalize, due to serious inconsistencies in morality and the severe harm that has been done, and is still being done, on millions of people. This means that if one were to potentially enforce this "paternalizer's" agenda to criminalize sex workers, one must look at the evidence before one can make such a decision. Once we have evidence, we can either paternalistically argue, on *neutral* moral grounds, to criminalize sex workers or argue against it. When one looks at the evidence from human rights organizations, however, we find evidence and arguments to both protect providers and consumers of sex work[118,119]. Based on this evidence, we see that by criminalizing both providers of sex work and the consumers of sex work we cause more harm than good to sex workers. Since the evidence argues for allowing sex work, a person can, therefore, object to the "paternalistic" claim that sex workers should be criminalized. The concerns critics have about self-interests when paternalizing can, then, be

[117] I write paternalistically in quotation marks since, like in the case of the drug user, if you cause more harm to the sex worker, you are not acting paternalistically.
[118] Amnesty International, "Amnesty International publishes policy and research on protection of sex workers' rights", 2016, taken 19.02.2023 at https://www.amnesty.org/en/latest/news/2016/05/amnesty-international-publishes-policy-and-research-on-protection-of-sex-workers-rights/
[119] Amnesty International, "Amnesty International policy on state obligations to respect, protect and fulfil the human rights of sex workers", 2016, page 11, taken 01.03.2023 at https://www.amnesty.org/en/documents/pol30/4062/2016/en/

dismissed by demanding both empirical evidences, rejecting *subjective morality*, and by using *neutral moral paternalism*. As a result, we can avoid poorly motivated or misguided paternalism.

CT providers, however, have misguided and/or poor motivation for *providing* CT since its premise is that you *can* and *should* change, which are things we want to avoid when outlawing CT. We see that providers of CT can have personal interests in their practice since, as we saw in chapter 2, CT is a "lucrative business", an obvious bias. Not only do the providers of CT cause harm through their fraudulent practice, but they add insult to injury by taking money from the consumers of CT. In addition to getting money directly from the consumers of CT, religious providers can get money indirectly from the government if they have x-number of members in their religious establishment[120]. If a religious establishment, then, teaches that being a LGBT+ person is a "sin", they can lose these members and the money from the government with it. If religious establishments refuse to discard their discriminating practice, it, then, makes sense that they would attempt to "convert" LGBT+ people to become cishetero, which would keep them as members and, finally, so they can keep their funding. This type of reasoning, obviously, promotes the religious establishment's personal interests. As we, then, see, through the fact that CT is misguided and poorly motivated, the concern anti-paternalists have about personal interests leading to poorly motivated and misguided paternalism is, then, justified.

Here is where I bring back the example from (1) and (2), which was where I argued to criminalize providers of CT, denying access to CT for its consumers, and offering clinical affirmative therapy to consumers of CT. My arguments were supported by empirical evidence and the rejection of *subjective moral paternalism*. By checking the evidence for the claim of the paternalizer, and rejecting *subjective moral paternalism*, we can then, I argue, avoid cases of poorly motivated and misguided paternalism. By outlawing CT, we: reduce or avoid harm, (a); promote *neutral moral values*, (b), like health and well-being; avoid poorly motivated or misguided paternalism; (c), show respect to the individuals who are paternalized, (d), since they are not financing for their own demise along with the paternalization being evidence-based; and advance LGBT+ people's self-development, (e), by not stealing their hopes, dreams and health, along with their and the government's money, and giving an alternative of effective treatment.

[120] Human Etisk Forbund, "Finansiering av livssyn, Human Etisk Forbund", taken 05.03.2023 at https://www.human.no/saker/likestilling-for-livssynssamfunn/finansiering-av-livssyn#:~:text=I%202021%20mottok%20de%20til,de%20andre%20tros%2D%20og%20livssynssamfunnene.

These (a)-(e) arguments I have provided here are opposites to what CT providers are motivated by, and are, clearly, not misguided or poorly motivated. The only thing outlawing CT does is ending a misguided and poorly motivated practice. The concerns anti-paternalists have, then, are not relevant in the case of outlawing CT in liberal states for minors and adults.

3.2.4 – Paternalism Restricts Self-development

The fourth anti-paternalistic argument, (4), is that paternalization restricts self-development, an argument that John Stuart Mill uses. Mill argues that self-development requires "liberty as one of its prerequisites" to develop individuality, which is opposed to "imitation" and "conformity"[121]. Mill states, "we can expect people to develop their capacities for deliberation and choice only if they are allowed to freely exercise these capacities"[122]. Hanna, however, points out that just because a choice is restricted, it does not mean that a person's individuality is compromised. He does point out, however, that you need *enough* choices. He states, "intervention may sometimes enhance or preserve our abilities to develop our distinctive capacities"[123], and argues "intervention sometimes has no effect on individuality and sometimes enhances it"[124], which I agree with. A good example of this is the practice of fraud.

Fraud is defined differently depending on your source. Merriam-Webster Dictionary defines it in four ways[125]; "intentional perversion of truth in order to induce another to part with something of value or to surrender a legal right" (Deceit/Trickery), "an act of deceiving or misrepresenting" (Trick), "a person who is not what he or she pretends to be" (Impostor) and "one that is not what it seems or is represented to be" (Cheat). Fraud is considered to "be a traumatic experience that often causes real and irreversible impacts for victims, their families, carers and communities" and "can have a devastating impact on these victims and increase the disadvantage, vulnerability and inequality they suffer. Fraud can also cause lasting mental and physical trauma for victims"[126]. There is no wonder, then, that liberal countries already have

[121] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 47.
[122] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 31.
[123] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 51.
[124] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 52.
[125] Merriam-Webster, "fraud", taken 02.03.2023 at https://www.merriam-webster.com/dictionary/fraud
[126] Commonwealth Fraud Prevention Centre, "The total impacts of fraud", taken 03.03.2023 at https://www.counterfraud.gov.au/total-impacts-fraud

laws preventing fraud, regardless of it being practiced by professionals or non-professionals, like the law on "[t]heft by false pretenses". This law is defined as "defrauding someone of money or property by way of false promises or representations. The offense may be prosecuted as a misdemeanor or a felony and carries a penalty of up to 3 years in jail or prison" [127,128]. Liberal states, then, have laws on fraud that protects the consumers for various reasons. This can be when the provider of fraud intentionally lies, omits information, or when its premises for its claims are false. There can be many reasons to prevent fraud, a *mix* of both non-paternalistic and paternalistic arguments, but, as Dworkin states, "it can hardly be denied that they are often *regarded* as paternalistic, or as justified on the grounds that they benefit people by limiting their opportunity". By preventing fraud, we can, then, prevent a "devastating impact" and "lasting mental and physical trauma for victims", which is clearly a paternalistic argument that will "preserve", protect, and even "enhance" our self-development.

By denying people to consume fraud, while keeping enough choices available, is clearly a paternalistic argument that will "preserve", protect, and even "enhance" their self-development. This was because fraud can have a "devastating impact" and "lasting mental and physical trauma for victims". The same arguments can be used to outlawing CT in liberal states because CT is a fraudulent assimilation process that denies people their individuality and steals their ability for self-development, which can result in a "devastating impact" and "lasting mental and physical trauma for victims". Also, just like other types of fraud, the practice of CT is "[t]heft by false pretenses", which steals the consumer's money, hopes and/or dreams, leaving the consumer broken. In addition, religious establishments that get money from the government due to their number of memberships steals money from taxpayers to keep up the practice of CT . Clinical affirmation therapy is an option that *actually* helps LGBT+ people, unlike CT. As a result, by not *promoting* CT, by denying the option of CT to consumers, and by providing the option of clinical affirmation therapy to LGBT+ people instead of CT, LGBT+ people have a choice to be helped instead of harmed, which is what they are after in the first place. This solution, I argue, provides enough choices that protects, preserve and enhance LGBT+ people's self-development, making the argument of (4) from anti-paternalist like John Stuart Mill not relevant. This approach will

[127] Shouse California Law Group , "532 PC – "Theft by False Pretenses" – California Law", taken 02.03.2023 at https://www.shouselaw.com/ca/defense/penal-code/532/
[128] California Legislative Information, "CHAPTER 8. False Personation and Cheats [528 - 539]", taken 02.03.2023 at https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PEN&sectionNum=532

reduce or avoid harm, (a); it will promote *neutral moral values*, (b), like health; it will show respect to the individuals who are paternalized, (d), by offering options that actually helps; and it will protect, preserve, or enhance their self-development, (e), by not stealing their hopes, dreams and health, along with their and the government's money.

3.2.5 – Paternalism is Insulting and Disrespectful

The fifth argument against paternalism, (5), which I consider is more of a critique or analyzation of paternalism, is that paternalism is insulting and disrespectful. Seana Shiffrin claims paternalistic behavior "manifests an attitude of disrespect toward highly salient qualities of the autonomous agent"[129]. Shiffrin might be correct in some cases, perhaps cases where a fully informed and rational adult chooses to consume cigarettes or alcohol, in that a person can *feel* insulted and disrespected because his autonomy is broken, but regardless of if this is true or not, there are cases where non-paternalism can be much worse. For example, building upon the fraud case in (4), let us say a young couple becomes a victim of a home-buying scam. As a result, it has a "devastating impact" on the couple since they are now in debt for the rest of their lives, in addition to having both their future and opportunities stolen, along with their money. Consequentially, they develop "lasting mental and physical trauma" and cannot enjoy life to the fullest anymore. By not illegalizing this kind a fraudulent home-buying practice, we are stating you are not worth protecting, which, obviously, is very insulting and disrespectful. If you truly want to show respect to the couple, and other homebuyers for that matter, you establish laws prohibiting these types of fraudulent home sales to protect its consumers against having their lives ruined. Even though the consumers of fraud can *feel* insulted and disrespected when being denied certain home-buying practices, they will feel even *more* insulted and disrespected if we are passive to fraud once they become a victim. I, then, consider (5) to not be a good enough argument against paternalism in fraud cases since outlawing it is clearly the "better" option. As a result, I argue outlawing harmful fraud is the "better" option since it is less, if at all, insulting and disrespectful than not outlawing it, and by not outlawing harmful fraud it would be *more* insulting and disrespectful than outlawing it.

[129] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 60.

In the case of (5) with the young couple being victims to a home buying scam, I argued outlawing harmful fraud is the "better" option since it is less, if at all, insulting and disrespectful than not outlawing it, while not outlawing harmful fraud would be *more* insulting and disrespectful than outlawing it. The same argument can be used towards LGBT+ people by not outlawing the fraudulent practice of CT. There are LGBT+ people who wants to become cishetero, but this is only a result of pressure around them to not be banished from their piers or to no longer be discriminated. As a result, many LGBT+ people have internalized homophobia and transphobia. The LGBT+ community is a vulnerable group that needs protection and by allowing a fraudulent practice targeted against their existence, like CT, we contribute to intensify the internalized homophobia and transphobia many LGBT+ people have. What LGBT+ people need is to be accepted for who they are, but by allowing CT, however, we are stating that LGBT+ people are not acceptable the way they are, which is the ultimate insult and disrespect. Once the LGBT+ person realize that CT did not work, they are burdened with feeling like a failure in addition to their internalized homophobia and transphobia. CT is gaslighting on the highest level possible. When anti-paternalists claim that paternalism is insulting and disrespectful, they fail to see that being passive and non-paternalistic to fraudulent practices, like CT, is considerably much more insulting and disrespectful than outlawing these practices. The anti-paternalists perfectionist and idealist view fails to have any room for pragmatic solutions to a severe problem.

In addition, many people, including me, do not share the view that paternalizing consumers of CT is insulting and disrespectful towards them because by outlawing CT we show considerable respect to individuality and diversity, the foundation of liberal countries. But even if people still feel insulted and disrespected by paternalizing consumers of CT, they still cannot deny that allowing CT is *more* insulting and disrespectful to the consumers of it. As a result, going back to what Hanna stated earlier, paternalism should always opt for the "better" option. I, therefore, argue outlawing CT in liberal states to all LGBT+ people is considerably less, *if at all*, insulting and disrespectful than not outlawing it, making the anti-paternalists argument of (5) not relevant to outlawing CT in liberal states to all LGBT+ people. By outlawing both the *promotion* and *provision* of CT, it will lead to reducing or avoiding harm, (a); promote *neutral moral values,* (b), like equal (future) opportunities; showing respect to the individuals who are

paternalized, (d), since not paternalizing will cause more harm; and, lastly, protect, preserve, or enhance self-development, (e), since fraud can steal someone's future away.

It is worth mentioning that many forms of fraud can be avoided by forcing the provider to inform the consumer that their practice is fraud, in other words soft paternalism. There are, however, as I will show later in this chapter, cases of fraud that are still illegal, no matter how much you state the practice is fraud, like pyramid schemes[130]. I will, also, argue in "3.2.6 – Paternalism Violates Autonomy" that when LGBT+ people choose CT, they are either *ignorant* to its inefficacy and harm or are significantly *impaired*. This means that sometimes, then, the harm from fraud is so great and/or the people being affected by it are so vulnerable that it is still illegal, no matter how much you inform the consumer.

3.2.6 – Paternalism Violates Autonomy

The sixth argument against paternalism, (6), is that paternalism is a violation against autonomy, which is an argument that deserves a more comprehensive explanation than the previous five arguments. Many anti-paternalists believe in the *soft/hard* distinction, where *soft paternalism* does not break someone's autonomy, but *hard paternalism* does. Soft paternalism can be appealing since the rational person that is being paternalized still has a choice after they have received information about the harm. Anti-paternalists believe this choice must be protected and some of the reasons they have for protecting this autonomy are the five anti-paternalism examples I have just provided with and analyzed. As we saw in the introduction chapter, some countries only want to regulate CT to protect the adult LGBT+ person's autonomy, but some countries, like Norway, want to fully outlaw the practice. Some anti-paternalists, then, are concerned that fully outlawing CT is hard paternalism and will break the LGBT+ adult's autonomy. Throughout the rest of this section, I will argue that outlawing CT is not breaking LGBT+ adult's autonomy since they are either *ignorant* or severely *impaired* when choosing CT, which was the soft paternalistic premises anti-paternalists have for protecting an adult's autonomy. I will, also, point out serious flaws with the soft/hard distinction many anti-

[130] State of California Department of Justice, "Pyramid Schemes / Multi-Level Marketing", taken 10.05.2023 at https://oag.ca.gov/consumers/general/pyramid_schemes#:~:text=A%20pyramid%20scheme%20can%20take,and%20most%20people%20lose%20money.

paternalists use, which will show there is nothing inherently wrong with paternalism, and that it is difficult to separate soft paternalism and hard paternalism from each other. Here is where I think Jason Hanna excels when critiquing anti-paternalists due to the inconsistencies and lack of explanation they provide in his *Ignorant Exception* examples and his *Impairment Exception* examples. There are several similar cases within these parameters, as we will see, which shows that anti-paternalists will use both *soft* and *hard* paternalization, even when they follow their own "rules", so to speak, to not engage in *hard* paternalism. The two following ignorant examples, "Reckless Hiker"[131] and "Willfully Ignorant Patient"[132], illustrates an inconsistency with the anti-paternalist's reasoning regarding the ignorance exception.

In the "Reckless Hiker" example, a hiker is informed by a ranger that a storm has made several of the bridges dangerous to cross. The ranger, then, informs the hiker that he can go to the park headquarters and get information about which bridges are unsafe. The hiker does not go to the park headquarters and, instead, continues to cross a bridge. If the hiker falls to his death due to the bridge being broken because of the storm, he would be ignorant about the dangers of that specific bridge. He is, however, *culpable* for his own undoing since all he had to do was check at the park headquarters which bridges was safe to cross. If there was a bystander nearby in this case, Hanna argues that virtually "all anti-paternalists would still permit the bystander to intervene" on *soft* paternalistic grounds[133]. But when faced with a similar case, the intervention will be based on hard paternalistic grounds. For example, in the "Willfully Ignorant Patient" example, a patient is diagnosed with a potentially deadly disease and is faced with two treatment options. The patient does not want to know his life expectancy for each treatment and just chooses one of the treatments. The doctor, who thinks the patient's choice goes against his best interests, is, then, faced with a dilemma. If he tells the life expectancy of the treatments to change the patient's mind, it will go against his patient's wishes. If he secretly treats the patient with different treatment than the one he requested, the doctor would, also, go against the patient's wishes. Anti-paternalists would consider the doctor's two options of intervention a violation of autonomy, in other words as *hard* paternalism. We then have two similar cases where two people are culpable for their own ignorance that will cause them harm, but anti-

[131] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 152.
[132] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 153.
[133] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 152 and 154.

paternalists would classify intervention in the Reckless Hiker example as *soft*, which is permissible and does not violate autonomy, but would classify intervention in the Willfully Ignorant Patient example as *hard* paternalism, which is, according to them, wrong and protected by autonomy. With these two examples, Hanna has, then, illustrated that the anti-paternalist's *soft/hard* distinction is not consistent in some similar cases. This raises questions to the anti-paternalist, like if we can truly know when someone's autonomy is violated when using the *soft/hard* distinction.

Building on these two examples, Hanna points out a critic might say that he does not have an argument because the reckless hiker is negligent in his ignorance, but the willfully ignorant patient has a desire to remain ignorant because his ignorance is something he values[134]. To this hypothetical criticism, Hanna brings out the "Gambler" example, which contrasts the reckless hiker. In this example, a gambler is playing a high-stake poker game. If someone intervenes with the game, the game will be annulled, which the gambler does not want. The gambler has said he does not want to be interfered with and makes a large bet. A spectator next to him knows he will almost surely lose. Hanna, then states, it would "be hard paternalistic for the spectator to invalidate the game by interrupting to warn him"[135]. Hanna has, then, shown through the reckless hiker and the gambler examples that negligence in ignorance will result in both *soft* and *hard* paternalism, making the anti-paternalist hypothetical objection moot.

Another problem when using the anti-paternalist's *soft/hard* distinction is the motorcycle example[136]. A woman chooses to not wear a helmet when driving a motorcycle. If she would take a course in the safety of helmet wearing, she would likely start wearing a helmet when driving her motorcycle. She states, however, that she knows there are serious health risks to not wearing a helmet when driving her motorcycle, but she does not want to attend the course anyway. The motorcyclist, then, has autonomously chosen to not spend the time to acquire the information about the safety of wearing a helmet when driving the motorcycle, even though she knows that not wearing a helmet when driving a motorcycle is a serious health risk. By forcing the motorcyclist to take the course on helmet wearing, however, most would agree that it is a form of *hard* paternalism when the cyclist does not want to take the course. An anti-paternalist

[134] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 155.
[135] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 156.
[136] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 157-159.

would, therefore, find it difficult to argue that forcing such information on the motorcyclist will be *soft*[137]. Hanna has, then, argued, through these four examples, that the *soft/hard* distinction anti-paternalists use "cannot be easily applied to decision-makers who are responsible for their ignorance"[138]. Since anti-paternalists cannot provide a solid and consistent *soft/hard* paternalist theory when facing Hanna's *ignorant exception*, then, as a result, I argue paternalism cannot be discredited in favor of anti-paternalism or the *soft/hard* paternalism distinction. The concern many anti-paternalists have, which was that soft paternalism does not violate autonomy and hard paternalism does, is inconsistent and becomes difficult to recognize. As a result, their argument becomes difficult to take seriously.

Further issues with the soft/hard distinction that anti-paternalists are unlikely to accept the consequences of occurs when analyzing the *impairment* argument[139]. Hanna states, "[t]he impairment exception likewise faces serious difficulties"[140]. The *impairment exception* claims "informed but substantially impaired self-regarding choices are not protected by autonomy"[141]. For example, anti-paternalists argue, a person that is about to commit suicide is not protected by autonomy until her mental state is assessed[142]. To illustrate an impairment in fully informed people, Hanna points out a bias that certain people have. For example, despite the research, many smokers believe that they themselves will not, or is unlikely, to suffer any health consequences of smoking[143]. Despite having information about how dangerous smoking is, this bias could be argued to impair these smokers' choice to smoke. One of the reasons for this bias could be because the harm, if it ever occurs, is probably far away in the future. As a result, Hanna distinguishes between *pale beliefs*, which are beliefs that are "displayed to the mind in such a way that the individual does not fully appreciate their import", and *vivid beliefs*[144]. To illustrate the difference, Hanna explains that when you learn that people far away in other countries are starving you think that something should be done, which makes it a *pale* belief. Once you see these people up close, however, you are more compelled to do something because the belief

[137] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 162.
[138] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 162.
[139] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 171.
[140] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 197.
[141] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 170.
[142] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 170.
[143] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 176.
[144] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 177.

becomes *vivid*[145]. These *deliberative impairments*, as Hanna calls them[146], can be argued to be an impairment that we should protect people from. As I see it, this is problematic because it opens the door to protect people from many types of harms they might inflict upon themselves, like eating unhealthy foods, being inactive, and so on, to the point where people cannot live their lives the way they want to anymore.

To illustrate this point further, Hanna points out that a smoker might "live for today"[147], so to speak, and, as a result, thinks that the short-term shortsighted benefits are greater than the risks of smoking affecting their long-term wellbeing[148]. If the anti-paternalist, then, argues that autonomy is not protected due to shortsighted impairments, "the resulting view may protect surprisingly few shortsighted choices"[149], which underscores my previous point about how people will have their choices reduced so much to the point where they cannot live their lives how they want to anymore. What can, then, be qualified as an impairment to decision-making could entail "character defects, tastes, and convictions"[150]. One could, then, argue that any rational adult who makes a "bad decision", would be impaired due to lack of appreciation for future benefits[151]. As a result, Hanna argues that the "standard conception of voluntariness" is jeopardized[152] and, as a result, "must meet a higher standard of voluntariness, and thus be less affected by deliberative impairments, if they are to be protected by autonomy". I agree with Hanna and, as I see it, he has argued that anti-paternalists have not shown how "impaired choices differ from unimpaired choices"[153]. Hanna has, then, showed in the segment on the *impairment* exception that, based on anti-paternalists reasoning, "all imprudent choices are impaired", and then argued that "it is doubtful that the impairment exception can be defended by appeal to the notion of voluntariness"[154].

Through the *ignorant* cases of the *reckless hiker*, the *willfully ignorant patient*, the *gambler*, and the *motorcyclist*, in addition to short-term and long-term *impairment exceptions*, I

[145] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 177.
[146] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 177.
[147] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 179.
[148] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 177.
[149] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 178.
[150] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 178.
[151] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 179.
[152] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 181.
[153] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 182.
[154] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 185.

argue anti-paternalists have failed to show how impaired choices differs from unimpaired choices, and that there is nothing inherently wrong with paternalism. As a result, the anti-paternalists argument to protect informed LGBT+ adults' autonomy when choosing CT, then, becomes difficult to justify since they use soft paternalism to argue for a regulation of CT instead of outlawing CT. Regardless of their soft/hard distinction being flawed, I still believe most anti-paternalists who favor soft paternalism will agree to my next argument, which is that informed LGBT+ people who choose CT are severely *impaired* and, as a result, is not protected by autonomy. Here is why.

We can assume that most, if not all, "willing"[155] consumers of CT are ignorant to the risks and inefficacy of CT, which are, as we saw in chapter 2, (i) there are no benefits since it is always ineffective and (ii) it likely cause harm to the consumer. If a provider of CT would say exactly what they are providing, like for example "I have this practice that is ineffective when it comes to changing someone's sexual orientation and gender identity, which only causes harm and is fraud. Would you like to pay me money to participate?", they would probably lose many for their LGBT+ consumer clients. This is, then, an argument to *regulate* CT, not *outlawing* it, by making sure that the consumers of it knows exactly what they are signing up for before they potentially choose to undergo CT. This would satisfy the anti-paternalist's soft/hard distinction, where this approach would be soft paternalism that, according to them, does not violate LGBT+ people's autonomy.

Even though this soft paternalism approach to regulate CT would probably reduce the LGBT+ clients for the providers of CT, it is unreasonable to think they would lose *all* their clients. To underscore this point, I will elaborate a statement from chapter 2 made by the United Nation's Independent Forensic Expert Group (IFEG) [156]. They state,

> Ensuring informed consent may be impossible in most circumstances. As noted in previous statements, examinations based on profound discrimination may create situations where a person is incapable of giving genuine consent.

[155] I write «willing» since CT is not much of a choice for many people due to indoctrination and stigmatization of there being something wrong with LGBT+ people.
[156] IFEG, "Statement on Conversion Therapy", page 8, taken 27.04.2023 at https://www.ohchr.org/sites/default/files/Documents/Issues/SexualOrientation/IESOGI/CSOsAJ/IFEG_Statement_on_C.T._for_publication.pdf

When informed LGBT+ people choose CT, then, we must assume they are not giving genuine consent since they face profound discrimination. LGBT+ people face discrimination worldwide due to cisheterosexism. Since LGBT+ people can lose their homes, jobs, get kicked out of school, be denied healthcare, being harassed, and threatened with eternal damnation due to their "sinful" lifestyle, they are put in a constant state of trauma. It is no wonder, then, why so many decide to stay "in the closet". Not only do LGBT+ people experience harassment and pressure from their peers, but they also undergo systematic harassment and pressure from governments all over the world. This pressure to deny who you are and to conform to other people's expectations is, as I have already said, a form of assimilation. LGBT+ people are, therefore, extra vulnerable, and not in a position to really make "choice" about CT. The emotional and physical need for LGBT+ people to desperately fit in society becomes like a fog that distorts their vision, clouding their judgement. Societal pressure to be cishetero creates an impairment in their cognitive thinking and CT manifests as a delusional hope for LGBT+ people to finally become accepted and have a fulfilling life without discrimination, harassment, pressure, and threats. No matter how many times a provider of CT states that the practice only harms and is ineffective, informed LGBT+ people who still wants to consume CT are so desperate due to the constant assimilation pressure they endure. The *impairment exemption* that Hanna describes about "substantially impaired self-regarding choices", then, I argue, can be used to protect informed consumers in liberal states from CT.

I want to make one thing clear before proceeding. Just because informed LGBT+ people are severely impaired when choosing to consume CT, it does not follow they are impaired in other aspects of their lives. Their impairment when choosing CT is a result of prolonged and systematic stigma and gaslighting of their existence. To overcome this impairment, one needs clinical affirmative therapy and/or a good social network around you that accepts them for who they are, which consequently help LGBT+ people accept themselves. This, also, underscores the point made earlier that clinical affirmative therapy should always be offered to LGBT+ people instead of CT.

To underscore the lack of "choice" LGBT+ people have when they undergo CT, I turn to John Stuart Mill since he argues that those who follow the status quo do not truly make a choice.

He states "[h]e who does anything because it is the custom, makes no choice" [157] and follows with saying that if you make an informed, free decision, you embrace all the important "facult[ies]" that helps your "mental" and "moral" capacities which, furthermore, helps you achieve the desired outcome best suited for you. This is why Mill states that freedom must be "one of its [self-development's]prerequisites"[158]. His argument, which I agree with, illustrates an assimilation process by just following along what everyone else is doing instead of making a choice based on your own values. He further argues by having this approach, "life also becomes rich, diversified, and animating"[159]. I find Mill's claim compelling because if you find your own path by embracing who you are, you are not following status quo and end up being someone original, someone who can flourish as an individual and be appreciated for their diversity. CT, however, is opposite of what Mill promotes because the richness is stolen by false promises, the diversity is rejected through assimilation, and life becomes oppressive, suppressive, and depressive. The way I see it, LGBT+ people tend to choose one out of these three routes: Firstly, they come out of the closet to try and find happiness, but risk being harmed. Secondly, they stay in the closet and deny their true self to avoid further harm. Thirdly, they can attempt to change their sexual orientation and/or gender identity by consuming CT, which always fails, and, eventually, they end up being further harmed. It is a potential "damned if you do, damned if you do not" situation. Many LGBT+ people must, then, constantly think about what causes more harm and what can they live with.

These potential "damned if you do, damned if you do not" "choices" LGBT+ people have, illustrates the pressure to be someone they are not. Since both CT and staying in the closet, which I consider to be more or less the same thing since LGBT+ people are just denying who they are in both cases, cause harm, the only route left for LGBT+ persons to find a life that becomes "rich, diversified and animating" is to come out of the closet, be their authentic self, and to be accepted for who they are. By allowing LGBT+ suppression and oppression, we contribute to theft of a good life. Coming out of the closet should not have to be something LGBT+ people must contemplate before doing it because they are afraid of potential harmful repercussions. By denying LGBT+ people the choice to *consume* CT, and by not allowing the

[157] Mill, "Freedom of Action" in *Ethics in Practice*, (University of South Florida, St. Petersburg), 2020, page 309.
[158] Hanna, "In Our Best Interest", (Oxford University Press, 2018), page 47.
[159] Mill, "Freedom of Action" in *Ethics in Practice*, (University of South Florida, St. Petersburg), 2020, page 310.

promotion of CT, liberal states are affirming that you are perfect the way you are and there is nothing that should be changed. This contributes to the reduction in internalized homophobia and transphobia in LGBT+ people, along with a message to everyone else in society that assimilation and oppression is never acceptable in liberal states. As a result, liberal states become proactive in preventing consumers of CT from ever developing the feeling they need to change, diminishing the need for CT in the first place. The only thing that needs "curing" is homophobia and transphobia, which is remedied with acceptance. The paternalistic interference is social engineering for the better that not only protects LGBT+ people, by reducing and avoiding harm from occurring, but it will also make a thriving community for everyone, preventing the wish for CT to exist in the first place.

A critic that wants to regulate CT and not outlaw it might be questioning why CT, out of all the fraudulent practices that exist, should be outlawed when there are other cases of fraud that are not outlawed. This is a legitimate concern that I think needs to be addressed. By addressing it, we can also see when fraud is legal and illegal. By illuminating these differences, it can be easier to understand why CT is different and should be in the illegal category. The next paragraphs will take out main points from fraudulent practices like homeopathy, the marketing of multivitamins, and pyramid schemes, then discussing these points in a section on CT to find out similarities and differences.

According to the UK Parliament, homeopathy is ineffective, and the medical consensus is that homeopathy is considered a placebo treatment[160]. They state, while "placebos may be effective at relieving symptoms (for example, pain), they cannot treat the underlying cause of symptoms (for example, broken bones)". Even though "[h]omeopathic remedies are generally safe, and the risk of a serious adverse side effect arising from taking these remedies is thought to be small"[161], "[p]atients who do not seek medical advice from properly qualified doctors run the risk of missing serious underlying conditions while they have their symptoms treated with a

[160] UK Parliament, "2 NHS funding and provision", section 79, taken 08.03.2023 at https://publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/4504.htm#a11
[161] NHS, "Homeopathy", taken 08.03.2023 at https://www.nhs.uk/conditions/homeopathy/#:~:text=Homeopathy%20is%20a%20%22treatment%22%20based,than%20placebos%20(dummy%20treatments)

placebo"[162]. The claims homeopathy makes, one of them being that the body can help treat itself[163], is not evidence-based, which, then, can be classified as pseudo-science and fraud. Regardless of its fraudulent claims, homeopathy can receive funding from the government, making the practice legal and financially supported.

In the case of homeopathy, here lies one crucial difference to CT. Even though both homeopathy and CT are ineffective, homeopathy only has a small chance to cause harm, is generally considered safe, and can alleviate suffering. CT, however, very likely, if not always, causes harm to the consumer since the practice is inherently stigmatizing and discriminatory due to the perpetuation and indoctrination of LGBT+ people being inferior to cisheteros. This malicious foundation for CT causes "long-term physical and psychological harm", like "significant loss of self-esteem, anxiety, depressive syndrome, social isolation, intimacy difficulty, self-hatred, shame and guilt, sexual dysfunction, suicidal ideation and suicide attempts and symptoms of post-traumatic stress disorder"[164]. This puts homeopathy and CT at opposite ends of risk and harm. Not only is the risk at opposite ends, but homeopathy is trying to treat an *actual* disease. CT, however, is trying to treat a disease that does not exist. CT is, in a sense, *creating* a disease in perfectly healthy people and gaslighting its victims to believe that their "condition" is bad and that it can be fixed. This makes the practice malicious by nature. By creating something that is deemed "bad" in healthy people, you have created a harm by gaslighting them to think they are sick. To make matters worse, when the consumers of CT think they are sick and are offered CT and realize it does not help their "sickness", they are left devastated, either realizing they are victims of fraud or that their "disease" cannot be "cured". It is a fabricated double harm that never should exist in the first place. Even though homeopathy is trying to cure something, it does not have its foundation built on *fabricating* "diseases" like CT does. The harm, then, is very low and rare in the fraudulent practice of homeopathy, in addition to not have its foundation on fabricating diseases, unlike the fraudulent practice of CT. We, then, see the harm aspect is at opposite ends, that homeopathy can relieve suffering while CT creates

[162] UK Parliament, "2 NHS funding and provision", section 107, taken 08.03.2023 at https://publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/4504.htm#a11
[163] NHS, "Homeopathy", taken 05.05.2023 at https://www.nhs.uk/conditions/homeopathy/
[164] UN IESOGI, "Report on Conversion Therapy", taken 08.03.2023 at https://www.ohchr.org/sites/default/files/ConversionTherapyReport.pdf

and adds suffering, and that the foundation for homeopathy is not about fabricating "diseases", unlike CT.

Multivitamins are generally considered safe[165] but the marketing of multivitamins can be considered as fraud in many cases. The Norwegian Institute for Public Health (NIPH or FHI) states that anyone who follows the nutritional guidelines do not need supplements, with the exception of D-vitamin and some groups of people[166], and that any benefits healthy people experience is likely due to positive thinking[167]. Despite this fact, many companies promote supplementing with multivitamins without stating this fact. This promotion, then, gives an unnecessary impression that everyone needs multivitamins or that you should take it "just in case" you become low. An interesting article by Nicole D. White discusses that the phrase "It can't hurt" is being used instead of the phrase "[supplements are] probably safe but we aren't sure it provides any benefit", which is a missed opportunity to talk about what they know actually can help, like a healthy diet[168]. White's article illustrates the responsibility about promoting helpful advice, like a healthy diet, along with information about risk assessment, that it is probably safe. Supplements, then, have little risk of harm, are ineffective on healthy adults with healthy diets, can be beneficial to some groups of people, and can be promoted to the general population.

When contrasting CT and the case of promoting supplements to healthy people, we see at least three key differences. Just like in the case of homeopathy, the risk of harm is at opposite ends. In addition, there are sometimes benefits to supplementing, unlike CT. Also, the target of the supplement provider can be the general population while the target of CT is the vulnerable LGBT+ group. Some human rights organizations state,

[165] White, "Messaging and Multivitamin Use: Rethinking the "It Can't Hurt" Philosophy", taken 17.03.2023 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6506974/
[166] Totland, "Kosthold i Norge", 2014, taken at 15.03.2023 at https://www.fhi.no/nettpub/hin/levevaner/kosthold/#behov-for-kosttilskudd
[167] Kvam, "Multivitaminer: Helsefordelene sitter i hodet", taken 17.03.2023 at https://nhi.no/kosthold/forebyggende-kost-og-sykdom/multivitaminer-helsefordelene-sitter-i-hodet/
[168] White, "Messaging and Multivitamin Use: Rethinking the "It Can't Hurt" Philosophy", taken 17.03.2023 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6506974/

> There are particular groups who, for various reasons, are weak and vulnerable or have traditionally been victims of violations and consequently require special protection for the equal and effective enjoyment of their human rights[169].

They further state that LGBT+ people is one of the groups that need protecting. There is a higher incentive, then, to protect people when the group targeted consists of vulnerable people. Since supplements is unnecessarily targeted to healthy people in the general population, causes little to no harm and can help some people, it is different from harm done to the vulnerable LGBT+ group, who needs protection. Since CT only harms the vulnerable LGBT+ group, there is a moral responsibility to induce "special protection" of this vulnerable group.

The fraudulent practice of pyramid schemes, which are operations "in which participants pay to join and profit mainly from payments made by subsequent participants"[170], are often illegal. In the case of pyramid schemes, money is just being transferred from one "level" to another, which means you can only earn money when you recruit new members. As a result, the pyramid schemes will always collapse once there are no more or not enough recruitments to supply those at a higher level[171], which can be considered as theft. A somewhat similar concept, Multi-Level Marketing (MLM), is where "individuals selling products to the public - often by word of mouth and direct sales"[172]. These organizations are often legal since they can, theoretically, sustain themselves without new recruitments. The problem, however, is figuring out the blurred line between these two types of organizations, which means one must find out if the organization can pay its members without recruiting new members. While the government tries to figure out if these organizations are pyramid schemes or MLMs, many pyramid schemes under the disguise as MLMs eventually collapse. Some of the main relevant points from these two types of organizations vary. Firstly, the more dependent an organization is on recruiting members to avoid collapse, the more likely it will be to be illegal. Secondly, if money is just

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[169] Iceland Human Rights Centre, "THE HUMAN RIGHTS PROTECTION OF VULNERABLE GROUPS", taken 20.03.2023 at https://www.humanrights.is/en/human-rights-education-project/human-rights-concepts-ideas-and-fora/the-human-rights-protection-of-vulnerable-groups

[170] Merriam-Webster, "pyramid scheme", taken 17.03.2023 at https://www.merriam-webster.com/dictionary/pyramid%20scheme

[171] New York State Attorney General, "Don't Get Caught in a Pyramid Scheme", taken 17.03.2023 at https://ag.ny.gov/consumer-frauds/pyramid-schemes

[172] Consumer Protection, "Multi-Level Marketing vs Pyramid Schemes", taken 05.05.2023 at https://consumer.sd.gov/fastfacts/marketing.aspx#:~:text=Multi%2Dlevel%20Marketing%20(MLM),exponentially%20increase%20the%20sales%20force.

being transferred between members it is the equivalent to theft. Thirdly, pyramid schemes always collapse. Fourthly, for the organization to survive enough sales must be made.

In the case of pyramid schemes, we saw that pyramid schemes always collapse and is theft. One of the reasons fraud is illegal is because of theft of money that is done "with consent through deception"[173]. Since, as we saw earlier, CT is a "lucrative business" where one "consent through deception", money earned by the provider of CT, either directly through the practice or through the government due to membership counts, should, also, be considered as theft. In the case of pyramid schemes, they can be illegal even if you make an informed unimpaired decision and consent to the practice. In addition to CT being theft when providers are earning money off of it, it is, again, targeted to a vulnerable group. When pyramid schemes are targeted theft towards anyone, which is illegal, CT, which often is theft always targeted towards a vulnerable group, should, especially, be illegal.

After analyzing these three cases of fraud, we see that the more harm that is done, the higher the chance for fraudulent practice being illegal. Since CT very likely, if not always, will cause harm, there is a much higher incentive to outlaw this fraudulent practice. Since many providers profit from supplying with CT it in some way, either directly or indirectly, we have a stronger incentive to outlaw CT in liberal states. Since the target of CT is a vulnerable group that is being pressured to become cishetero there is further incentive to outlaw it. As a result of my reasoning, I argue both the *provision* and *promotion* of CT in liberal states should be outlawed for all LGBT+ people.

Before moving to the next chapter, it is worth summarizing the points made in this one: Anti-paternalists provided six arguments that criticized paternalism, which were, (1) interference with a rational informed adult causes more harm than not doing it, (2) paternalism imposes values on others, (3) paternalism might, in some cases, be motivated by self-interests by the paternalizer instead of what is best for the person being paternalized, (4) paternalism restricts self-development, (5) paternalism is insulting and disrespectful, and, as mentioned earlier, (6) paternalism violates autonomy. I argued that the anti-paternalist's soft/hard distinction is not justified due to serious inconsistencies, which showed there is nothing inherently wrong with

[173] Bernard, "theft", taken 20.03.2023 at https://www.britannica.com/topic/theft

paternalism. I also argued outlawing CT is a permissible case of paternalism since it can (a) reduce or avoid harm, (b) promote neutral moral values, (c) avoid poorly motivated or misguided paternalism, (d) show respect to the individuals who are paternalized, and (e) protect, preserve, or enhance their self-development. I also argued that the autonomy of the informed consumer of CT is not broken since they are severely impaired when choosing CT. *Subjective moral paternalism*, like religion, is never a justification to paternalize on a *narrow* state level. CT is gaslighting of LGBT+ people. Paternalistic arguments can be *mixed* with non-paternalistic arguments. Self-motivated interests by the paternalizer, as in the case of CT, can be denied by demanding both empirical evidence for any claims of its efficacy and by rejecting *subjective moral paternalism*. Hypothetical cases where the provider did not care about the consumer's sexual orientation or gender identity and *only* wanted to help the consumer, or *only* wanted to supply a demand, must be rejected since neither case could offer *help* or *supply* for the demand. Self-development can be preserved and enhanced with paternalism by having *enough* choices and outlawing the practice of CT in liberal states for all LGBT+ people is such a case since the option of effective clinical affirmation therapy exists. By allowing fraud, like CT, directed towards a vulnerable group, we are being insulting and disrespectful towards them, but by denying LGBT+ people the option of CT in liberal states, we are being respectful to them and honoring their individuality, especially when providers of CT financially profit from it. CT *fabricates* a disease that does not exists and claims to *cure* it. When CT consumers are uninformed about the harms of CT, we should deny them the option of CT. Informed CT consumers, however, are always substantially impaired when choosing CT, both children and adults. Severely impaired consumers of CT should always be denied the option of CT. As a result of my reasoning based on paternalistic grounds, I argued both the *provision* and *promotion* CT in liberal states should be outlawed for minors and adults.

I want to point out that this chapter is based on the facts that CT is ineffective and causes only harm. One of the questions that arise when stating this fact is, what if CT is effective someday? If CT ever would become effective, the paternalistic arguments I have made so far might become obsolete. For example, if a person is suffering because they are LGBT+, effective CT could alleviate this suffering. The suffering could, of course, also be alleviated through clinical acceptance therapy, as I have already argued for, but if the point of therapy is to alleviate suffering, and effective CT could do that, why should this not be considered, on paternalistic

grounds, as an option to clinical affirmation therapy? Furthermore, one must also recognize that *some* providers of CT might *genuinely* want to alleviate the suffering of the consumers of CT, while they personally could not care less if they are LGBT+. I think, as of today, it is unreasonable to believe that most CT providers think like this since it is always ineffective and only harms, but I do think a very selective few of them might think like this, at least if CT ever became effective. This raises a question, if the motivation for the CT providers is *only* to alleviate suffering of LGBT+ people who cannot accept themselves, and nothing more, and there potentially could be, somewhere in the future, effective CT, could CT, on paternalistic grounds, be justified? As Hanna pointed out, it is important to have *enough* choices so that we can choose our own life and be happy. My suspicion is that as long as clinical acceptance therapy is effective, it is *enough* of a choice, which can still justify rejecting effective CT. I do not know the answer to this, however, which is why, I hope, someone, someday, will do an in-depth analysis on what paternalism has to say about effective CT. Regardless of the answer to this conundrum, my next chapter will, among other things, argue, on non-paternalistic grounds, against effective CT.

Chapter 4 – Non-paternalistic Arguments and Conversion Therapy

The main points from the previous chapter was that the six objections from anti-paternalists do not apply to all cases of paternalism and that none of them applied to the case of outlawing conversion therapy (CT) in liberal states for minors and adults. Outlawing CT would (a) reduce or avoid harm, (b) promote neutral moral values, (c) avoid poorly motivated or misguided paternalism, (d) show respect to the individuals who are paternalized, and (e) protect, preserve, or enhance LGBT+ people's self-development. The points I made supporting these statements vary. The evidence I have provided so far in my thesis argues that outlawing CT in liberal states for all LGBT+ people cause *less* harm, if any, compared to *not* outlawing CT in liberal states for all LGBT+ people. Criminalizing consumers of CT causes harm to the consumer and should, therefore, be avoided. As a result, consumers of CT should, instead, be offered free clinical acceptance therapy to promote health and well-being. Criminalizing the providers and promoters of CT will help the consumers of CT. For the critic that were not persuaded by the arguments to outlaw CT on paternalistic grounds, this chapter presents non-paternalistic arguments to outlaw CT in liberal states for minors and adults. It is, also, worth noting if CT ever became effective one day, this chapter will, on non-paternalistic grounds, argue it should still be outlawed.

The evidence presented so far in this thesis shows that LGBT+ people is a vulnerable group that needs protecting. Due to the discrimination and pressure they face daily from their surroundings, LGBT+ people can be considered as an *oppressed* group, which I will illustrate with Kasper Lippert-Rasmussen's *Five Dimensions of Relational Egalitarianism* from his book *Relational Egalitarianism – Living as Equals* and with Iris Marion Young's *Five Faces of Oppression*. Having presented arguments in the previous chapters that protects the consumers of CT, this section will argue that outlawing CT will protect other LGBT+ people who do not consume CT, that it will reduce the oppression of LGBT+ people, and that it will reduce the harm done to liberal societies.

When oppressed groups, like LGBT+ people, are denied equal opportunities in education, health care, work, family, marriage, and so on, the inequalities can be considered non-egalitarian.

Egalitarianism is equality of some sorts[174], (also known as "equalitarianism"), often rooted by a motivation of justice, which can be useful to identify injustices. *Relational egalitarianism* (RE), then, becomes relevant when discussing (1) oppression, (2) why CT enables oppression of LGBT+ people, and (3) why CT in liberal states should be outlawed for minors and adults. Since the notion of CT is based on the false premise that there is something wrong with LGBT+ people that *can* and *should* change, there is a value-ranking of people, where cisheteros are morally good, and being a LGBT+ person is given the status as immoral which should not be tolerated. CT contributes to the oppression of all LGBT+ people, which is objectional because it violates the core principle of equality. As a result, the focus for this thesis will be on Kasper Lippert-Rasmussen's five dimensions of relational egalitarianism (RE), along with Iris Marion Young's *Five Faces of Oppression*. The most relevant dimensions from Rasmussen five dimensions of RE will be *moral standing* and *social standing*. *Social standing* will be a baseline when discussing Young's *Five Faces of Oppression* and how this connects to CT. While Young's five conditions are meant to cover a wide array of oppressed groups, I will argue that LGBT+ people experience all five of them, which creates vulnerability and a unique situation that demands steps to be taken to avoid any further oppression and harm, like outlawing CT in liberal states.

The structure of this chapter is as follows: I will give an account of *moral standing* and *social standing* from Rasmussen's *Five Dimension of Relational Egalitarianism* and argue that LGBT+ people experience discrimination in these two RE dimensions. Furthermore, I will give an account of Iris Marion Young's *Five Faces of Oppression*, argue how LGBT+ people in liberal states experience all five forms of oppression, and that CT contributes to their oppression.

4.1 – Five Dimensions of Relational Egalitarianism

Rasmussen identified five RE dimensions in how people can relate to one another as equals. Rasmussen's five dimensions of RE are *moral standing, epistemic standing, social standing, aesthetic standing,* and *empirical standing*. After differentiating between dimensions of RE, Rasmussen, then, analyzes what it means to *relate* to each other. As a result, three components become important: *relating*, *regarding* and *treating*. He uses the example of racist

[174] Arneson, "Egalitarianism", The Stanford Encyclopedia of Philosophy (Summer 2013 Edition), Edward N. Zalta (ed.), taken 04.05.2023 at https://plato.stanford.edu/archives/sum2013/entries/egalitarianism/

employers that must oblige to treating each other as equals because their boss forces them to, and vice versa[175]. He, then, defines *relating* to one another as, "X and Y relate as equals if, and only if: (…) (1) X and Y treat one another as equals; (2) X and Y regard one another as equals"[176], making (1) and (2) necessary and sufficient components of what it means to *relate* to someone as equals. Even though (1) and (2) often go hand in hand, as Rasmussen points out[177], they can also be separate. Regarding the topic of CT, the most notable dimensions of Rasmussen's RE dimensions is *social standing*, closely intertwined with *moral standing*.

Furthermore, it is worth noting that even though Rasmussen has identified five different dimensions, other people have also identified different dimensions, like equal respect[178,179], equal recognition[180], equal concern for other's interests[181], and freedom understood as non-domination[182,183,184]. Due to the many RE dimensions, and understandings and accounts of them, people usually intertwine multiple dimensions when stating that they relate to others as equals. By referring to these different dimensions as "Z" and different individuals as "X and "Y", Rasmussen cleverly describes the discussion of RE's different equality dimensions as "X and Y relate as equals in terms of Z"[185].

4.1.1 – Moral Standing

Moral standing is the dimension most people think about when discussing RE, often making it a foundation for RE[186]. Someone's moral account can vary depending on who you ask, but Rasmussen's account, which I support, has to do with how you favor someone's interests and will. An example of an unequal moral standing could be about consensual sex between adults,

[175] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 72.
[176] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 71.
[177] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 73.
[178] Anderson, Elisabeth, "What Is the Point of Equality?" printed in "Ethics", 1999, page 287-337.
[179] Wolff, J., "Fairness, Respect and the Egalitarian Ethos" printed in "Philosophy of Public Affairs", 1998.
[180] Fraser and Honneth, "Recognition or Redistribution", (London: Verso), 2003.
[181] Scheffler, S., "The Practice of Equality printed in "Social Equality", (Oxford University Press), 2015, page 21-44.
[182] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 70.
[183] Pettit, P., "Republicanism", (Oxford: Clarendon Press), 1997.
[184] Garrau and Laborde, "Relational Equality, Non-Domination and Vulnerability" printed in "Social Equality", 2015, page 45-64.
[185] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 69.
[186] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 63.

where a person thinks sex between a man and a woman is morally right, but sex between two men is immoral. Someone's moral standing, then, tends to dictate other standings, for example in the case someone thinking that sex between two consenting men is immoral then these two men can get treated unequally in certain situations, for example being criminalized for same-sexual activity or being denied marriage. Other dimensions, then, are often supplemental to the main *moral standing* dimension, which, furthermore, can often make it difficult to separate them from moral standing.

Around the world, people's moral standing towards LGBT+ people varies and, as a result, LGBT+ people are treated differently than cisheteros. The United Nations for LGBT Equality informs that a 1/3 of the world criminalizes consensual same-sex sexual activity, especially of gay men, and the arguments for it are "crimes against "morality" or "the order of nature"[187], in other words the arguments are based on *subjective morality* and the logical fallacy of an *appeal to nature*. This *subjective morality* is something liberal states have had to combat for many decades, and is still combatting, to promote equality among LGBT+ people, especially gay men. As liberal states started declassifying being gay as a mental disorder and decriminalizing gay men, the stigmatization, discrimination and *immorality* status, unfortunately, stuck around and is still not gone. Many people, both LGBT+ people and cisheteros, still live and remember the time when being gay was illegal in liberal states. They have not forgotten how gay boys and men were deemed *less than* cisheteros, *immoral* and the discrimination they faced. This is one of the many reasons why the celebration of Pride is so important for LGBT+ people, to combat the discrimination that is still occurring due to indoctrinated false beliefs of LGBT+ people being *immoral*, discrimination ranging from not having the ability to get married, medical abuse like *blood-bans*[188] due to homophobia, adoption, housing, and so on. So much of this worldwide discrimination of gay men stems from the "sodomy" law, heavy influence by religion, all the way back to the colonial era[189]. This shows how incredibly long it takes, in this case centuries, to get rid of outdated morals that does immense harm to people. This constant fight

[187] Free & Equal – United Nations for LGBT Equality – "Criminalization", taken 29.04.2023 at https://www.unfe.org/system/unfe-43-UN_Fact_Sheets_-_FINAL_-_Criminalization_(1).pdf
[188] CNBC, "FDA proposal would allow gay men in monogamous relationships to donate blood", taken 29.04.2023 at https://www.cnbc.com/2023/01/27/fda-proposal-would-allow-gay-men-in-monogamous-relationships-to-donate-blood.html#:~:text=The%20FDA%20had%20imposed%20a,sex%20in%20the%20previous%20year.
[189] Human Rights Watch, "This Alien Legacy - The Origins of "Sodomy" Laws in British Colonialism", taken 29.04.2023 at https://www.hrw.org/report/2008/12/17/alien-legacy/origins-sodomy-laws-british-colonialism

LGBT+ people must endure to achieve equality stems from being given the untrue status of being *immoral*. The manifestation of LGBT+ people being deemed as *lower beings* compared to cisheteros is unequal opportunities, unequal well-being, unequal respect, and so on, in other words the other *standings* Rasmussen refers to. As a result, in the case of LGBT+ people, the many dimensions Rasmussen present stems from unequal *moral standing*. This is why it is especially hard to separate *moral standing* and *social standing* from each other since the manifestations and end-results can often be the same. An unequal *moral standing* tends to lead to discrimination in *social standing*, and discrimination in *social standing* tends to be due to unequal *moral standing*. To combat all the other unequal standings that are in addition to *moral standing*, I argue, society must aim at promoting and achieving equal *moral standing* of all members in society, especially in the case of LGBT+ people.

Moral standing becomes relevant in the case of CT. Providers and promoters of CT argue that LGBT+ people *should* change, which installs an *immorality* value in LGBT+ people, making the *moral standing* among cisheteros and LGBT+ people significantly unequal. As a result, providers and promoters of CT are not upholding egalitarian values in the *moral standing* dimension of RE. They neither *relate* to LGBT+ people equally nor respect their interests to be accepted for who they are. This is a direct attack on the character of LGBT+ people and, consequentially, providers and promoters of CT are failing the most basic of RE dimensions, *moral standing*.

Some would argue that the *interest* of LGBT+ people is to become cishetero, which providers and promoters of CT is trying to respect. This argument, however, is only a symptom of the lack of respect LGBT+ people get due to their *inferiority* and *immorality* status given to them by their surroundings. The wish for LGBT+ people to become cishetero is the equivalent to the wish of being accepted. It is the same situation of a Black person in the United States wishing they were White to avoid racism and/or the internalized hatred for being who they are. Equally, for many LGBT+ people, they wish they were cishetero to avoid cisheterosexism, and internalized homophobia, biphobia and transphobia. For many LGBT+ people, then, becoming cishetero would achieve community-acceptance and self-acceptance. This argument given by providers and promoters of CT, is engulfed in cisheteronormative and cisheterosexist premises, giving only one option to be accepted, which pressures LGBT+ people to undergo CT. It is the

false dilemma logical fallacy, which in this case states, "either LGBT+ people undergo CT to become morally good, or they do not undergo CT and stay immoral".

4.1.2 – Social Standing

Social standing refers to how individuals refer to one another in a social setting. Rasmussen uses the example of how Freud presented himself as "Dr Dr", which "reflected that he lived in a society which was obsessed with titles and (…) academic degrees"[190,191]. In the example of the racist soldiers, Rasmussen illustrates that a platoon can "interact in a perfectly cooperative spirit" while having *non-moral equality* principles (racism) and being considered *socially equals* (cooperation). Rasmussen do point out that the distinction between *social equality* and *moral equality* can be closely related, making it hard to distinguish the two[192], but his examples do illustrate that they can be separate. As a result, he concludes, "some ways of relating as social unequals are incompatible with relating as moral equals, but not all ways are"[193].

LGBT+ people want to reach the status of acceptance, which, for many, the title of cishetero will achieve. This title will grant them privileges in the social community, like, equal treatment regarding respect, safety, health, future opportunities, and so on. Even though liberal states might discriminate LGBT+ people in the workplace, in health care and housing situations, some liberal states might not, at least to a certain degree. For example, in Norway, The Equality and Anti-Discrimination Ombud states that their main task is "to promote equality and fight against discrimination on the basis of gender, ethnicity, religion, disability, sexual orientation, gender identity, gender expression and age"[194]. We, then, see there are already laws that protects against discrimination against LGBT+ people in liberal states, regardless of how others perceive their *moral standing*. For example, as in the racist military example, organizations in Norway are bound by law to not discriminate, even though some can feel that you are *morally* inferior due to

[190] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 65.
[191] O'Neill, "What Should Egalitarians Believe?" printed in "Philosophy & Public Affairs", 2008, page 119-56.
[192] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 66.
[193] Rasmussen, "Relational Egalitarianism" (Cambridge University Press, 2018), page 67.
[194] The Equality and Anti-Discrimination Ombud, "The Equality and Anti-Discrimination Ombud", taken 22.04.2023 at https://www.ldo.no/en/ldo-english-page/

your ethnicity, sexual orientation, gender identity, or other group identities. *Social standing*, in some social settings in Norway, demands equality among its citizens.

Since CT is built on the premises that you *can* and *should* change, it does not value diversity and equality. The laws that already exist to "protect equality and fight against discrimination" should, then, not stop when it reaches CT. In liberal societies, it is often acceptable to have opinions that some people are bad people or immoral, but the line is crossed when it is used to promote and provide discrimination onto others. Providers and promoters of CT should only have the *opinion* that LGBT+ people can and should change, but the law should promote equality and diversity by outlawing both the *provision* and *promotion* of this practice.

As I see it, *promotion* of CT should be considered as hate speech. The difference between freedom of speech and hate speech, however, can be difficult to analyze. By deeming LGBT+ people as *deviants* and *immoral*, it can be considered either as *hate speech* or based on *freedom of speech*. It is, therefore, appropriate for Robert Post to asks, "[w]hen do . . . otherwise appropriate emotions become so 'extreme' as to deserve legal suppression?" along with "[h]ow do we distinguish hatred from ordinary dislike or disagreement?"[195,196], questions, I think, is difficult to answer. Waldron thinks,

> the sort of attacks on vulnerable minorities that elicit attempts to regulate and suppress "hate speech" include attacks that are printed, published, pasted up, or posted on the Internet —expressions that become a permanent or semipermanent part of the visible environment in which our lives, and the lives of members of vulnerable minorities, have to be lived.[197]

Furthermore, Waldron states, "it is the enduring presence of the published word or the posted image that is particularity worrying in this connection"[198]. Based on this reasoning, we see that by announcing that LGBT+ people are *inferior*, *immoral* and that they *should* change,

[195] Waldron, "The Harm in Hate Speech", (Harvard University Press), 2012, page 36.
[196] Post, Robert, "Hate Speech" published in "Extreme Speech and Democracy", (Oxford University Press) page 123.
[197] Waldron, "The Harm in Hate Speech", (Harvard University Press), 2012, page 37.
[198] Waldron, "The Harm in Hate Speech", (Harvard University Press), 2012, page 37-38.

we allow stigmatizing and harmful "expressions" on a vulnerable minority group, a point that underscores the importance of outlawing the *promotion* of CT.

Furthermore, Waldron states,

> Section 251 of Norway's General Penal Code authorizes "the public authorities [to] prosecute a defamatory statement that is directed against an indefinite group or a large number of persons if it is so required in the public interest."[199]

Promoting CT should, then, be considered to be part of Norway's section 251 since it is a "defamatory statement that is directed against (…) a large number of persons". Norway is not the only liberal state that takes a stance against these types of defamatory statements. Canada has a similar approach since they punish people for "[t]he publication of a libel against a race, religious creed or sexual orientation."[200]. Based on this reasoning, I find it appropriate to consider *promotion* of CT as a form of hate speech that should be outlawed according to already existing, similar laws. I, therefore, argue, the *promotion of CT* is *promotion of hate speech* and, consequentially, *promotion* of CT in liberal states should be outlawed.

4.2 – Five Faces of Oppression

After presenting his various RE dimensions, in addition to the separation of *regarding* and *treating* when relating to someone, Rasmussen points out that Young's *Five Faces of Oppression* can be interpreted as how one *treats* one another and not how one *regards* one another, which underscores why *social standing* stands out compared to the other standings.

Young' theory reflects on the oppression that various groups of people face, groups like,

> women, Blacks, Chicanos, Puerto Ricans and other Spanish-speaking Americans, American-Indians, Jews, lesbians, gay men, Arabs, Asians, old people, working-class people, and the physically and mentally disabled.[201]

[199] Waldron, "The Harm in Hate Speech", (Harvard University Press), 2012, page 40.
[200] Waldron, "The Harm in Hate Speech", (Harvard University Press), 2012, page 40.
[201] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), page 40, 1990.

As a result of her reflection, she offers explanations of the concept of *oppression*, which she has divided into five categories. These five categories are *exploitation*, *marginalization*, *powerlessness*, c*ultural imperialism*, and *violence*[202]. To combat these forms of oppression, "Young urges that normative theory and public policy should undermine group-based oppression by affirming rather than suppressing social group difference"[203], a statement that both is key to outlawing CT and that I fully agree with. When Young wrote *Five Faces of Oppression*, she might not have thought of CT contributing to oppression and that all five faces of oppression are relevant to LGBT+ people. I, however, argue that LGBT+ people experience all five versions of oppression she describes in *Five Faces of Oppression*. In addition, I also argue that CT contributes to this oppression since it is "suppressing" LGBT+ people rather than "affirming" their existence. Liberal states have a duty to protect its citizens against oppression and to promote equality, individuality and diversity. As a result, CT in liberal states should be outlawed for minors and adults. In the following segment, I will give an account of Young's five dimensions of oppression, and in turn argue that LGBT+ people experience all of them, in addition to that CT contributes to all of these forms of oppression.

4.2.1 – Exploitation Oppression

In the case of *exploitation*, Young informs that some societies, like slave and feudal societies, have "class distinctions with ideologies of natural superiority and inferiority"[204]. Furthermore, she explains that, in capitalist societies, some injustices can occur when people are "under the control (…) and benefit of other people"[205]. As a result, power is given from workers to capitalists and the workers suffers "material deprivation and loss of control", which, furthermore, leads to lack of "self-respect". The oppression "occurs through a steady process of the transfer of the results of the labor of one social group to benefit another". The solution she gives is that justice "requires eliminating the institutional forms that enable and enforce this process", along with a replacement system that "enable all to develop[, enhance] and use their

[202] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), page 48-63, 1990.
[203] Allen, "Justice and the Politics of Difference" taken 17.04.2023 at https://www.degruyter.com/document/doi/10.1515/9781400839902/html
[204] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), page 48, 1990.
[205] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), page 49, 1990.

capacities"[206]. One social group is, then, being exploited by another social group and, as a result, the exploited group gives "power, status, and wealth" to the dominant social group[207]. Further depth is added through feminist theory by showing how the "norms of heterosexuality" often have a sexist foundation[208]. White people in the United States also tend to get "skilled, high-paying, unionized jobs"[209], while Blacks and Latinos tend to get service-jobs, which Young refers to as "servant jobs" or "menial" work[210]. Young's conclusion to avoid exploitation encourages, among other things, "institutional, structural, and cultural changes"[211], a conclusion I agree with.

The description Young gives when explaining the *Exploitation oppression* can be applied to what LGBT+ people experience when confronted with CT. Providers and promoters of CT separate people into "ideologies of natural superiority and inferiority", just like the slave and feudal societies. Furthermore, as Young writes about regarding capitalist societies when people are "under the control (…) and benefit of other people", we see a clear bias of the motivation of CT. Since most of the motivation for CT is rooted in religion, as I showed in chapter 2, there is type of control religious authorities have over their followers. Humans are social beings and to be cast out from a social setting can be one of the most traumatic experiences for humans. By being part of a social community, many individuals feel safe and have their well-being increased. Since so many dominant religions promote cisheteronormativity and cisheterosexism, many LGBT+ people fear being left behind or cast out from their communities, a good example of inequalities of Rasmussen's *social standing*. This situation is what many religious authorities *exploit*. Since the claims made from providers and promoters of CT is only based on lies, I have identified three options they can give LGBT+ people: Option 1 is religious authorities stating that their religion is not compatible with LGBT+ people and, as a result, LGBT+ people cannot be part of it; option 2 is religious authorities admitting that their religion is wrong in claims about LGBT+ people being immoral so that LGBT+ people can (re)join the religious community; and, lastly, option 3 is religious authorities lying to LGBT+ people about being able to change their

[206] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), page 49, 1990.
[207] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), page 50, 1990.
[208] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 50-51.
[209] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 51.
[210] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 52.
[211] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 53.

sexual orientation or gender identity so they can (re)join their religious cisheteronormative and/or cisheterosexist community. Option 3 is what religious providers and promoters of CT go for. By setting the standard of what it means to be a morally good person, they *exploit* the fear LGBT+ people have of being cast out to keep them part of their religious community. This exploitation religious authorities use to keep LGBT+ people part of their religious community can increase their member count, it can give them more funding from the government, and/or they can earn money through the practice of CT.

Furthermore, CT providers exploit values LGBT+ lack in liberal states. For example, liberal states around the world have various approaches to the rights of same-sex couples. Some of them deny marriage, like Japan and Ukraine[212,213], which, furthermore, has implications for equal treatment. By not being married, some people are not able to adopt children[214], some cannot inherit money and belongings from their partner[215] "even after a lifetime of sharing and acquiring property", some are denied the option of visiting their partner in the hospital[216], and so on and so forth. Being married gives people certain rights privileges and by denying LGBT+ people marriage, these rights are restricted or denied. As a result, an unequal *social standing* becomes a motivation for LGBT+ people to gain certain privileges in society. Take, for example, the religion of Christianity. Christianity defines marriage between man and woman, a heteronormative and heterosexist definition, which means that societies that have a dominant Christian culture can deny same-sex couples the right of marriage. Any dominant religion that defines marriage this way has the potential to deny equal treatment of same-sex couples. This form of religious abuse is heterosexist, which has the effect of pressuring LGBT+ people to assimilate to heteronormative standards. As a result, this manufactured heteronormative and heterosexist situation creates another motivation for non-heterosexual people to undergo CT,

[212] Yamaguchi, "Japan PM: Ban on same-sex marriage not discrimination", 2023. taken 21.04.2023 at https://apnews.com/article/japan-kishida-lgbtq-samesex-marriage-discrimination-43baf7af74baf0d8b908124b19eabf0e
[213] Picheta, "Zelensky opens door to same-sex civil partnerships in Ukraine", 2022, taken 21.04.2023 at https://edition.cnn.com/2022/08/03/europe/ukraine-zelensky-same-sex-partnerships-intl/index.html
[214] Pew Research Center, "Same-Sex Marriage Around the World", 2019, taken 21.04.2023 at https://www.pewresearch.org/religion/fact-sheet/gay-marriage-around-the-world/
[215] Council of Europe, "Access to registered same-sex partnerships: it's a question of equality", 2017, taken 21.04.2023 at https://www.coe.int/fi/web/commissioner/-/access-to-registered-same-sex-partnerships-it-s-a-question-of-equality
[216] CAP, "Hospital Visitation and Medical Decision Making for Same-Sex Couples", taken 21.04.2023 at https://www.americanprogress.org/article/hospital-visitation-and-medical-decision-making-for-same-sex-couples/

namely, to have equal rights as a married couple in society. This unfortunate situation is what religious providers and promoters of CT *exploit* to their benefit. By stating, "you can have all these things you ever wanted; equal rights, safety, sustainability, a job, money, children, etc., but you must conform to our heteronormative standards", LGBT+ people have a sense of hope of equality and a future, a hope that is *exploited* by dominant heteronormative social groups standards to maintain "power, status" and/or "wealth".

Young's solution to end this *exploitation* is to promote "institutional, structural, and cultural changes", which I agree with. I, however, demand more than promoting these changes. To manifest acceptance, diversity, and equality for LGBT+ people, and reduce the demand for CT and *exploitation* of vulnerable LGBT+ people, I argue for an enforcement of these changes by outlawing CT in liberal states for all LGBT+ people.

4.2.2 – Marginalization Oppression

In the case of *marginalization*, which she argues might be the "most dangerous form of oppression"[217], Young explains that "in most Western capitalist societies, there is a growing underclass of people permanently confined to lives of social marginality"[218]. As a result, these groups of people are destined to be "subjected to severe material deprivation and even extermination"[219], which is "unjust, especially in a society where others have plenty". When discussing equal citizenship rights, Young explains, due to dependency, certain groups of people can be subject to "patronizing, punitive, demeaning, and arbitrary treatment"[220]. She, also, points out that, even though many people have their material needs met, like old people, they can face other challenges like feeling useless, bored and have lack "self-respect"[221]. These challenges occur since many of societies' activities freeze out certain groups of people and create deprivation of "social cooperation".

[217] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 53.
[218] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 53.
[219] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 53.
[220] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 54.
[221] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 55.

I agree with Young when she argues that *marginalization* might be the "most dangerous form of oppression". Building on the points made earlier in the *exploitation* paragraph, that LGBT+ people experience inequalities regarding marriage, inheritance, and so on, we see that LGBT+ people can be "subjected to severe material deprivation". Just like in the example of old people being frozen out of *social* activities, LGBT+ people cannot fit into various *social* activities due to cisheteronormativity and/or cisheterosexism. Not only can material deprivation be a lacking, as in the cases listed earlier about marriage, adoption, inheriting, and so on, LGBT+ people can also be subject to emotional deprivation. By not being treated equally to, and having equal status as, cisheteros, LGBT+ people can have their emotional needs suppressed daily. This material and emotional deprivation, then, can lead to feeling useless and having lack of "self-respect". This *marginalization* that LGBT+ people can face daily is amplified by promoters and providers of CT through their premises that LGBT+ people *can* and *should* change. The existence of CT and the premises that motivates this practice is "patronizing, punitive, [and] demeaning". By allowing CT, we allow *marginalization* of a vulnerable group that needs protection and acceptance.

The following quote from the United Nations underscores this point. They state,

> [t]he effects of such practices [CT] push LGBTI persons to the margin of societies, to heightened risk of poverty, unemployment, school drop-out, and homelessness. In short, it affects their ability to meaningfully contribute to societies and the ability of States to achieve their commitments under the SDG[222, 223]

The United Nation's Sustainable Development Goals (SDG) includes many goals to promote mental health and well-being around the world and the effect of CT hinders LGBT+ people's ability to reach these goals. The effects the UN points out, like *poverty*, *unemployment* and *homelessness*, has an impact on society as a whole. Liberal states tend to have social services through various tax systems that provides help when people do not have enough money, are

[222] The SDG is the UNs Sustainable Development Goals. See their website for more information about this, https://sdgs.un.org/goals

[223] *Online launch of the report on practices of "conversion therapy" by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity*, United Nations – Human Rights Office of the High Commissioner, 9th of July, taken 30.01.2022 at https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26077&LangID=E

unemployed, and cannot find a home[224]. This money comes from the tax system, paid by the collective in society. In other words, everyone in liberal states pays for the harm done on LGBT+ people in general and by CT. This burden on society, however, will be reduced by outlawing CT for all LGBT+ people.

Some of these burdens LGBT+ people face is an increased risk of getting HIV/AIDS and a breach of human rights. The stigmatization of Men who have Sex with Men (MSM[225]) leads to suffering and reduced wellbeing, increases the chances of the spread of HIV/AIDS, and is a cause of death. The WHO states, «[i]n some settings, criminalization of consensual adult same-sex behaviour, as well as stigma, discrimination and violence against MSM, have created an environment that compromises people's human rights and makes them less likely to access health services for HIV, viral hepatitis, sexually transmitted infections (STIs) and other essential services.»[226]. The Norwegian Health Authorities, FHI, informs that many MSM are not open about their sexual activities, which makes it difficult to map out their health needs. They state, "[m]ange msm er lite åpne om sin seksuelle legning i møte med helsepersonell, og spørsmål om sivil status etc. bør stilles på en kjønnsnøytral og legningsnøytral måte for å kartlegge ev. homofil praksis"[227]. The Centers for Disease Control and Prevention (CDC) states that one of the causes of the spread of HIV/AIDS is due to "[s]ocial and structural barriers such as systemic racism, stigma, discrimination, homophobia, poverty, and homelessness [which]can make it difficult to access HIV testing, care, and prevention services"[228]. Furthermore, the CDC informs that the US government also has a goal to reduce HIV infections by 90% in 2030, which can only be done "by dramatically reducing new HIV infections among the most affected groups, including Black/African American and Hispanic/Latino gay and bisexual men". Finally, the WHO states, "the world has committed to ending AIDS by 2030" and that "HIV disproportionally affects people in vulnerable populations that are often highly marginalized and

[224] Regjeringen, "Skatter og avgifter", taken 19.04.2022 at https://www.regjeringen.no/no/tema/okonomi-og-budsjett/skatter-og-avgifter/id1359/
[225] World Health Organization, "Men who have sex with men", taken at 16.02.2022 at https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men
[226] World Health Organization, "Men who have sex with men", taken at 21.12.2022 at https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/men-who-have-sex-with-men
[227] Folkehelseinstituttet, "Menn som har sex med menn og smittevern - veileder for helsepersonell", 2020, taken 30.04.2023 at https://www.fhi.no/nettpub/smittevernveilederen/temakapitler/14.-menn-som-har-sex-med-menn-og-sm/
[228] Centers for Disease Control and Prevention, "HIV and Gay and Bisexual Men", taken 28.04.2023 at https://www.cdc.gov/vitalsigns/hivgaybimen/index.html

stigmatized"[229]. We, then, see that LGBT+ people, especially gay and bisexual men, have different health needs than other members of the population. Stigmatization and *marginalization* among MSM steal people's health and can be viewed as a cause of death. By outlawing stigmatizing practices, states reduce suffering, increase well-being, and avoids death, especially among MSM.

Sexual health is a human right and very important for overall well-being. The WHO states,

> Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.[230]

Furthermore, the WHO states that to "achieve sexual health and well-being depends on" if people are "living in an environment that affirms and promotes sexual health". The WHO considers sexual health as a human right, which "involves respect, safety and freedom from discrimination and violence"[231]. To manifest the human right of sexual health, in other words, to create a sexual health environment that is respectful, safe, non-discriminatory, that does not create suffering and death, stigmatization and *marginalization* of MSM must stop. Marginalization can be committed for various reasons, including ignorance and stigmatization. Regardless of the reason, however, the effect is still damaging. Going back to Rasmussen's *social standing*, then, we see that the needs for LGBT+ people is different than cisheteros, which should promote solutions that is fitted to the challenges they face, like deprivation of health, money, jobs, opportunities, and so on. Since the *moral standing* and *social standing* can be separated, the case of *marginalization* of LGBT+ people become a good example of how one should promote equal *social standing*, regardless of people's *moral standing*. As a result, any practices that is counterproductive to progress the mentioned values of well-being, the human

[229] World Health Organization, "Global health sector strategies 2022-2030", taken 05.05.2023 at https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/strategies/global-health-sector-strategies
[230] World Health Organization, "Sexual health", taken 05.05.2023 at https://www.who.int/health-topics/sexual-health#tab=tab_1
[231] World Health Organization, "Sexual health", taken 30.04.2023 at https://www.who.intp/health-topics/sexual-health#tab=tab_3

right of sexual health, equal opportunities, avoid suffering, and so on, should, as a result, not be tolerated in liberal societies. Since CT promotes stigmatization of MSM and other LGBT+ people through its stigmatizing premise that they *should* change, it *promotes* and *provides* the exact opposite of what LGBT+ people need. CT, then, is a good example of a *marginalizing* and stigmatizing practice that should not be tolerated in liberal states. As a result, I argue, to respect material and emotional needs of LGBT+ people, to increase well-being among MSM, to avoid death among MSM, to respect the human right of sexual health, to drastically reduce or eradicate HIV/AIDS, and to reduce or remove the burden on society as a whole, both the *provision* and *promotion* of CT should be outlawed for minors and adults.

4.2.3 – Cultural Imperialism and Violence Oppression

The oppressions of *cultural imperialism* and *violence* are closely connected to one another in the case of how LGBT+ people are *treated* in general, and how CT is a manifestation of these two oppressions. As a result, I have combined them in one segment.

Cultural imperialism[232] can stereotype a group and "mark it out as Other" by "the universalization of a dominant group's experience and culture, and its establishment as the norm"[233]. Young states, "[a]n encounter with outer groups, however, can challenge the dominant group's claim to universality"[234]. As a result, Young states, people, like lesbians and gay men, become "reconstructed largely as deviance and inferiority" and, furthermore, "the dominant group's cultural expressions" dictates what is "normal" and "universal", which means those who cannot fit into this norm is marked as "Other"[235]. Any objection against the dominant culture is denied and the "Other" becomes "defined from the outside". Consequently, the culturally oppressed internalizes the standards created by the dominant group, which enforces their own oppression[236]. W.E.B. Du Bois explains this phenomenon as "double consciousness", which is

[232] Lugones, M.,C., and Spelman, E., V., "Have we got a theory for you! Feminist theory, cultural imperialism and the demand for 'the woman's voice'", printed in "Women's Studies International Forum" (volume 6, issue 6), 1983, page 573-581.
[233] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 59.
[234] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 59.
[235] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 59.
[236] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 59-60.

"this sense of always looking at one's self through the eyes of others" (Du Bois, etc)[237]. When the oppressed wants to be accepted for who they are, they are met with statements, from the dominant culture, that "she is different, marked, or inferior"[238]. This experience that the oppressed go through is not something that the dominant group can relate to[239] and, as a result, the stereotyping and marginalization of the oppressed from dominant group creates invisibility to the experiences of the oppressed[240].

In the case of *violence* oppression, Young states,

> [m]embers of some groups [like gay men and lesbians] live with the knowledge that they must fear random, unprovoked attacks on their persons or property, which has no motive but to damage, humiliate, or destroy the person.[241]

Furthermore, "[v]iolence [in the US] against gay men and lesbians is not only common, but has been increasing the last five years"[242]. Less severe attacks, also, include "harassments, intimidation, or ridicule simply for [the] purpose of degrading, humiliating, or stigmatizing group members"[243]. *Violence,* Young argues, is not only done directly to someone, like hate crimes, but it also exists "in the daily knowledge shared by all members of oppressed groups that they are" a target of this *violence*, simply because of their "group identity"[244]. Simply put, as I see it, these groups are subject to hate crimes and, as a result, have a daily knowledge, worry or fear, a form of *violence*, that they might be subjected to it next. Also, "[m]any accounts of racist, sexist, or homophobic violence attempt to explain its motivation as a desire to maintain group privilege or domination"[245]. As a result, Young has no doubt, "violence often functions to keep oppressed groups subordinate"[246]. Young argues that any institution that "encourage, tolerate, or enables the perpetuation of violence against members of a specific group" is "unjust" and "should be reformed"[247], a statement I 100% agree with.

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[237] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 60.
[238] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 60.
[239] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 60.
[240] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 60.
[241] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 61.
[242] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 61.
[243] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 61.
[244] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 62.
[245] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 62.
[246] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 63.
[247] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 63.

Psychology experts, like the American Psychological Association (APA), in addition to the Norwegian Police underscores Young's points. APA states,

> A hate crime is a "criminal offense against a person or property motivated in whole or in part by an offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender or gender identity (…) Hate crimes send messages to members of the victim's group that they are unwelcome and unsafe in the community, victimizing the entire group and decreasing feelings of safety and security. (…) Furthermore, witnessing discrimination against one's own group can lead to psychological distress and lower self-esteem.[248]

The Norwegian Police also informs hate crimes do not just cause harm to the person(s) involved. It is a threat to society and harms the group the person belongs to[249]. Hate crime laws, then, are specifically designed to prevent severe consequences not just for the victim(s) directly subjected to the hate crime but indirectly to other people as well.

The oppressions of *cultural imperialism* and *violence* are closely connected to one another in the case of how LGBT+ people are *treated* in general, especially regarding CT. The result of these forms of oppression is, referring to Rasmussen again, due to *moral* and *social inequalities*. This situation is perfectly explained by Young when she refers to how lesbians and gay men are "constructed largely as deviance and inferiority" and, as a result, become a group of "Other". This is underscored through the many examples we have seen so far of the challenges LGBT+ people are facing. The "double consciousness" W.E.B. Du Bois describe, then, is part of the daily lives of LGBT+ people. Every LGBT+ person must constantly think about the future, "will I get beaten up for holding hands with my same-sex partner when I pass this group of men or do we stop holding hands to avoid the risk?", "do I say something about this religious discrimination at work and risk losing my job or do I stay silent to keep my job?", and so on and so forth. This "fear [of]random, unprovoked attacks" and discrimination is something that

[248] American Psychological Association, "The Psychology of Hate Crimes", taken 21.04.2022 at https://www.apa.org/advocacy/interpersonal-violence/hate-crimes
[249] Politiet, "Hatkriminalitet – Anmeldt hatkriminalitet 2020 Sør-Vest politidistrikt", taken 21.04.2022 at https://www.politiet.no/globalassets/04-aktuelt-tall-og-fakta/kriminalitetsutvikling/anmeldt-hatkriminalitet-sor-vest-pd-2020.pdf

LGBT+ people are all too familiar with. This is, also, why hate crimes were introduced in the law, to mitigate the harm of biased based crimes.

By labeling a crime as a *hate crime*, a normative aspect is added to it, which illustrates the need and wishes to reshape a *culture* to avoid certain types of *violence*. Andrew Koppelman states, "antidiscrimination of gay people is cultural transformation: to stigmatize stigma, and make the prejudice that had been pervasive in a society into something that citizens instinctively reject", that this type of discrimination "is despised in the same way as racism"[250], and that "antidiscrimination law aims to reshape culture in order to eliminate patterns of stigma and prejudice that constitute some classes of persons as inferior members of society"[251]. Furthermore, he uses the discrimination of African-American people as a parallel, stating "[w]hen the federal Civil Rights Act was passed in 1964, many racists had religious bases for their views"[252]. As a result of this discrimination, Koppelman states, "the project of racial equality seeks to culturally marginalize the notion that African-Americans are intrinsically inferior and unworthy"[253], and "the law of racial equality seeks to eliminate racial meanings"[254]. In addition, he states, antidiscrimination laws are meant to dismantle "longstanding structures of dominance and subordination"[255]. By taking a stand against religious racism, the US took steps with anti-discrimination laws. I think Koppelman said it best that these laws are "social engineering"[256] to "stigmatize stigma" and, as a result, end stigmatization to promote equality. Since LGBT+ people face staggering discrimination due to religious abuse, Koppelman's parallel to racism becomes especially important to end this discrimination. Koppelman's description of hate crimes, and how to prevent it, can, then, be argued as a way to fight against the oppression of *cultural imperialism* and *violence*. This fight against these forms of oppressions promotes equal *treatment* in Rasmussen's *social standing*.

The inequalities in *moral* and *social standing*, in this case hate crimes against LGBT+ people, is, according to the UN Human Rights Office of the High Commissioner (OHCHR),

[250] Koppelman, "Gay Rights and Religious Accommodations", printed in "Ethics in Practice: An Anthology", 2020 page 493.
[251] Koppelman, "Gay Rights and Religious Accommodations", 2020, page 493.
[252] Koppelman, "Gay Rights and Religious Accommodations", 2020, page 492.
[253] Koppelman, "Gay Rights and Religious Accommodations", 2020, page 493.
[254] Koppelman, "Gay Rights and Religious Accommodations", 2020, page 494.
[255] Koppelman, "Gay Rights and Religious Accommodations", 2020, page 491.
[256] Koppelman, "Gay Rights and Religious Accommodations", 2020, page 494.

motivated through dehumanizing rhetoric, "including pathologisation, criminalisation, stigmatisation and negation"[257]. With the possible exception of criminalization, these are the exact premises for CT in liberal states. CT in liberal states stigmatizes through immoral rhetoric, it pathologically argues for a "cure" for a "disease" that does not exist, and it stigmatizes a group of normal, natural and healthy people. CT is just another example of *cultural imperialism* since providers and promoters of CT promotes a dominating culture that suppresses, oppresses and gaslights LGBT+ people into thinking that there is something wrong with them *and* that they can change. CT is a cause of discrimination due to its false and harmful premises, and these premises, as OHCHR explains, "are in flagrant breach of international human rights norms and universal medical ethics; they also fly in the face of recently agreed global development goals"[258]. Furthermore, the term *violence* can be interpreted in different ways. Many forms of CT is considered *violence* and *torture*, but in regards to Young's account of *violence*, we can interpret *violence* as a form of perpetuating fear against one's identity and group. By stating that LGBT+ people *should* change, like CT does, it perpetuates the notion that LGBT+ people are not welcome in society. CT can, then, be considered as an *attack* against LGBT+ people's existence and, despite its varying degree of violence in its approaches, like "corrective rape" and "prayers", they are always forms of *violence*. An attack against someone's existence, even if you do it through a prayer, is still an attack, as we saw the UN also underscored in chapter 2[259]. It is, then, notably clear to me that providing and promoting CT is a form of *violence* against LGBT+ people.

The provision of CT, then, has striking similarities to a hate crime. As the UN states, CT is always an attack against LGBT+ people. It never works and causes only harm to its consumers, and it perpetuates an inferiority status in all LGBT+ people because of their group identity due to its false premise that they *should* change. CT suggests LGBT+ people are not

[257] UN Human Rights Office of The High Commissioner, "UN expert: Tackling discrimination against LGBTI persons is a right to health and sustainable development imperative", taken 21.04.2023 at https://www.ohchr.org/en/press-releases/2022/06/un-expert-tackling-discrimination-against-lgbti-persons-right-health-and

[258] UN Human Rights Office of The High Commissioner, "UN expert: Tackling discrimination against LGBTI persons is a right to health and sustainable development imperative", taken 21.04.2023 at https://www.ohchr.org/en/press-releases/2022/06/un-expert-tackling-discrimination-against-lgbti-persons-right-health-and

[259] United Nations, "*Online launch of the report on practices of "conversion therapy" by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity*", OHCHR, taken 30.01.2022 at https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26077&LangID=E

welcome in society as they are and creates a daily worry or fear for LGBT+ people that they are targets of other people's practices to be suppressed, which Young explained is a form of violence. CT benefits the oppressors. The purpose to label an act as a hate crime is to reshape society, end suppressive cultural imperialism and violence, and stigmatize stigma. Having CT labeled as a hate crime supports Koppelman's description of the functions of a hate crime, in addition to encouraging Young's statement that such violent practices "should be reformed". Regardless of if CT should be considered as a hate crime or not, it still contributes to the already existing hate crimes done towards LGBT+ people by spreading stigma and a value of inferiority. The moral standing Rasmussen writes about becomes disfavored for LGBT+ people by allowing CT, which can fuel hate crimes.

So far in my thesis, I have based my analysis on the fact that CT is both ineffective and harmful. But what if CT *actually* became effective one day? Even though this is, probably, far in the future, *if* it ever happens, we can imagine a world where CT could be effective in converting LGBT+ people to cisheteros and, as a result, many of the arguments made so far in this thesis could be obsolete. For example, the "*It-Works"* argument presented in chapter 2 that providers and promoters fraudulently give could be worth reinvestigating. Some people have already tried predicting what states should do if CT ever became effective one day. Candice Delmas is one of them and she argues,

> 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.[260]

Delmas make compelling justifications to support her argument. The first argument is that *sexual minority* people would feel pressured to undergo effective CT. I do agree with her argument and would like to add that this pressure would be an added pressure to the already existing *cultural imperialistic* pressure of having LGBT+ persons assimilate to cisheteronormative standards. Referring to Gerald Dworkin, who states, "once I am aware that I have a choice, my failure to choose counts against me", Delmas argues that *sexual minority* people would have to justify being who they are if they do not commit to effective CT. As a

[260] Delmas, Candice, *Three Harms of "Conversion" Therapy*, Clemson University, 2014.

result, *sexual minority* people's identity transforms into a realm morality and justification, which would contribute, again, to added *cultural imperialistic* pressure for *sexual minority* people to justify their existence. Her third argument is that "conversion" would be considered a *rational* option. This third argument, I think, is a terrifying notion because society fabricates the problem of being a person of *sexual minority* and then, gives a "solution" to the problem through effective CT. We already know how to solve the problems LGBT+ people face, which is to promote acceptance and diversity. If society accepts effective CT as the rational choice, both society and LGBT+ people would contribute to further oppression of LGBT+ people. I do want to point out that even though Delmas' argument is aimed at *sexual minorities*, I think they also are relevant to people's *gender identity* as well. It, therefore, makes sense to include her argument to all LGBT+ people.

Striking similarities of the struggles LGBT+ people face through *cultural imperialism* and *social standing* inequalities becomes apparent through Simone de Beauvoir's teachings. Beauvoir is often quoted for stating that you are not born a woman, but you *become* a woman due to how society defines women and how women accept their gender role. She states, "[r]efusing to be the Other, refusing complicity with man, would mean renouncing all the advantages an alliance with the superior caste confers on them"[261]. By always being compared to men and defined through society's standards, women become known as the second sex. Beauvoir states, "[h]umanity is male, and man defines woman, not in herself, but in relation to himself; she is not considered an autonomous being"[262] and "[s]he is the Other"[263], remarkably similar to the "Other" Young refers to when describing *cultural imperialism*. By being compared from the outside it creates, as Du Bois described, a "double consciousness" since women must deal with their own identity along with how society defines them. What Beauvoir, Young and Du Bois is describing is what would happen if LGBT+ people accepted the role society has given them. Providers and promoters of CT creates a universal norm of cisheteronormativity. Anyone that cannot fit onto these norms are, then, marked as "Other", and LGBT+ people are one example of this "Other". By accepting the definitions indoctrinated by their surroundings through *cultural imperialism* instead of creating their own identity, LGBT+ people are "defined from the outside"

[261] Beauvoir, "The Second Sex", (Vintage, Kindle edition), 2011, location 518.
[262] Beauvoir, "The Second Sex", (Vintage, Kindle edition), 2011, location 438-440.
[263] Beauvoir, "The Second Sex", (Vintage, Kindle edition), 2011, location 445.

from the "dominant group", believing they *should* change, and oppress and pressure themselves to undergo effective CT. If any LGBT+ person would reject effective CT they would be deemed irrational, just like Delmas states, and, as a result, would be pressured to justify their actions for not undergoing effective CT.

I find Delmas' arguments very compelling and with her arguments, and along with Beauvoir's rejection of society's indoctrination of identities, in addition to the pressure of Du Bois' "double consciousness", it is clear to me that allowing effective CT to exist will create further oppression of LGBT+ people. To combat some of the many challenges LGBT+ people face, like the oppressions of *cultural imperialism, violence*, and inequalities in *moral* and *social standing*, setting boundaries to reshape liberal societies to promote diversity and acceptance should be taken. This will reduce or eradicate stigmatizing rhetoric, the motivation for hate crimes, and the "double consciousness" from being defined from the outside. These boundaries should, then, be set at any practice that undermines these values. As a result, I argue, CT, both the existing ineffective kind and the potential future effective kind, in liberal states should be outlawed for LGBT+ minors and adults.

4.2.4 – Powerlessness Oppression

Young argues that nonprofessionals in the working class suffer from the *powerlessness* oppression, in addition to *exploitation*. Due to how capital systems in many democratic countries are built, many people lack power, especially working-class men[264], on how to control the "conditions of their lives and actions"[265], which results in the powerless lacking "authority, status, and [a] sense of self"[266]. Also, Young states, "the distinction of "middle class" and "working class" designates a division not only in working life, but also in nearly all aspects of social life", like being "segregated or even [being in] separate towns", in addition to that the groups tend to have "different health and educational needs"[267]. Also, the professionals in the

[264] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 57.
[265] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 56.
[266] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 57.
[267] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 57.

workplace decide the norms of what is respectable, for example "taste" and "demeanor", while the professionals generally receive respect from others and is treated more respectfully[268].

As in the case of *powerlessness*, LGBT+ people face situations where they must stay in the closet to keep their jobs[269], maintain health care[270], and keep their homes. Just to name *a few* challenges in the US, LGBT+ people "have at least 15% higher odds of being poor than cisgender straight adults", "between 20% and 45% of homeless youth identify as LGBTQ", "[LGBT+ people] face an array of stigma and discrimination across the life course that undermines their ability to have stable, safe, and affordable housing", "[LGBT+ youth face] family rejection (…) [and] is a major factor contributing to their high levels of homelessness", "[LGBT+ people] face system-wide discrimination by mortgage lenders"[271], and they can get evicted due to their sexual orientation and gender identity[272]. The *powerlessness* Young describes, then, is applicable to too many situations LGBT+ people face daily. These *few* mentioned situations lead to the inability to control the "conditions of their lives and actions", and LGBT+ people get "segregated" away from people who do not want them around. Due to this (systematic) cisheterosexism, LGBT+ people experience suffering that cisheteros do not. This makes LGBT+ people have "different health and educational needs", which we saw examples of in the *marginalization* section like dropping out of school and sexual health in MSM. Furthermore, if you work at a Christian school, for example, the professionals can decide the norms of what is respectable, like "taste" and "demeanor", and any LGBT+ person that wants to keep their jobs must assimilate to cisheteronormative standards by hiding who they are, i.e., going "into the closet", while Christian cisheteros are treated with respect and get to keep their jobs.

[268] Young, "Five Faces of Oppression", (Princeton, N.J.: Princeton University Press), 1990, page 57-58.
[269] Sopelsa and Hillyward, "Karen Pence to teach at school that bans LGBTQ employees, students", 2019, taken 21.04.2023 at https://www.nbcnews.com/feature/nbc-out/karen-pence-teach-school-bans-lgbtq-employees-students-n959256
[270] CAP, "Discrimination Prevents LGBTQ People From Accessing Health Care", 2018, taken 21.04.2023 at https://www.americanprogress.org/article/discrimination-prevents-lgbtq-people-accessing-health-care/
[271] UCLA School of Law – Williams Institute, "LGBT People and Housing Affordability, Discrimination, and Homelessness", 2020, taken 21.04.2023 at https://williamsinstitute.law.ucla.edu/publications/lgbt-housing-instability/
[272] UCLA School of Law – Williams Institute, "LGBT Renters and Eviction Risk", 2021, taken 21.04.2023 at https://williamsinstitute.law.ucla.edu/publications/lgbt-renters-and-eviction-risk/

As mentioned earlier, the UN has numerous goals to develop well-being globally, the SDG. Due to its burden on society, one of these goals is to reduce *suicide*[273] and, as a result, laws that prevent suicide should be a top priority. Since LGBT+ people have an increased chance of suicide compared to cisheteros, they become a special focus on suicide prevention. The UN states that they want to "reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being"[274], which also includes suicide (goal 3.4.2)[275]. Since suicide is preventable[276], it is a priority to focus on suicide preventive measures, a statement which is also supported by the Pan American Health Organization[277]. The (WHO) "is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health"[278]. They promote three different strategies to prevent suicide, "universal, "selective" and "indicated"[279]. The universal strategy targets an entire population which can be preventing harmful use of alcohol, promote mental health and reduce the access to suicide. The selective strategy is to target vulnerable groups. Along with other vulnerable groups, the United Nations state that "LGBTQI+ People" is one of these groups[280]. The WHO states, "[s]uicide rates are also high amongst vulnerable groups who experience discrimination, such as refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTI) persons; and prisoners"[281]. We can see that the WHO and the UN is working together to protect vulnerable groups, including the LGBT+ community.

[273] World Health Organization, "Suicide in the SDGs", taken 27.04.2023 at https://www.who.int/teams/mental-health-and-substance-use/data-research/suicide-in-the-sdgs
[274] United Nations – Department of Economic and Social Affairs – Sustainable Development, "Transforming our world: the 2030 Agenda for Sustainable Development", taken 28.01.2022 at https://sdgs.un.org/2030agenda
[275] World Health Organization, "Suicide Worldwide in 2019 – Global Health Estimates", page 1, taken 29.01.2022 at https://www.who.int/teams/mental-health-and-substance-use/data-research/suicide-data
[276] World Health Organization, "Suicide prevention", taken 28.01.2022 at https://www.who.int/health-topics/suicide#tab=tab_1
[277] Pan American Health Organization, "Suicide Prevention", taken 28.01.2022 at https://www.paho.org/en/topics/suicide-prevention
[278] World Health Organization, "About WHO", taken 28.01.2022 at https://www.who.int/about
[279] World Health Organization, "Preventing Suicide – A Global Imperative – Executive Summary", page 8, taken 28.01.2022 at WHO Suicide.pdf and https://www.who.int/publications/i/item/9789241564779
[280] United Nations, "Vulnerable Groups – who are they?", taken 28.01.2022 at https://www.un.org/en/fight-racism/vulnerable-groups
[281] World Health Organization, "Suicide", 2021, taken 28.01.2022 at https://www.who.int/news-room/fact-sheets/detail/suicide

The WHO's "selective" suicide prevention, then, promotes the protection of the vulnerable group LGBT+ people who are *powerless* from oppressors.

Further burdens of suicide are highlighted by The Norwegian Directorate of Health. They inform that suicide is an enormous burden for the loved ones of the suicide victim in addition to health care workers[282]. For example, when someone commits suicide there is also an increased risk that the people left behind also commits suicide. The Norwegian Institute of Public Health (NIPH/FHI) informs, "[s]uicide has significant consequences for close family and friends, and for society as a whole"[283]. The reason for this is because there are, "higher rates of post-traumatic stress reactions, prolonged grief, depression, anxiety and suicidal thoughts and / or suicide attempts among the suicide bereaved". When it comes to the bereaved, meaning the ones left behind after a death, they also inform, "[c]orresponding mental and physical problems have also been observed among the bereaved after other sudden deaths". They also inform there being between 5000-6000 bereaved in Norway affected by suicide, and "those who are bereaved by suicide report higher levels of feelings of rejection, shame, stigma and the need to conceal what has happened". Suicide, then, does not just affect the suicide victim itself but society as a whole.

These mentioned challenges LGBT+ people face is due to *social inequalities*, which goes back to Rasmussen's *social standing* and how someone is *treated* since someone's status as an LGBT+ person creates the oppression of *powerlessness*. The solution to avoid these situations of *powerlessness* needs multiple approaches. To give power back to LGBT+ people, it is important to validate their existence and accept them for who they are. By not allowing discrimination in the workspace, health care, housing, and so on, through laws that prevent it, LGBT+ people will feel safe and have their chances for health problems mitigated. But the basis for this discrimination is lack of both acceptance and equality. Not only are LGBT+ people motivated to undergo CT for all these mentioned reasons, but they keep internalizing homophobia, biphobia and transphobia due to constant stigmatizing reminders from people who do not accept them for

[282] Sosial- og helsedirektoratet, "Nasjonale retningslinjer for forebygging av selvmord i psykisk helsevern", page 3, taken 29.01.2022 at https://www.helsedirektoratet.no/retningslinjer/forebygging-av-selvmord-i-psykisk-helsevern/Forebygging%20av%20selvmord%20i%20psykisk%20helsevern%20%E2%80%93%20Nasjonal%20faglig%20retningslinje.pdf/_/attachment/inline/c55a5440-c10d-4b7e-a81e-b6d16a6cd8b3:f889797fc632d620ac4f98a1ce83db3208336927/Forebygging%20av%20selvmord%20i%20psykisk%20helsevern%20%E2%80%93%20Nasjonal%20faglig%20retningslinje.pdf

[283] Norwegian Institute of Public Health, "Suicide in Norway", 2023, taken 29.01.2022 at https://www.fhi.no/en/op/hin/mental-health/suicide/

who are, who deem their existence as “less than” and immoral. The existence of CT promotes, encourages, and pushes forward this untrue belief, pressuring LGBT+ people to assimilate to cisheteronormative standards to avoid the oppression of *powerlessness*. Outlawing CT in liberal states for all LGBT+ people, then, should be implemented as an anti-discrimination solution, one of the many steps needed to avoid the oppression of *powerlessness*.

4.3 – Summary

Before concluding this thesis, it is worth noting all the points made so far in this chapter. The *moral standing* of LGBT+ people in liberal states is unequal, favoring cisheteros and stigmatizing LGBT+ people, which could negatively influence their *social standing* in cases like marriage, adoption, housing, jobs, loans, unemployment, schooling. Unequal *moral standing*, as in the case of gay men, can take centuries to get rid of. These inequalities create an *impairment* in informed LGBT+ people when they choose CT. Laws on *social standing* are already in place in liberal states to protect LGBT+ people and should include CT as well, where the *promotion* of CT should be considered as hate speech and the *provision* of CT could be considered to possibly be a form of a hate crime. Due to fear, material deprivation, emotional deprivation and unequal *moral* and *social standing*, LGBT+ people are being *exploited* when being offered CT since religious authorities monetize CT, increase their member count, and/or can get subsidies from the government. *Cultural imperialism* contributes to the inequalities LGBT+ people face, marks LGBT+ people as “Other”, defines LGBT+ through dominant universal norms, and creates “double consciousness”. By accepting definitions given from dominant oppressive groups, LGBT+ people are accepting their own oppression. *Marginalization* of LGBT+ people stigmatize this vulnerable group, creating situations LGBT+ people are *powerless* against like poverty, unemployment, rejection from family, school dropout, homelessness, suicide, an increased spread of HIV/AIDS, a breach of the human right to sexual health, all of which becomes a burden on society as a whole. LGBT+ people face *violence* on a daily basis due to daily fear of belonging to this group, which keeps this group oppressed. Effective CT causes harm to LGBT+ people since it pressure LGBT+ people to convert, will install a moral responsibility on LGBT+ people to defend themselves, and make CT a *rational* choice. LGBT+ people have different health needs than cisheteros, which must be respected and promoted. To

minimize or combat *oppression* and inequalities in *standings*, and increase wellbeing of society as a whole, liberal states should make laws that affirms, rather than suppress, diversity, individuality, equality and acceptance of LGBT+ people. As a result, both the *provision* and *promotion* of CT in liberal states should be outlawed for minors and adults.

Chapter 5 – Conclusion

In chapter 1, I raised awareness to the challenges liberal states face regarding conversion therapy (CT), if this ineffective and harmful practice should be regulated or outlawed, the provision of it and/or the promotion of it, to LGBT+ minors or LGBT+ adults as well. My thesis statement was that the provision and promotion conversion therapy in liberal states should be outlawed for minors and adults.

In chapter 2, I gave a definition of CT, which is *the attempt to change or suppress an LGBT+ person's sexual orientation, sexual behavior, gender identity and/or gender expression, to become heterosexual and cisgendered*. Based on international empirical evidence from major health experts, I also argued that CT is fraudulent, ineffective, dangerous, malicious, stigmatizing, and an assimilation practice.

In chapter 3, I criticized six arguments anti-paternalists provide against paternalism. Since CT harms its consumers, I argued for outlawing CT in liberal states for minors and adults since it can (a) reduce or avoid harm, (b) promote neutral moral values, (c) avoid poorly motivated or misguided paternalism, (d) show respect to the individuals who are paternalized, and (e) protect, preserve, or enhance their self-development. The types of *paternalism* I argue for are *impure* since the class of people that are being interfered with is larger than the class of people being protected, in addition to being *narrow* since the interference is on a state level, i.e., by being outlawed.

In chapter 4, I gave an account of Kasper Lipper-Rasmussen's *Moral standing* and *social standing*, in addition to Iris Marion Young's *Five Faces of Oppression*. I used these accounts to argue, on non-paternalistic grounds, that LGBT+ people are an oppressed group, that CT contributes to this oppression, and that it is better for society as a whole that CT becomes outlawed in liberal states for minors and adults.

5.1 – Further Discussions

My thesis raises further questions which warrants further research that goes beyond the scope of the present work. As a result, I have decided to briefly comment on each of these topics, and I plan to take at least some of them up in later research.

This thesis focused on CT in *liberal states* because in illiberal states, it can be extremely dangerous to exist as an LGBT+ person, as we briefly saw in chapter 2. Since gay men are criminalized in a third of the world, it becomes important to discuss what harms *less.* Specifically, like the laws in Uganda suggests[284,285], you might only have two options. Either you (1) receive life in prison or the death penalty for existing as an LGBT+ person, or (2) you "choose" to undergo CT. This *choice* could, potentially, save many people's lives. As a result, the discussion of CT in illiberal states must be dealt with completely differently than I have done in this thesis. There must be a harm-reduction approach to the abuse LGBT+ people already face in these countries and, as a result, CT could be justified to save lives. We know that many people commit suicide for undergoing CT, but if the choice is either the death penalty or CT, there might be an argument to promote CT in these countries to save lives, regardless of some of them eventually committing suicide. I, therefore, hope that this thesis will not be used to argue for outlawing CT in illiberal states. This thesis is built on the fact that liberal states protect diversity, individuality, and wants to end suffering of its citizens. Many illiberal states, however, to not share these values, either all of them or some of them. As a result, analyzing CT in these illiberal states *must* be done differently, which calls for further research beyond the scope of this thesis.

I am not the first to highlight this problem of human rights abuse towards LGBT+ people in illiberal states. The World Health Organization (WHO) states, "[i]t has been argued that classifying some forms of same-sex sexual behaviour as mental disorders can protect individuals from execution for homosexuality via a mental disorder exemption"[286]. This statement from the WHO should be taken seriously since it is "the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so

[284] Bhandari, "Uganda's anti-gay bill is the latest and worst to target LGBTQ Africans", 2023, taken 25.04.2023 at https://www.reuters.com/graphics/UGANDA-LGBT/movakykrjva/
[285] The Guardian, "Uganda's president refuses to sign new hardline anti-LGBTQ+ bill", taken 25.04.2023 at https://www.theguardian.com/global-development/2023/apr/20/ugandas-president-refuses-to-sign-new-hardline-anti-gay-bill
[286] National Library of Medicine, "Proposed declassification of disease categories related to sexual orientation in the International Statistical Classification of Diseases and Related Health Problems (ICD-11)", taken 13.05.2023 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4208576/

everyone, everywhere can attain the highest level of health"[287]. If the only options you have is between execution or suppressing who you are through CT, *choosing* the latter option seems the most likely *choice* for many LGBT+ people. Put differently, the WHO presents an argument of a lesser "evil" out of two "evils", which can save lives in cisheterosexist states that performs death penalty on LGBT+ people. Understandably, for some individuals this lesser *choice* is not an option because submitting to a lifetime of suppression, oppression, bitterness, anger and suffering in a country that does not want them can feel like no life at all, which, furthermore, means they will either commit suicide because they can't be themselves *or* voice who they are and risk execution. The efficacy of this approach is highly controversial, especially since, as the WHO states, "the Working Group was unable to establish whether such a defence has actually been used, despite sporadic executions for homosexuality in recent years". Also, if CT ever became effective, illiberal states should consider providing this practice to save as many people as possible.

Further research should be done to CT and unwanted and harmful sexual desires, like pedophilia. I assume LGBT + people do not want pedophiles to be "lumped up" in the LGBT+ acronyms and be part of its community. Sexuality has different ways of manifesting. Some are attracted to genders, the partner's sex, or to age[288]. Pedophiles go through tremendous suffering throughout their lives due to their very unfortunate gene pool[289]. Health organizations, like the Norwegian Directorate of Health, has recently started promoting professional medical assistance to those who have sexual attractions towards children[290]. Among other ways, they inform about this help through commercials, videos and websites[291,292]. They clearly state that pedophiles

[287] World Health Organization, "About WHO", taken 04.02.2022 at https://www.who.int/about
[288] Freund, Heasman, Racansky and Glancy, "Pedophilia and heterosexuality vs. homosexuality", taken 25.04.2023 at https://pubmed.ncbi.nlm.nih.gov/6512871/
[289] Helsedirektoratet, "Lavterskeltjeneste", 2020, taken 04.02.2022 at https://www.helsedirektoratet.no/faglige-rad/helsetilbud-til-personer-som-star-i-fare-for-a-bega-seksuelle-overgrep-mot-barn-det-finnes-hjelp/lavterskeltjeneste#lavterskeltjenesten-b%C3%B8r-kunne-tilby-time-til-behandling-ved-f%C3%B8rste-henvendelse-til-pasienter-med-seksuell-interesse-for-barn
[290] Helsedirektoratet, "Helsetilbud til personer som står i fare for å begå seksuelle overgrep mot barn: «Det finnes hjelp»", 2020, 04.02.2022 at https://www.helsedirektoratet.no/faglige-rad/helsetilbud-til-personer-som-star-i-fare-for-a-bega-seksuelle-overgrep-mot-barn-det-finnes-hjelp
[291] Helsedirektoratet, "Få hjelp til å håndtere dine seksuelle tanker om barn på detfinneshjelp.no", taken 25.04.2023 at https://www.youtube.com/watch?v=eRDtzKQKpFU&ab_channel=Helsedirektoratet
[292] Helsenorge, "Det finnes hjelp – hjelp til voksne med seksuell interesse for barn", taken 25.04.2023 at https://www.helsenorge.no/sykdom/psykiske-lidelser/pedofili/det-finnes-hjelp/

deserve respect, dignity, and professional advice[293], a statement I strongly agree with. It is important to note that many pedophiles do not commit any crimes. As a result, pedophiles are victims of their own gene pool. They can think rationally that since their actions will very likely cause, often irreversible, harm to children[294], they do not engage in this behavior. It is, then, heartbreaking to see that so many people want to harm pedophiles. What these people need is compassion, respect, clinical help, medication, and to experience wellbeing that does not entail being around children. It is as if people think that just because you are a pedophile, you cannot be happy. But this is not the case. For example, if someone loses a leg, their life is not over. They can still have a genuinely good life without their leg. For a pedophile, realizing that they are sexually attracted to children, does not have to be a "death sentence", so to speak. They can still have a very fulfilling life. As a bonus, by helping pedophiles, we also prevent child sexual assault[295]. Helping pedophiles, then, has two components to it. It is about alleviating suffering and increasing well-being in the pedophiles, along with making society safe for everyone.

In the case of pedophilia, here is where CT might prove to be beneficial one day, if it ever were to be effective. Keep in mind, CT is, as of today, directed towards LGBT+ persons, but if, one day, one was able to change the sexual attraction of a person who is suffering for being a pedophile, imagine how much better their personal life would be if they had the choice to undergo CT. Imagine, also, how great it would be for all the parents that worry about their children, and the children themselves that no longer will be subjected to child sexual assault. I do want to emphasize that just because something is illegal, as in the case of child sexual assault, does not automatically make it wrong or immoral. Being gay in a third of the world is illegal, but that does not make it wrong. The consensus in the scientific community is that the criminalization of gay men is wrong, violates human rights, and in addition, I argue, it is a crime against humanity since it meets its requirements of *systematic imprisonment*[296]. In the case of

[293] Helsenorge, "Pedofili", taken 04.02.2022 at https://www.helsenorge.no/sykdom/psykiske-lidelser/pedofili/
[294] Redd Barna, "Hjelpelinje for personer med seksuelle følelser for barn", page 3, taken 04.02.2022 at https://www.helsedirektoratet.no/faglige-rad/helsetilbud-til-personer-som-star-i-fare-for-a-bega-seksuelle-overgrep-mot-barn-det-finnes-hjelp/metode-og-prosess/Hjelpelinjerapport%202017.pdf/_/attachment/inline/2e176132-456e-47e0-a4e9-ec7de0d59677:92e3ac81c1122ad3fe78c04337dbaa1c36839cbe/Hjelpelinjerapport%202017.pdf
[295] Redd Barna, "Hjelpelinje for personer med seksuelle følelser for barn", page3 taken 25.04.2023 at https://www.helsedirektoratet.no/faglige-rad/helsetilbud-til-personer-som-star-i-fare-for-a-bega-seksuelle-overgrep-mot-barn-det-finnes-hjelp/metode-og-prosess/Hjelpelinjerapport%202017.pdf/_/attachment/inline/2e176132-456e-47e0-a4e9-ec7de0d59677:92e3ac81c1122ad3fe78c04337dbaa1c36839cbe/Hjelpelinjerapport%202017.pdf
[296] United Nations – Office on Genocide Prevention and the Responsibility to protect, "Crimes Against Humanity", taken 28.04.2023 at https://www.un.org/en/genocideprevention/crimes-against-humanity.shtml

child sexual assault, however, we know it causes great harm to children[297], sometimes irreversible, which is one of the many reasons why it is wrong and should be illegal. Since children cannot consent to this harm due to their immaturity, they must grow up to give consent to engage in sexual activity. Once the child has grown up, however, the pedophile, obviously, is no longer interested in the child. I, therefore, genuinely believe, that CT, if it ever would be effective in changing people's sexual attraction, could be quite beneficial in these situations, both for the pedophiles themselves since they experience great suffering throughout their lives, which can lead to suicide[298], and for society as a whole. The arguments to support my claim is still paternalistic and non-paternalistic. I do want to emphasize that being LGBT+ and being a pedophile are two completely different things that that cannot be equated, compared or related to. As a result, the approaches to each of these cases must be dealt with differently. The Norwegian Directorate of Health has recently started promoting professional medical assistance to those who have sexual attractions towards children[299], both to alleviate the suffering of the patient and to prevent child sexual abuse. Based on this reasoning, it makes sense, if CT ever becomes effective in changing someone's sexual desires, that we keep making CT illegal for LGBT+ people, as I have already argued for in chapter 4, but seriously consider making it legal for pedophiles. I am worried, though, that by making effective CT legal in liberal states for pedophiles, we create a slippery slope for pressuring, or forcing, LGBT+ people to be cisheteros, which should be taken into account when considering legalizing CT for pedophiles.

Further research should be done on CT and freedom of religion. The scope of freedom of religion is too big of a project to include in this thesis, so, I decided to omit it. As I have displayed throughout my thesis, religion has done, and keeps doing, monumental damage to millions of people worldwide, especially gay men. But it, also, does alleviate suffering for millions of people as well. There are many good reasons to consider freedom of religion as a

[297] Redd Barna, "Hjelpelinje for personer med seksuelle følelser for barn", page 3, taken 04.02.2022 at https://www.helsedirektoratet.no/faglige-rad/helsetilbud-til-personer-som-star-i-fare-for-a-bega-seksuelle-overgrep-mot-barn-det-finnes-hjelp/metode-og-prosess/Hjelpelinjerapport%202017.pdf/_/attachment/inline/2e176132-456e-47e0-a4e9-ec7de0d59677:92e3ac81c1122ad3fe78c04337dbaa1c36839cbe/Hjelpelinjerapport%202017.pdf

[298] Helsedirektoratet, "Lavterskeltjeneste", 2020, 04.02.2022 at https://www.helsedirektoratet.no/faglige-rad/helsetilbud-til-personer-som-star-i-fare-for-a-bega-seksuelle-overgrep-mot-barn-det-finnes-hjelp/lavterskeltjeneste#lavterskeltjenesten-b%C3%B8r-kunne-tilby-time-til-behandling-ved-f%C3%B8rste-henvendelse-til-pasienter-med-seksuell-interesse-for-barn

[299] Helsedirektoratet, "Helsetilbud til personer som står i fare for å begå seksuelle overgrep mot barn: «Det finnes hjelp»", taken 04.02.2022 at https://www.helsedirektoratet.no/faglige-rad/helsetilbud-til-personer-som-star-i-fare-for-a-bega-seksuelle-overgrep-mot-barn-det-finnes-hjelp

human right, but, equally, there are many good reasons to set boundaries to what it can and cannot do. As mentioned earlier in this thesis, the form of CT "corrective rape" is already illegal in liberal states, which means just because something is within the parameters of religion, like "correctional rape" can be, it does not automatically make it legal. Other examples that support this statement is the practice of Female Genital Mutilation (FGM, which can be illegal in many liberal societies while ritual circumcision of boys and men can be offered in public hospitals at the same time. Some liberal states allow adult Jehovah's Witnesses to commit suicide by letting them deny themselves blood transfusion[300], while Jehovah's Witnesses children can be denied the same option. Abortion can be restricted or denied, euthanasia can be legal or illegal, and animal abuse is argued for and against, all in the name of religion. Liberal states, then, already sets boundaries to what religious people can and cannot do, both to themselves and others. The boundaries set to religious freedom can conflict with different rights and values, which we have seen in the case of religious motivated CT since it goes against diversity, inclusion and individuality. As Cécile Laborde argues in *Liberalism's Religion*, freedom of religion is not the only value in liberal states that needs protecting[301]. The Human Rights Watch has illustrated quite well how religion is often favored in the United States due to the many attacks done by Republicans against LGBT+ people by pushing many anti-LGBT+ legislations[302,303], often motivated by "traditional values" and Christianity. Morality, then, becomes, for many, a big part of religion and, consequentially, freedom of religion. Religion has many components attached to it. For example, subjective and objective morality, what its boundaries are, where its place is in secular, democratic, liberal societies. One could ask what even religion *is* since this notion is still not clearly defined. One could also ask, are all rights in liberal states justified, equal, or ranked? We already see, for example in the United States, that bills and legislations significantly disproportionately favor religious freedom instead of LGBT+ rights[304], and by asking if religious freedom is ranked compared with other human rights, which rights are more important and

[300] Tidsskriftet Den Norske Legeforening, "Større kirurgisk inngrep hos Jehova's vitner", 2006, taken 06.06.2022 at https://tidsskriftet.no/2006/10/aktuelt/storre-kirurgiske-inngrep-hos-jehovas-vitner
[301] Laborde, "Liberalism's Religion", (Harvard University Press), 2017, page 5.
[302] , taken 25.04.2023 at https://www.hrw.org/news/2022/09/06/how-targeting-lgbtq-rights-are-part-authoritarian-playbook
[303] Human Rights Watch, "How Targeting LGBTQ+ Rights Are Part of the Authoritarian Playbook", taken 25.04.2023 at https://www.hrw.org/news/2022/11/18/us-state-readies-first-anti-transgender-bill-2023
[304] Human Rights Watch, ""All We Want is Equality"", 2018, taken 28.04.2023 at https://www.hrw.org/report/2018/02/19/all-we-want-equality/religious-exemptions-and-discrimination-against-lgbt-people

where does religion fit into this ranked system of values? How far can freedom of speech and hate speech go in the name of religious freedom? The topic of religion, I realized, became too much of a task to include in this thesis if I wanted to do it justice. I believe, the topic of CT and religious freedom deserves its own thesis, which could be asking, "Does freedom of religion justify providing conversion therapy in liberal states to LGBT+ people?"

Further research should be done on the topic of *how* CT in liberal states should be outlawed for minors and adults. As we saw in the introduction chapter, various states have various approaches on how to criminalize CT. Some criminalized the providers *only*, while some criminalized the promoters as well. Some laws protected only LGBT+ children and others protected LGBT+ adults as well. Even though I have argued in this thesis that both providers and promoters of CT in liberal states should be criminalized for providing and promoting CT to all LGBT+ people, I have not given information as to *how* they should be criminalized. Philosophy of law is its own branch in philosophy that should consider the efficacy of harm reduction in relation to state-funded CT, private organizations providing and promoting CT, and how individuals should be punished for providing and promoting CT. There are various "levels" of how CT is offered. For example, it is reasonable that authorities in health care have a higher responsibility to *not* promote CT in liberal states to LGBT+ people, while a friend or a parent of an LGBT+ person do not have the *same* responsibility as these health authorities. Also, churches and other organizations that are state funded should be considered to be held *more* accountable for providing and promoting CT than organization that do not receive any state fundings. Each of these "levels" of authority should, then, be considered when discussing harm reduction in outlawing CT in liberal states for LGBT+ people. In addition, labelling the provision of CT as a *hate crime* can potentially greatly benefit the LGBT + community. However, since the definition of what constitutes a hate crime can vary depending on which liberal state you ask, and since the philosophical literature on hate crimes is so vast, it would be beneficial to analyze if CT should be deemed a hate crime.

Finally, for this thesis, I only added Rasmussen's *moral standing* and *social standing*. The other three RE dimensions he mentions, *aesthetic*, *empirical*, and *epistemic*, are relevant to the lives of LGBT+ people. For example, regarding aesthetic standing, LGBT+ people lack representation in the media industry, which creates invisibility and has already encouraged a

change to the media industry[305]. LGBT+ people also make, what Miranda Fricker calls, *credibility excess* to providers of CT and *credibility deficit* to international health experts, which suggests that they might be committing an epistemic injustice[306,307], which results in a disproportionate *empirical standing*. It is unclear to me, however, if CT contributes to reducing these RE standings for LGBT+ people. As a result, I think could be interesting to explore these topics further.

[305] Holte, "Ny mangfoldsstrategi i reklamebransjen", taken 22.04.2023 at https://www.utrop.no/nyheter/nytt/271174/
[306] Fricker, "Epistemic Injustice and the Role of Virtue in the Politics of Knowing", (Metaphilosophy LLC and Blackwell Publishing Ltd), 2003, p. 164.
[307] Miranda, "Epistemic Injustice", (Oxford University Press), 2007.

5.2 – Final thoughts

My final thoughts about this important topic are that by allowing CT to exist in liberal states, we are committing and injustice towards LGBT+ people, which liberal states have a responsibility to protect against. I think the *promotion* of CT is the equivalent to hate speech and that *provision* of CT should possibly be considered to be a form of a hate crime. I believe it is imperative that all liberal states abolish any form of this practice, since it will set clear boundaries for what values they stand for, values like diversity, individuality, wellbeing, and equality, which will not just benefit LGBT+ people, but society as a whole. I have learned many surprising things about CT throughout writing this thesis, but what surprised me the most was the fact that it is still legal in many liberal states.

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