A Road to Reconciliation

In the Treatment of Those with

Unwanted Same-Sex Attraction

By Dr. Ann E Gillies, Ph.D.

A Road to Reconciliation on Sexual Change Therapies?

My eldest son's story is one of heartache and success. At 27 he decided he was dissatisfied with his life in the LGBTQ community. He invested in 3 years of counselling and in his words "it was only at the end of counselling when he realized that his identity was so much more than his sexuality".

As he found freedom from his deep anger due to trauma from horrific chronic sexual abuse, he began to pursue a spiritual identity. In the midst of this pursuit found himself leaving his 'gay' identity behind for heterosexual attraction. Several years later he married a woman and now has 4 lovely children. In his own words, he says he could never have imagined what it was truly like to be loved and to truly love in return.

IN 2013 a group of highly qualified therapists and academics from 'opposing sides' of this debate, joined together to produce the Reconciliation and Growth Project https://reconciliationandgrowth.org/.

The following remarks are based on this report,

The continued use of terms such as: torture, abuse, hateful, reparative, conversion, sexual orientation change efforts, and "affirmative" therapies *fuel adversarial tensions*.

Such terms obscure the common ground between diverse perspectives.

The desire is to move beyond adversarial strategies & focus instead on collaborative efforts that will foster a respectful dialogue to

- facilitate individual self-determination; and do no harm.
- The ethical principle of self-determination requires that each individual be seen as a whole person

- and be supported in their right to explore, define, articulate, and live out their own identity.
- Ethical care involves *working within the client's value system* to enhance the client's well-being.

The Basic principles of Reconciliation and Growth

- First, and most importantly, the person *is not mentally ill*. We acknowledge that shifts in sexuality and gender identity can & do occur for some people.
- Secondly it is important to *accept that a person's desire to bring their life* into harmony with closely held religious beliefs may very well be their possible and desired outcome of treatment
- Harm has been reported when highly religious or sexual and gender minority clients are *pressured to identify* one way or another.
- clients should feel safe to explore the many relationship options available to them including heterosexual relationships & marriage, or celibacy.
- Faith identity and development is unique to each person. Assuming that all should believe a certain way, may damage the capacity for authentic faith expression in that person.

Clients must not be restricted from pursuing their own healthy <u>identity</u> development.

An integrated process will

- increase overall mental health and functioning,
- decrease client distress, and
- invite the client to examine and modify unhealthy expressions of sexuality, gender, and/or faith.

A good therapist will listen well as the client shares their history, their stories and then help that individual make sense of their life. We must not be banned from providing holistically for each individual that comes through our doors.

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Conversion Therapy bans refuse to take into consideration that any type of psychological treatment can result in unwanted outcomes, including the potential for perceived harm, complete failure and possible relapse which are being expressed by those who are supporting this bylaw.

Mental health professionals have been intimidated into silence. We have seen this continually today by members of the council, who refuse to allow quotes from peer reviewed research that indicates statistically significant improvements psychological and interpersonal well-being.

The same professional organizations that have promoted the *now invalidated* 'born that way" theory are the ones who promote CT bans. If they have been wrong for 40 years on somethings so important as immutability we MUST question their promotion of CT bans!