

Supporting individuals conflicted in religious and sexual identities: exploring the possibilities for congruence with religiously motivated clients.

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Background

This document seeks to demonstrate the validity of working with individuals who present with unwanted same-sex attractions and are conflicted in their religious and spiritual identities. It offers a *modus operandi*, commensurate with a trainee psychotherapist status, or practicing psychotherapist, for individuals wishing to work an ethical framework, which seeks to protect sexual minorities from irresponsible therapeutic approaches¹. The following approach offers neither 'reparative', nor 'conversion' therapy.

Often the client population seeking help with these issues requests orientation change, but is unaware of the internalised processes which may have both led them into such conflict, and driven them to seek reorientation. Uncritical acceptance of such requests may lead to collusion between psychotherapist and client on the one hand, and social and religious prejudices on the other.

There is no conclusive scientific evidence, "one way or the other" (APA 2009:23ⁱⁱ) that sexual orientation change efforts (SOCE) are successful. Neither is there clarity on the nature of 'orientation' nor a consensus on how to measure it. Anecdotal evidence exists claiming both instances of the harm that such efforts may produce (Shidlo and Schroderⁱⁱⁱ, 2005) and instances where varying degrees of change have been experienced (Spitzer, 2004^{iv}; Jones and Yarhouse, 2009^v).

Approach to psychotherapeutic support for individuals conflicted in sexual identity

Responsible support for individuals who request sexual reorientation and are conflicted in their sexual and religious identity, recognises the need to proceed with caution and to distinguish between a range of possible integrative pathways. These should be suited to client goals, values and worldviews, expatiated after appropriate assessment and exploration of presenting issues. Approaches respectful of sexual minority groups are considered in 1-4 below with the example of homosexuality, for the purposes of illustration:

- (1) Affirmation of the person with the homosexual impulse.** At the most fundamental level, affirmation of individuals with the homosexual impulse, irrespective of whether this is being denied, repressed or acted upon, provides a normative context in which clients can then explore personal responses to this part of themselves. This includes the affirmation of the right of individuals to decide their own pathway, practice and sexual identity, and the view that for some religious groups, including mainline Christian denominations, homosexuality is neither an aberration nor 'sinful'. Affirmation is also offered to individuals with traditional, conservative or orthodox perspectives on the expression of homosexual practice.
- (2) Exploration of presenting issues and appropriate, personal responses.** The therapy objective is therefore clarification of tailored pathways appropriate for future identity integration, consistent with personal values. This clarification may lead to a quest for celibacy, integration (to the LGB community) or to change. Such work at the initial stages is exploratory, in which clients are assisted by the trainee psychotherapist or psychotherapist to understand, as far as possible,

where such feelings have come from, and why such conflicts have emerged. This does not mean the therapist assumes or communicates to the client that their experience of sexuality orientation or 'patterning' is to be understood necessarily as attachment-, development- or trauma-based.

(3) Advanced informed consent for further work. Exploratory work with clients may find that they lean towards a certain direction, or are clear about the identity they would like to confirm. In all cases trainee psychotherapists or psychotherapists must provide the client with accurate, up to date information which will support a client's permission for further intervention. Advanced informed consent at the very least clarifies that^{vi}:

- (3.1) homosexuality is not a mental illness needing to be 'cured' according to the mental health organisations, internationally;
- (3.2) perspectives on the etiology of homosexuality and the causes of identity conflict are dependent on the trainee or psychotherapists' access and understanding of up to date research, and their own life experiences;
- (3.3) clients' values and beliefs may become more easily clarified when clients consider how their view of homosexuality changes in response to different versions of how homosexuality and identity conflict develop;
- (3.4) there is no evidence-base for the successful outcome of either gay integrative or re-orientation therapies;
- (3.5) some reports suggest that reorientation therapy may be harmful for some clients.

(4) Referral and/or psychotherapy. A referral may take place at the beginning of this process, or at any subsequent stage, or following advanced informed consent. The outcome of interventions 1-3 above, whilst unlikely to be linear, may mean any of the following requests are made by the client:

- (4.1) assistance in management of sexual identity for those unwilling to publically identify as 'gay' or to integrate with the LGB community, nor to acknowledge to others that such impulses are a personal reality;
- (4.2) assistance to achieve the personal goal of celibacy and chastity;

A trainee psychotherapist or psychotherapist with conservative religious values may refer on clients requesting either:

- (4.3) integration into the LGB community through referral to a suitable psychotherapist, qualified and willing to facilitate integration into an LGB identity;
- (4.4) reorientation therapy through referral to a suitable psychotherapist, qualified and willing to assess the client for work around sexual reorientation.

ⁱ UKCP statement on the 'reparative therapy' of members of sexual minorities – Feb 2010: <http://www.psychotherapy.org.uk/article1260.html> <14 September 2010>.

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- ii Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009)
<http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>
 - iii Shidlo, A., and Schroeder, M. "Changing sexual orientation: A consumers' report." *Professional Psychology: Research and Practice*, Vol 33(3), Jun 2002, 249-259.
 - iv Spitzer, R. L. (2003). Can some gay men and lesbians change their sexual orientation? Two Hundred participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior*, 32, 403-417.
 - v "Ex Gays? An Extended Longitudinal Study of Attempted Religiously Mediated Change in Sexual Orientation" APA Sexual Orientation and Faith Symposium. (2009).
<http://wthrockmorton.com/wp-content/uploads/2009/08/Jones-and-Yarhouse-Final.pdf>
 - vi Adapted from: Throckmorton, W and Yarhouse Mark, A (2006). Sexual Identity Therapy: Practice Framework for Managing Sexual Identity Conflicts. <http://sitframework.com/wp-content/uploads/2009/07/sexualidentitytherapyframeworkfinal.pdf> <23 August 2011>