

Repenting the Harm Done by Conversion Therapy

The pastoral role of the church is to affirm each person's God-given identity. Therefore, RCHP joins The Classis of New Brunswick, an open and affirming organization of 29 local churches to whom alone we are amenable, to strongly advise the General Synod of the Reformed Church in America to no longer support dangerous therapy called conversion/reorientation/reparative therapy and to repent the harm it has done in recommending this therapy, as in the following overture:

The Classis of New Brunswick advises General Synod to acknowledge that therapy that seeks to change the sexual orientation of persons who do not conform to heterosexual norms, called "reorientation therapy" in RCA statements, guides, and papers, is ineffective and thus often a cause of increased risk of depression, post-traumatic stress, and suicide. Moreover, its most prominent version, "reparative therapy," assumes that defective parenting in early childhood shapes one's future sexual orientation, and this discredited idea has led to parent-blaming and family misery. All this is contrary to the church's goal of affirming and safeguarding all human life.

Further, we request that General Synod state that the RCA no longer supports the use of reorientation/reparative therapy and repents the harm the RCA has done by promoting this therapy in the past.

Further, we recommend that General Synod instruct the general secretary to warn the public by publishing the acknowledgment and statement prominently on the RCA website and in all RCA channels of communication, including its electronic and printed messages, press releases, and publications; to remove all RCA resources that promote such therapy; and to encourage RCA leaders to alert congregations about the potential harm of reorientation or reparative therapy.

Reasons:

1. The RCA mistakenly recommends that homosexuals and their pastors seek the assistance of experts who purport to help "cure" people, i.e. help people change their sexual orientation from homosexual to heterosexual, even though the RCA repeatedly acknowledges that reorientation or reparative therapy is rarely successful.

RCA citations below reflect dual messages that actively promote this therapy.

a. RCA, "Homosexuality: Seeking the Guidance of the Church," p. 19:

"There are a number of Christian ministries whose stated purpose is to seek healing for the orientation of homosexual persons. You may know of one or two of those ministries. Their work is called "reorientation therapy." They will tell you of definite successes, of persons whose orientation has been changed. They will also tell you of other persons whose sincere and honest attempts at change were not successful... God heals in wonderful and mysterious ways. In that certainty, we can, in the words of the commission, "(let) go of the myth of

incurability, while at the same time avoiding a facile, overly optimistic view toward change and healing.”

Find this quote online at <http://www.rca.org/homosexuality/homosexuality-seeking-guidancechurch> and <http://images.rca.org/docs/synod/homosexuality/completeguide.pdf>

b. RCA, the 1978 General Synod Report of the Theological Commission:
“Homosexuality: A Biblical and Theological Appraisal”

The homosexual invert has no more choice in the matter of sexual attraction than does the “normal” heterosexual. It must be noted further, that homosexual inversion has not lent itself readily to medical or psychotherapeutic treatment. While statistics regarding invert reorientation are not promising, nonetheless, change cannot be ruled out and help should be sought.

Find this quote online at <http://www.rca.org/homosexuality/1978-report-summary-general-synodhomosexuality>

c. RCA, 1979 General Synod Report of the Commission on Theology: “Christian Pastoral Care for the Homosexual”

The homosexual must not place a ceiling on his capacity for growth. It is important that a person submit his whole self to Christ without accepting his homosexuality. This means letting go of the myth of incurability. A facile, overly optimistic view toward change and healing is unwise, but fatalism is even more so. With a teachable spirit, the desire and determination to find something better, a sense of the presence of Christ, who wills healing and growth, and support of the Christian fellowship much valuable growth can take place. Crucial to the process is the recognition of one's inability to deal with the problem alone, and the willingness to trust himself fully and openly to someone skilled and understanding.

Find this quote online at <http://www.rca.org/homosexuality/summary-1979-report-generalsynod-homosexuality>

d. In 1980, General Synod voted to adopt the following resolution:

“To bring to the awareness of RCA members, congregations, classes, and synods competent programs and persons which can successfully help the practicing homosexual and lesbian, minister or layperson, overcome his or her homosexual behavior” (MGS 1980, p. 97).

Because the citations above are live and in use, and because General Synod speaks on behalf of the church to the world, the RCA is harming people who do not conform to the heterosexual norms that are dominant in our society by telling people to seek help to

conform, even though psychologists report this effort may lead to negative self-thoughts, distress, depression, and suicide.

2. By promoting reparative therapy, the RCA encourages illegal activities in states where the practice and use of reparative therapy for children has been made illegal, including California and New Jersey. The laws in both states were each challenged in federal court, and in each instance the courts upheld the laws. In June 2014 the U.S. Supreme Court refused to disturb the court's ruling in the California case, thereby leaving the law intact. Other states are attempting to follow suit, as described in Michigan at <http://www.electablog.com/2014/07/why-michigan-and-every-state-should-outlaw-sexual-orientation-conversion-therapy.html>

3. Sexual orientation is part of what makes us individuals, is persistent, and cannot be changed, right down to specific genetic, prenatal, hormonal, and brain variations that are associated with different kinds of sexual orientations. Scientists have identified behavioral, cognitive, and physical traits (from spatial ability to handedness and finger lengths) that ride along with sexual orientation. By promoting this therapy, the RCA is putting individuals in a deadly conflict with their own personal identities. This overture enables the RCA to respond appropriately to the latest scientific research and the professional consensus.

- **American Academy of Pediatrics:** “Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”
- **Pan American Health Organization (PAHO), the Regional Office of the World Health Organization:** “Services that purport to ‘cure’ people with nonheterosexual sexual orientation lack medical justification and represent a serious threat to the health and well-being of affected people.”
- **American Psychological Association:** The American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity; reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation; concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation; encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others’ sexual orientation; concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation; advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support

and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth.”

Moreover, the leading past proponents of sexual reorientation therapies have disavowed its use; acknowledged that few, if any, people successfully change their naturally disposed sexual orientation; and apologized for the harm they committed.

- More than a dozen former leaders of ex-gay organizations are now ex-ex-gays. As John Smid explained, after 22 years with *Love in Action* and 11 years on the board of the *Exodus*, the national umbrella organization of ex-gay ministries, “I’ve never met a man who experienced a change from homosexual to heterosexual.”
- *Exodus* disbanded in 2013, with an apology from its leader, Alan Chambers: I am sorry for the pain and hurt that many of you have experienced. I am sorry some of you spent years working through the shame and guilt when your attractions didn’t change. I am sorry we promoted sexual orientation change efforts and reparative theories about sexual orientation that stigmatized parents...More than anything, I am sorry that so many have interpreted this religious rejection by Christians as God’s rejection. I am profoundly sorry that many have walked away from their faith and that some have chosen to end their lives.
- *Courage*, the British evangelical organization, once aimed to assist those struggling with “the clear biblical prohibition of homosexual practice,” but no longer. Acknowledging the harm done by its fruitless sexual-reorientation efforts, Courage has become a place for “gay and lesbian Christians who are seeking a safe place of friendship in which to reconcile their faith and sexuality.”

4. The church stands for the most powerless and vulnerable people among us. Underserved populations of Black and Latino lesbians, gays, and bisexuals (LGB) are most vulnerable to the dangers of reparative therapy, including increased levels of suicide attempts, according to a recent study by researchers at Columbia University and UCLA. Because suicide is a much greater public health risk among LGB people, “as a recent review of nearly 3 decades of research shows, the odds of attempting suicide is approximately 2 to 7 times higher for lesbians, gay men, and bisexuals (LGBs) than heterosexuals,” the goal of the study was to find out if the risk of suicide attempt diminished for those seeking treatment. 388 lesbians, gay men, and bisexual (LGB) adults aged 18-59 [were] sampled from New York City venues. Of individuals who attempted suicide, 23% sought mental health/medical treatment and 14% sought religious/spiritual treatment prior to the suicide attempt. Black and Latino LGBs were underrepresented in mental health/medical treatment and Black LGBs were overrepresented in religious/spiritual treatment. Seeking mental health/medical treatment was not associated with lower odds of a suicide attempt; seeking religious/spiritual treatment was associated with higher odds of a suicide attempt. (Ilan H. Meyer, Merilee Teylan and Sharon Schwartz,

“The Role of Help Seeking in Preventing Suicide Attempts among Lesbians, Gay Men, and Bisexuals,” published in *Suicide and Life-Threatening Behavior*, May 14, 2014).

5. Conversion therapy, which includes reorientation, reparative, and gender-related conversion, has been raised as a potential violation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in the United Nations (see www.ohchr.org/EN/ProfessionalInterest/Pages/CAT.aspx). “The United Nations Committee Against Torture (CAT) questioned State Department officials about why 48 U.S. states still permit some form of ‘treatment’ to turn gay youth straight, despite the fact that medical experts have deemed the practice psychologically damaging and ineffective,” according to MSNBC on November 13, 2014.

6. Estimates are that as many as one in three LGBT people has been subjected to this therapy, whether by a licensed clinician, a religious leader, or another trusted adult. The trauma of these experiences can make it difficult to come forward to ask for help. A national helpline, survivor stories and a support network can be found online at www.nclrights.org/bornperfect-survivor-stories-and-survivor-network.

7. RCA members who choose to reject their own gay identity should enlist the help of certified mental health professionals who may be able to assist them in managing their behavior, in line with the APA. Reaffirming individuals' right to their own religious beliefs, the APA provides guidance to counselors whose religious clients feel distressed about 90 their same-sex attractions. It encourages them to remind their clients that gay people can live happy lives and that there is no evidence to support the belief that sexual orientation can change. But if clients reject a gay identity anyway, according to the APA, then it would be ethical to help them reconcile their religious and sexual identities and to assist them in managing their behavior, including refraining from sexual activity.

*(Appears on pages 86-90 of the **RCA General Synod 2015 Workbook**, which can be found online at <http://images.rca.org/docs/synod/Synod2015-Workbook.pdf>)*