

November 4, 2009

Dear Elder Bruce C. Hafen,

On behalf of the 100 Psychotherapists who are members of the Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ)-Affirmative Psychotherapist Guild of Utah, we want to express our deep concern regarding comments you made during your speech at the 2009 Evergreen International annual conference. It is our professional responsibility to respond to statements you made as a leader in your religion, not to combat or attack you but to provide information that you may not be aware of and inform you how what you promoted during this conference may be harmful to some individuals who are under your stewardship.

We accept that your intentions are good. We also believe that your comments express an honest desire to help those members of the LDS faith who find themselves in a state of inner turmoil and confusion due to conflicts between their sexual orientation and their religious beliefs.

However, it is imperative that we counter your directive that those who experience significant sexual and romantic attractions to the same sex should never accept that their sexual orientation will not change. On the surface, this conviction may fit with LDS theology and the possibility would resolve LDS/sexual conflicts. But our experience as therapists reveals a more dangerous undercurrent from this approach. We regularly work with clients who struggle with suicidal feelings, many times because of an inability to resolve their distress about the conflicts between sexual orientation and religious beliefs. They state they have attempted to change using the interventions and strategies offered by their LDS sources. They blame themselves for failing to change their sexual orientation. They see no option to feeling acceptable, worthy, and hopeful about themselves, their relationships, or their future unless they can change their sexual orientation. They are sincere in their desires to comply with teachings from their authorities and please God and thus try to change and experience heterosexual attractions. Given the binds they are in, they describe lying to others, and even themselves, about the realities of their situation.

Often, the solace that is gained from religious faith and community is the last remaining safety net that prevents a depressed individual from acting on his or her feelings of self-harm. Therefore, we were profoundly disturbed that your speech included a promise that Latter-day Saints who follow your advice while they are alive here on Earth can look forward to a change in their sexual orientation after death. Whether or not it was your intention, these comments continue to endorse the only option for acceptance for LDS sexual minorities and actually may offer an official justification that increases the risk for many individuals who are struggling with suicidal preoccupations to act on those feelings. In fact, suicidal letters sometimes suggest these hopes for resolution. We are alarmed at the potential devastating impact that your promise may have on the emotional safety and well-being of LDS members who struggle with same-sex attractions but who want to embrace the fellowship and doctrines of the LDS faith. This extends also to family members who feel they have no other option but to avoid, fear, shame, and/or hate their same-sex attracted family member because that person is unable to change.

We are also concerned that, although you stated the LDS Church does not endorse specific methods of treatment, you clearly added the weight of ecclesiastical and therefore divine authority that endorses techniques used by Evergreen International. In addition, you discouraged individuals from entering therapy with professionals who provide treatment that is outside the strictures of LDS Church teachings. Although we cannot speak about the competence of LDS therapists, we do know that our Guild is dedicated to providing mental-health services that are based on the most updated information regarding the psychology of religion, sexual orientation, gender, etc. Restricting LDS members from obtaining services from those who have this

multicultural competence will limit them from informed and effective services. For example, a comprehensive review of the clinical and scientific research fails to show how or if individuals can change their sexual orientation, although there is evidence of the possibility of changing aspects of one's sexuality. Reports also exist that describe how attempts to change sexual orientation end in failure, leaving the person and his or her family bereft of options. More often, encouraging individuals to engage in treatment protocols such as reparative therapy may actually deepen underlying emotional turmoil and intensify mental health disturbance because the theories underlying such interventions are not based on a scientific understanding but stereotypes that reinforce pathology and lack of exploration of options.

Helping sexual minorities manage distress and stigma related to being a minority while not rejecting the important aspects of their life, similar to helping other minorities positively cope with their status and situations, is more likely to empower minorities and increase mental health. Thus, we are concerned that restricting LDS members from exploring and examining a wide range of resources on these complicated issues will reduce access to accurate information and reduce options for resolution and mental wellbeing.

It is our hope that we can be of assistance in providing valuable and comprehensive feedback to you and others striving with the difficult issue of how to reconcile the distress individuals face when their orientation comes into conflict with their religious beliefs. As LGBTQ-affirming therapists we are also dedicated to being religious-affirming in our work. Thus, we would welcome any opportunities for dialogue and collaboration with LDS church leaders or professionals working on these issues.

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