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Conversion therapy bans hinder real care

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Therapists like me are being blocked from helping young people – and worse, being pushed to hurt them. In June, Michigan banned conversion therapy for minors, joining 21 others and Washington, D.C. Such practices should be prohibited, but these laws ban real therapeutic care, too. As I've experienced, therapists are being investigated and threatened with the revocation of our licenses for doing our jobs. We are left with two options: Stop providing mental health care or unquestionably support sex changes that can destroy a child's life.

State bans, which typically use the exact same language, seek to stop "sexual orientation and gender identity change efforts." The conflation of sexual orientation and gender identity is the problem. Sexual orientation is fixed and backed by biological evidence; seeking to change it is morally wrong and medically harmful. I recently spoke with Gregory Elsasser-Chavez, a gay man who was told to sniff dog feces while looking at pictures of attractive men. And everyone's heard stories of electroshock. Such methods have been discredited and have no place in professional therapy.

While conversion therapy is easily defined with sexual orientation, there is no such clarity with gender identity. Gender identity is a novel concept and it can constantly change. There is no objective way to determine whether a therapist attempted to change a patient's identity, nor is there evidence that questioning a patient's understanding of their identity is harmful.

We aren't talking about patients sniffing dog feces or receiving electric shocks. We're talking about talking. And talking is especially important since, as research shows, the overwhelming majority of children recover from gender distress – a process that shouldn't be short-circuited by medical intervention.

Yet state bans stifle basic discussion. What if I suspect that an eating disorder, autism, social pressures, or family conflict may be at the heart of a patient's discomfort with their biological sex? What if I hesitate to use the patient's preferred name or pronouns, because doing so feels inauthentic and conflicts with the genuineness at the heart of therapy? In any of these instances, the patient could allege that I engaged in attempted conversion therapy. My license and career could be in jeopardy.

It's happened before. In 2022, I was investigated by the Oregon Board of Licensed Professional Counselors and Therapists for reportedly violating the state's ban on conversion therapy. I made clear to authorities that I do not practice conversion therapy and that the complaints were coming from activists with agendas, not patients. The board cleared me of all charges.

But I felt I was on thin ice. I could provide the same care and ask the same questions to two different patients with wildly different results. Whereas one could accuse me of "gender identity change efforts," the other could react positively and conclude they no longer wish to transition. This is an untenable situation. The lack of objectivity ensures that therapists will avoid providing therapy, lest we jeopardize our careers.

I no longer see minors who identity as transgender. Neither do most therapists I know. Those who do almost universally practice gender-affirmation. They're setting the stage for puberty blockers and sex-change operations, with their attendant lifelong consequences for mental health and physical health, especially fertility, and sexual functioning – none of which young people are fully capable of grasping.

This dangerous approach flies in the face of the therapeutic craft and developmental psychology. If a patient came to see me about his obsessive-compulsive disorder, I would try to help him discover its roots and ultimately manage his compulsions. Why can't therapists do the same thing for a girl who struggles with gender dysphoria? Both are psychological conditions treatable through psychological remedies. When a patient's thoughts and behaviors contribute to emotional distress, our job is to gently challenge them, not reinforce them. That's especially true for children, whose brains aren't fully developed. We don't unquestionably let children vote, drink, or drive, so it makes no sense to unquestionably accept their assertions of identity.

We know other factors are often at work. One U.S. study found that 50% of minors who identify as transgender suffer from depression, while more than a third of minors who received gender-affirming care at the United Kingdom's main clinic were autistic. With patients like these, should therapists "affirm" that the culprit for their patients' distress is indeed their biological body and that the only solution is an invasive and irreversible medical transition? Or should we help young people grapple with underlying issues and tell them that recovery from gender-related distress is the most likely outcome?

Where conversion therapy bans exist, affirmation is the only option. And it's a double whammy, blocking immediate relief while leading to invasive treatments with irreversible, lifelong consequences. Nonetheless, the Biden administration is looking to extend these bans nationwide. Real conversion therapy is wrong and especially hurts minors. But the current bans push therapists to support another form of conversion that's wrong and harmful to young people's physical and mental health.

Stephanie Winn, a senior fellow at Do No Harm, is a Licensed Marriage and Family Therapist practicing in Oregon.