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TESTIMONY OPPOSING MICHIGAN THERAPY BAN CONSIDERATION
International Federation for Therapeutic and Counselling Choice
May 17, 2023

Honorable Members of the Michigan Legislature,

I am Dr. Laura Haynes, psychologist and general board member representing the International Federation for Therapeutic and Counselling Choice (iftcc.org) that serves professionals in about 27 nations. Thank you for the opportunity to express our deep concerns about consideration of some Michigan legislators to ban therapy.

"Sexuality" or "sexual orientation" refers to sexual attraction—the sex to which a person feels attracted, the sex with which a person has sex if they are sexually active, and the orientation self label they give themselves if they use a label. "Gender identity" is the sex a person perceives or feels they are.

We support client-directed therapy to explore sexual identity or, in the case of people who reject taking an LGBT identity label and therefore do not have one, to explore their sexuality. Even therapy bans usually permit this. It is impossible to explore sexual identity or sexuality while not thinking about or exploring sexual attraction feelings or sexual behaviors with their various qualities. Sexual exploration must be able to include exploring sexual experiences, potentials, and desires that may include potential for sexual fluidity, decrease, increase, or change for some in order for a young person to discern their sexuality. Exploration of gender identity or expression also must be able to explore experiences, potential for fluidity or change, and desires, especially in young people. We support the legal right to sexuality or gender exploration therapy that is non aversive, non coercive, gives no guarantee of outcomes, and uses evidenced based methods and well-established psychotherapy practices therapists use around the world. **Banning this much needed therapy would cause serious harms and end in lawsuits. Please consider the evidence.**

1. **Banning therapy to explore sexuality or gender but not their potentials for change is usually based on a common belief that same sex attraction and incongruent gender identity are inborn and who a person biologically is. We know of virtually no professional organization that agrees with this popular view.**

   A. Even the American Psychological Association's *APA Handbook of Sexuality and Psychology* says same sex attraction and incongruent gender identity[1] are not simply biologically determined. It says there are "psychoanalytic" causes,[2] and it says childhood sexual "has potentially causal links" to having same sex partners for some people, based on re-

search that includes a 30 year study of documented cases of childhood sexual abuse and comparison groups.[3] Some people want to explore these experiences and their undesired potential influences[4] [5] on their sex attraction feelings, including same sex attraction feelings if applicable.

B. A highly regarded global consensus statement by endocrine societies around the world on intersex and related conditions says incongruent gender identity is not an intersex condition of the brain. It says there is no consistent evidence that the brains of gender incongruent people are different from the brains of gender congruent people. It says there is no biological thing that has been found that is gender incongruent identity that another person can find by looking at a person's brain or doing a biological test.[6] The American Psychiatric Association's official diagnostic manual agrees.[7]

C. Research has found internationally[8] [9] [10] [11] [12] that adolescents had high rates of psychiatric conditions (psychiatric disorders, neurodevelopmental disabilities, self-injuring behavior, suicidality, and broad identity confusion—not only about gender) that existed BEFORE onset of gender incongruence, therefore may have been causes for it.

2. Treating causes may safely reduce resulting undesired sexual attraction feelings or gender incongruence or distress for some. There are professional organizations worldwide that support the legal right to this therapy.[13]

A. You will no doubt hear that many surveys have claimed harm from therapy that explores potential to manage, decrease, or change undesired sexual attraction feelings. The study by Blosnich and colleagues in 2020 is the leading example. They used nationally representative survey data collected by the Williams Institute at the University of California at Los Angeles.

(1) They surveyed only people who currently identify as LGB, therefore only people who did not change. They omitted people who report they benefitted and changed and no longer identify as LGB.

(2) They also omitted same sex attracted people who are traditionally religious and reject taking an LGB identity, the population that most experiences change exploring therapy, that finds most goals of change exploring therapy helpful, and that will be most affected by therapy bans.[14] [15]

(3) Blosnich and colleagues admitted they could not legitimately conclude from the data that the counseling caused suicidality, then asserted that conclusion anyway and called for a ban. They reported they found higher *lifetime* rates of suicidality in people who did experience change exploring counseling than in people who did not.

(4) Sullins twice in 2022[16] [17] and again in 2023[18] reanalyzed their same data set but used more of the data that Blosnich and colleagues[19] had available to them but chose not to use. Sullins found most of that lifetime suicidality was *before* the counseling, *not after*.

Unsurprisingly, people who went to counseling were more suicidal than people who did not go to counseling, and the counseling reduced their suicidality. The same would likely be true for all people who go to *any* counseling, including LGB affirmative counseling. Should all counseling be banned?

(**5) Surveys that claim harm make these same or similar mistakes habitually. Remarkably, they fail to compare mental health or suicidality before and after counseling. This is a fatal error, and their claims are invalid.**

(6) Organizations that have opposed exploratory therapy that is open to potential for change have relied on these invalid studies.

B. The best available research that actually studies the traditionally religious, same sex attracted population that often rejects an LGB identity and that most experiences change-exploring therapy has found that same sex attraction or behavior they do not desire significantly decreases or changes, though not for all, suicidality dramatically decreases, and psychological well-being significantly and clinically improves. Most aspire to a procreative marriage if possible or to live consistently with their religion.[20] [21] [22] For this population, religion is positively linked to health.[23] [24] [25]

C. Finland's government recommends as *first line* treatment resolving adolescent gender dysphoria by treating psychiatric disorders that may have "*predisposed*" the adolescent to it.[26] **Gender identity may change as a therapy result.** Under a therapy ban, therapists will feel themselves at risk if they inform clients of this therapy option or provide it. *Yet therapists are ethically required to inform patients of treatment options.*

D. Sweden,[27] [28] [29] Finland,[30] and the United Kingdom[31] [32] [33] have all conducted comprehensive research reviews and concluded research does not support safety or effectiveness long term for puberty blockers, opposite sex hormones, or surgeries to alter sexual appearance. **They have concluded the risks *do not* outweigh the harms of medical affirmative treatment**. They are taking very seriously the growing numbers of adolescents and young people who are soon (often within 4 years[34] [35]) regretting and grieving loss of their ability to conceive children, capacity for orgasm, ability to breast feed, and their natural bodies. They face seeking a relationship without having sexual function for the rest of their lives. Rigorous studies that actually do represent entire populations over nearly half a century of follow-up show little to no improvement in suicidality, depression, and anxiety long term from medical interference with natural bodies and health.[36] [37] [38] Recent studies of young people cannot show long term outcomes, but a rare national cohort study (rigorous, large, with comparison groups) shows mental health problems worsened.[39] **These countries with the longest experience with research and treatment for gender distress that far surpasses that of the United States are all prioritizing psychotherapy now to resolve child and adolescent**

gender distress, which a therapy ban would very foolishly outlaw. Therapy bans are out of date and are a DISASTER.

E. These nations are leaving gender affirmative guidelines and positions of professional organizations that have been captured by advocacy pseudo-science. Worldwide, there is NOT a professional consensus for banning exploratory psychotherapy for gender identity or distress.

3. Contrary to some claims, the United Nations has no binding treaty that mentions sexual orientation or gender identity at all except to say that countries do not ask people about their sexual attractions or gender identity as a condition to vote. Independent, volunteer, individual "experts" submit reports to the Human Rights Council (HRC) of the United Nations (UN) from time to time.[40] Neither the HRC nor the UN has ever considered or adopted any of their proposals. Many UN nations have opposed a mandate to submit such a report and opposed a therapy ban.[41]

4. A therapy ban, if passed, would come to an end in lawsuits.

A. **The Supreme Court of the United States has declared** that professionals have the same right to freedom of speech as anyone else.[42] **The 11th Circuit Court of Appeals** has struck down therapy bans based on this Supreme Court decision.[43] [44]

B. **Emerging research reveals detransitioners needed psychotherapy that a therapy ban prohibited.** They came to realize their gender incongruence and dysphoria were caused by underlying psychological problems or trauma, and their therapist did not offer the option of therapy to explore or treat this. They still need this treatment now, after body harming interventions did not help, and want help to accept their bodies, but a therapy ban would forbid this help, further harming them.[45] [46]

C. **Therapists are ethically required to inform clients of alternate therapy options. They must inform clients of the option of noninvasive psychotherapy to resolve gender dysphoria or incongruence or be at risk of lawsuits.** It is currently expected that 1,000 families will sue the United Kingdom for gender affirming treatment given to minors.[47] A lawsuit has already been initiated in California.[48]

D. **Under a therapy ban in Michigan, therapists would be in double jeopardy**—in jeopardy of the law if they offered the treatment option of noninvasive psychotherapy to resolve gender dysphoria or incongruence and in jeopardy of law suits if they do not. **They would have to sue the state immediately.**

We urge you, NO therapy ban.

Sincerely,
Laura Haynes, Ph.D., General Board Member, U.S.A. Country Representative,
International Federation for Therapeutic and Counselling Choice (iftcc.org)

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