

MP should explain stance on conversion therapy

By Letter to the Editor on October 9, 2019.

Rachael Harder's none commitment toward banning conversion therapy (Lethbridge Herald, candidates forum story, Oct. 3) is perplexing but perhaps not too surprising. Despite the fact that most Canadians and much of the world believe the procedure is without foundation, some still believe that one can "pray the gay away."

The American Psychiatric Association opposes psychiatric treatment that is "based upon the assumption that homosexuality per se is a mental disorder." They further suggest that such treatments are "unethical." The U.K. and many other countries have introduced legislation prohibiting the practice. In 2017, the Church of England's General Synod called for a ban on the practice, citing numerous examples as to why a ban was appropriate. Brazil, Argentina and at least 18 U.S. states have instituted bans.

Given her seeming inability to openly support a call for the practice to be declared illegal, as other candidates attending the forum apparently did, this would suggest to me that our MP actually believes there is merit in this "therapeutic" procedure. Otherwise, why not support a national ban or at the very least, endorse the lead taken by Vancouver and St. Albert.

An explanation would seem to be in order. Perhaps, therefore, Ms. Harder could clarify her thoughts and, more importantly, explain exactly "why" she will not support action on this pseudoscientific procedure.

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1. *Carman Bradley* says:

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Perhaps for Herald readers not in attendance at the candidates' form, Mr. Nightingale might expand on the length and breadth of heteronormative counseling/therapy, which would be prohibited under a "Conversion Therapy" ban. Would this ban apply to: assisting anyone, at any age, anywhere on the so-called "SOGI continuum"? Indeed, whether wanting the change or not? Would Mr. Nightingale ban access to medical professionals who advocate that children with apparent gender dysphoria wait until after puberty before choosing to take cross-sex hormones, and/or opt for sex

reassignment surgery? Truth is 84% of children with gender dysphoria desist after puberty. The “block every circumstance” approach characterizes the dialogue/debate by advocates in Edmonton City Council. The unscientific premise of ban advocates is that a child’s self-declared sexual orientation/gender identity (LGBTQ...etc), at any age, is sacrosanct and unchangeable. The argument is founded in politics and ideology, not science.

The largest study on the genetic basis of same-sex attraction (Science, Vol. 365 30 August 2019 p.882) concludes “there is no ‘gay gene’.” The study’s lead author, Dr. Andrea Ganna, a geneticist at the Broad Institute of MIT and Harvard, says at least 75% of sexual behavior can be explained by environmental and cultural factors. The Public Health Agency of Canada Guidelines for Sexual Health Education supports this conclusion. The Agency writes: “Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.” The US Center for Disease Control and Prevention under Collecting Sexual Orientation and Gender Identity Information states: “Some patients may question the relevance of being asked about their sex listed at birth or their sexual orientation. However, providers need this information to recommend appropriate preventive care. In addition, sexual orientation and gender identity may be fluid across time and should be reassessed periodically so the most up-to-date information is available in the medical record.” Psychiatrist Fritz Klein believed that sexual orientation can change. He created what is called the Klein Sexual Orientation Grid, which divides orientation into seven distinct categories—Attraction, Behavior, Fantasies, Emotional Preference, Social Preference, Lifestyle, and Self-Identification. There is an abundance of evidence to support the argument that counseling/therapy can change the behavior/influence of the Klein’s factors.

Moreover, advocates for a ban disregard and/or disrespect the interests/rights of waverers – children questioning/confused/unsure about their developing sexuality. “Rainbow” Health Ontario found 3% of teens are waverers – youth who can develop along a heterosexual or homosexual path depending on “environmental and cultural factors.” Over 20,000 sexually wavering Alberta students (all ages) and other youths seeking heterosexuality cannot be abandoned to political/ideological aspirations of SOGI extremists. Parents, and perhaps Rachel Harder, recognize that restricting access to heteronormative affirming counsel and/or environmental-based therapy support in our schools, and in public to Alberta families, only increases sexuality confusion and health risks among our youth, and shifts/promotes sexuality “influence factors” in favour of celebrating/growing the LGBTQ community.