

Statement on behalf of Professor Glynn Harrison in response to Guardian article April 9

Professor Glynn Harrison does not believe in concepts of 'gay cure' or 'gay conversion' and has never been involved in offering any formal counselling or 'therapy' in this area himself. Such descriptions, because they depend on inappropriate notions of 'sickness', convey simplistic and stigmatising views. In addition, as he has made clear¹, all bullying and prejudice toward people, whatever their sexual interests and attractions, is a violation of the inclusive call of the Christian Gospel and the way of Jesus Christ.

Professor Harrison, who supports the current teaching of the Church of England in *Issues in Human Sexuality*, began investigating the area of faith and human sexuality when asked by the Anglican Communion Office in 2007 to contribute to a forthcoming book ('The Anglican Communion and Homosexuality')². This was being prepared for the 2008 Lambeth Conference as part of the 'Listening Process'. Since then he has written other articles on faith and human sexuality. A recent example³, written with Dr Andrew Goddard, was published in the Church Times on December 9th 2011 and accompanies this statement.

In these publications, Professor Harrison challenges the simplistic binary model ('either/or'; 'gay' v. 'straight') of human sexual orientation often assumed in popular discourse. He notes that the most reliable research evidence points to a *spectrum of sexuality*, with many individuals experiencing bisexual 'orientation' and varying degrees of fluid 'orientation' in their sexual interests. Thus, there is a range of 'orientations' and little reliable evidence to suggest that these are fixed and enduring *in all people*. In fact, population surveys⁴ now indicate that bisexual or 'unlabelled' are the most common identity labels claimed among sexual minorities, larger even than 'gay' or 'lesbian'.

In this context, there are issues of how to support people of faith who experience bisexual or same-sex attractions that conflict with their deeply-held religious convictions regarding sexual ethics. Professor Harrison recognises that some decide to revise their understanding of the ethical teaching of their faith to accommodate their experiences of sexual attraction, and choose a form of counselling support called 'gay affirmative therapy'. He fully supports their right to do so. He notes that others want to manage and integrate their sexual interests within the framework of a religious identity grounded in the traditional teaching of their faith. Prof. Harrison supports the provision of sensitive and ethical counselling and pastoral support for such people too. He believes they should be free to receive this support without bullying or discrimination.

In most cases, such counselling and pastoral care will focus on support in maintaining the disciplines of chastity. Some, however, may wish to explore the possibility of achieving some degree of change in the strength or direction of their unwanted sexual attractions. In his articles, Professor Harrison notes (along with various secular commentators⁵) that there is considerable anecdotal evidence in popular media, as well as in the research literature, of people who experience varying degrees of change in the pattern of their sexual attractions. This appears to be a shift along the sexuality spectrum rather than a 'switch' from one kind of 'orientation' to another. Such change may occur as part of an individual's normal life experience, a particular philosophical or religious journey, or in the setting of some form of counselling process^{6,7}.

There is no high quality evidence (in the form of scientific trials) for or against specific counselling approaches aimed at promoting such shifts along the spectrum⁸. Prof. Harrison therefore agrees with the American Psychological Association⁹ that ‘there is little in the way of credible evidence that could clarify whether [such an approach] does or does not work in changing same-sex sexual attractions’. In other words, at the moment there is no *cast iron* evidence, either way, about whether such approaches are effective or not. As with any other counselling approach or ‘therapy’ with an uncertain evidence base, Prof Harrison therefore urges considerable caution. He agrees however that, provided there is informed consent, including regarding the potential for harm, the *choice of the individual concerned* must remain paramount.

All counsellors and therapists, whatever their own personal beliefs, have an ethical obligation to present the evidence objectively, to take careful note of the wishes of their clients, and to respect their deeply held religious beliefs and convictions.

¹ Goddard A and Harrison G (2011) *Unwanted Same-Sex Attraction: Issues of pastoral and counselling support*. London, CMF

² Groves P (2008) *The Anglican Communion and Homosexuality: A Resource to Enable Listening and Dialogue*. London: SPCK, 2008: 293-332

³ Goddard A and Harrison G (2011) ‘Now for the B-picture’. *Church Times*. Dec 9

⁴ *Ibid.*

⁵ For example, the human rights campaigner Peter Tatchell has said: ‘If we are all born either gay or straight, how do they explain people who switch in mid-life from fulfilled heterosexuality to fulfilled homosexuality (and vice versa)...In an enlightened, gay-affirming society, more people might be inclined to explore same-sex desire’. Available online at www.guardian.co.uk/commentisfree/2006/jun/28/bornqayormadegay

The journalist Matthew Parris has written ‘I think sexuality is a supple as well as subtle thing, and can sometimes be influenced, even promoted; I think that in some people some drives can be discouraged and others encouraged; I think some people can choose. I wish I were conscious of being able to. I would choose to be gay’. Available online at thetim.es/1Q1bFi

⁶ The Guardian offers a detailed overview of the area of sexual fluidity in women in an article published in 2010 entitled ‘Why it’s never too late to be a lesbian’: <http://www.guardian.co.uk/lifeandstyle/2010/jul/22/late-blooming-lesbians-women-sexuality>.

⁷ For example, Sue Wilkinson, Professor of Feminist and Health Studies at Loughborough University, UK, reportedly said bit.ly/pyHtzj: ‘I was never unsure about my sexuality throughout my teens or 20’s. I was a happy heterosexual and had no doubts. Then I changed, through political activity and feminism, spending time with women’s organizations. It opened my mind to the possibility of a lesbian identity.’ Similarly, Jacky Clune documented her experience in an article in the Daily Mail 26th June 2010 ‘How I went from committed lesbian to a happily married mother of four’ bit.ly/duUvK8. There are also numerous anecdotes of change in the context of religious faith and conviction eg bit.ly/c53RYi

⁸ Goddard A and Harrison G (2011) *Unwanted Same-Sex Attraction: Issues of pastoral and counselling support*. London, CMF

⁹ See 2009 report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation available online at <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>