

# **SUMMARY REPORT**

## ***Building Bridges to Increase Efficacy: An Ethics Workshop on Respecting Religious and Sexual/Gender Orientation Differences***

**March 16, 2013  
Salt Lake City, UT.**

**Workshop Organized and Sponsored by:**

**LGBTQ-Affirmative Psychotherapist Guild of Utah**

**Co-Sponsors: UT-NASW  
UMHCA**

**Workshop Facilitators: Lee Beckstead, PhD & Jim Struve, LCSW**

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**Workshop Description (from advance publicity flyer):**

This daylong gathering is an opportunity for people from diverse and even conflicting perspectives to learn from each other regarding how ethically to help those who are distressed about their sexual orientation and religion. Rather than continuing the polarization and debates that have typically represented these discussions, and thus miss out on important information, this workshop hopes to develop enough safety and understanding to increase participants' multicultural competence (e.g., awareness, knowledge, and skills). Ethical principles, such as diversity, social justice, self-determination, and competence, will be discussed throughout.

Representatives from local organizations that approach these issues from a full range of perspectives will be invited to this workshop. The morning session will establish mutual safety guidelines, ask organizations/participants to identify their respective views of the distress, and then develop a collective and deeper understanding of how to resolve the distress of those in conflict. The afternoon session will include a fishbowl-structured forum to understand participants' divergent viewpoints.

Skills on how to respond assertively - with compassion - to intra- and interpersonal conflicts will be highlighted.

*Participants who do not provide services to this population may gain knowledge, skills, and awareness that transfer to providing multicultural care to other areas of diversity.*

## **PART I: Participant Demographics**

89 participants were in actual attendance for this 6-hour workshop.

Participants represented 45 organizations/agencies across the spectrum of clinical approaches for dealing with the issues of religious and sexual/gender orientation differences, including the following designated affiliations:

|  |  |
|--|--|
| Argosy University                                    | Psychological Assessment &<br>Treatment Specialists                  |
| Association of Women In Psychology                   | Rape Recovery Center   |
| Brigham Young University<br>Counseling Center        | Salt Lake County Division of<br>Youth Services                       |
| Brigham Young University<br>School of Social Work    | Solstice   |
| Center for Gender Wholeness                          | Student - BYU  |
| Circling the Wagons                                  | Student - University of Utah   |
| Cirque Lodge   | Student - Westminster College  |
| Corner Canyon Counseling &<br>Psychological Services | True North Treatment center  |
| Cornerstone Counseling Center                        | Turning Point Centers  |
| Crossroads Psychotherapy                             | University of Utah Clinical<br>Psychology Dept.                      |
| Empathy First Initiative                             | University of Utah<br>Counseling Psychology Program                  |
| FAIR (nobody present but they<br>sent a statement)   | University of Utah<br>College of Social Work                         |
| Family Fellowship                                    | University of Utah Counseling Center                                 |
| FAR  | University of Utah<br>Women's Resource Center                        |
| Green House Center for Growth<br>& Learning          | Utah Pride Center  |
| Intermountain Healthcare                             | Utah Pride Interfaith Coalition                                      |
| Iron Mountain Counseling                             | Utah State University  |
| LGBTQ-Affirmative Psychotherapist<br>Guild of Utah   | Utah State University<br>Counseling & Psychological<br>Services      |
| Life Star  | Weber State Counseling Center  |
| Mormons Building Bridges                             | Westminster Student Community<br>Mental Health Counseling<br>Program |
| National Association of Social Workers               | Youth Care   |
| North Star   |  |
| One Haven  |  |
| Polizzi Clinic                                       |  |
| Pride Counseling Center                              |  |

Participants who attended this daylong workshop represented a wide diversity of perspectives: licensed professional therapists, non-professional providers, retired mental health professionals, faculty, students, parents, and interested citizens.

## **PART II: Overview**

Workshop facilitators began by stating that they would not be lecturing about ethics but had designed the workshop to enhance participants' adherence to professional ethics by addressing these issues through a variety of experiential modalities. With the goal of acting ethically from

the onset, facilitators introduced themselves and their backgrounds to inform participants about their biases and clear up any mixed messages about their intentions for the workshop.

Lee shared how he realized that the analogy of *The Blind Men and The Elephant* seemed to fit the phenomenon of resolving distress with sexual orientation because we each seem to be holding on to one part of the “elephant,” confident in our view but blind or deaf to what others are holding on to. Claims can be too simplistic and unbalanced and thus mislead. Conflicts and disagreements can turn extreme and become polarizing, fragmented, and dissociative, depending upon the biases of the individuals. Side-taking strategies are employed—and reinforced—to validate worldviews. He has learned that options become available when we are able to collaborate to see “the bigger picture.”

Lee described experiencing a turning point in his stance when the Southern Poverty Law Center came to Utah a few years ago and he heard more reports of harm from clients who had recently tried conversion/reparative interventions. He decided he needed to take a proactive stance in responding to these reports because not doing anything seemed similar to being a bystander who does nothing when another person is being abused. Lee expressed experiencing another turning point in late 2012 after hearing about the controversy but also the benefit when leaders of the Circling the Wagons organization invited to their LGBT-affirming conference contrasting views about mixed-orientation relationships and church attendance. A leader of Circling the Wagons proposed to Lee the hope of extending these bridge-building efforts.

Lee expressed realizing that, rather than taking an adversarial approach, the most productive and **most ethical approach** was to engage in respectful dialogues with conversion/reparative therapists in the community to address concerns about the harms reported about their actions and to learn what he and other LGBTQ-affirmative therapists could be missing.

Groups at many points along the continuum of approaches tend to become entrenched in their worldviews and must come to see the bigger picture in order to provide ethical treatment. In order to reach a larger audience, there must be an understanding of common mechanisms in order to implement appropriate interventions.

Jim shared that he was approaching this workshop within the paradigm of working with clients who experience the psychological dynamics of the Dissociative Identity spectrum. Many people may be familiar with this phenomenon as “Multiple Personality” presentation. This personality structure emerges when people experience intolerable conflict or trauma. The development of differing presentations of the self becomes a viable coping strategy when an individual is faced with the dilemma of responding to unresolvable value conflicts and/or when that individual lives in an environment that is experienced as intolerably punitive. Over time, basic survival needs may precipitate such differing presentations of self to evolve and form into discreet ego states, with a greater investment in protecting and maintaining their respective worldview.

Historically, mental health practitioners, religious leaders, and non-professional providers have struggled to respond to the needs of individual human beings who have faced religious and gender/sexual orientation conflicts that sometimes seem unresolvable and that create intolerable repercussions. Advocates have responded in distinctly differing ways, ranging from stances that define self-determination as living openly as LGBT and believing this to be the only healthy and ethical option to those who believe striving for heterosexuality is exclusively healthy and moral. Like the Dissociative Identity individual, the voices of differing advocates have evolved into separated parts that are each emboldened to different worldviews and invested in maintaining their own reality at all costs.

As a larger community, our mismatched beliefs and behaviors have required us to shrink into the familiarities of separated camps and to adapt to unresolvable conflict as a normative reality. But, just like the individual who has learned to live with Dissociative Identity, at some point we must face the dysfunctions that accompany living as separated and polarized parts within a single physical body. As with a Dissociative Identity individual, it seems an idealistic goal to suggest a life beyond separated parts co-existing in chaos and polarization. But, clinical experience has proven that healing and change is possible even for the most extreme presentation of Dissociative Identity.

It was this idealism that formed the seed of inspiration to organize this Building Bridges workshop. By combining the analogy of the *Blind Man and the Elephant* within the paradigm of effective ways for responding to *Dissociative Identity*, it was the hope that this workshop could contribute to changing the conversation about how we deal with religious and gender/sexual orientation conflicts here in Utah.

Working with the LGBTQ-Affirmative Psychotherapist Guild of Utah (“The Guild”) as the sponsoring organizing, the idealism of our idea became the reality of this day-long workshop. The purpose and mission of The Guild and this workshop align with the following best-practice standards: (1) respect client self-determination, (2) “do no harm” and (3) provide a non-pathologizing and affirming stance toward LGBTQ/Ssa, religious individuals. All of the participants were invited to consider their own position – past and current - about these best-practice standards.

A holistic approach to addressing this existing polarization in the treatment of LGBTQ/Ssa, religious individuals includes the following components:

1. Identification and engagement of all parts involved. At the workshop, approximately 45 different organizations were represented. This is a positive step.
2. Approach everything with the intention of nonjudgment. Avoid taking sides.
3. Remain curious. Attempt to understand the historical basis for how everyone has come to their position. Every part has a reason for existing and is legitimate. Find ways to be respectful, work towards development of mutual understanding, and move away from trying to pathologize one another.

The hope of this workshop was to have individuals walk away wanting to know more about others and themselves and to increase our individual and collective understanding of our differences; to find ways to give and take within this dialogue.

### **PART III: Establishing Safety Guidelines**

The workshop facilitators noted how previous discussions about these issues were not successful because safety guidelines that represented the mutual agreements of all participants were not established or used. Facilitators then demonstrated the need for *compassion versus contention* in dialogue. To demonstrate this concept, an audience member was instructed to “think of something positive” about the co-facilitator and, when the audience member was pushed, he did not fall. Next he was instructed to “think something bad” about the facilitator and when pushed, he fell back. Last, he was told to “say something mean aloud” and the audience member stumbled backwards when pushed. This illustrated that when we approach one another with compassion, then we are more powerful and able to engage in meaningful dialogue—we are stronger with an open and warm stance. This approach is particularly useful when we need to discuss our disagreements or differences.

Audience members established the following list of general safety guidelines:

- Respect
- Understanding
- Listen with intention, even when you disagree
- Be willing to look for common ground
- Be respectful in our language
- Be aware of privilege in our intersecting identities
- Have equal consideration of religious and sexual beliefs
- Avoid trying to “save” or “change” others
- Have a nonjudgmental stance
- Appreciate intersecting identities
- Provide unconditional positive regard
- Have amnesty for self and others
- Be willing to be uncomfortable
- Respect religious traditions that affect perspective
- Use “I” messages
- Recognize that *religion* is more than being LDS and *LGBTQ/Ssa* is more than sexuality
- Practice self-awareness / monitoring (be honest with biases)
- Be open to the process of learning
- Have permission to leave the room
- Do not pathologize religion or sexual orientation
- Think critically about conversations
- Stay present in the process
- Avoid trying to save, fix, or change others
- Have fun

## **PART IV: Large Group Discussion on Distress**

**What causes distress for LGBTQ/Ssa individuals before they enter therapy? What are the sources of distress for those who are struggling with their sexual/gender orientation and being religious, generally?**

This section was intended to help establish an understanding of the context of distress and the many types of presentations an individual may bring when they are seeking help. Professional ethics emphasize the need for an accurate assessment of a client’s distress in order to provide appropriate and effective interventions. This list – also a brainstorm by participants - was intended to inform which positions we take as professional and non-professional providers. Please note that these answers may not fit with every individual’s experience, and that while the focus was on sexual orientation and gender identity, spirituality is also ever evolving.

- Rejection and judgment from people about being different
- Dissonance between what they are experiencing (reality) vs. what they think they should be experiencing (ideally)
- Failure to recognize options and/or consider options
- Judgment from others
- Basic mental issues (Axis I and II issues; addiction) that interfere with ability to think clearly and process issues
- Physical and verbal bullying, abuse (historically and/or currently)
- Family issues – family of origin and future desire for family
- Morality issues – the person believes she or he is immoral and needs to be saved if LGBT/Ssa
- Fear of judgment from the therapist
- Lack of deep emotional, positive connections with self and others
- Belief that 'conflict' is an inevitable outcome of being LGBT/Ssa and religious
- Internalized homophobia and self-judgment
- The belief that sexuality is a choice, but religion is not
- Encountering simplicity – the assumption that sexual identity is always the issue in therapy, when that is not always the case
- Fear of loss of communities (religious, peer, work, family)
- Hopelessness from dissatisfaction from lack of perceived options
- A pattern of failed or unfulfilled relationships
- Imprisoned by feared stereotypes
- Fear of loss of identity
- Lack of knowledge and the access to information / resources
- Assumptions about 'choice' made by others, i.e., forcing one to make a choice that they aren't ready to make or is not in the best interest of the individual
- Fear that one's sexual orientation makes the person "less" lovable, worthy
- Not questioning or examining gender roles of how identity is shaped by social roles, expectations; how they can be constraining how one wants to and feels most comfortable in expressing self
- Loss of relationship with God or damaging one's relationship with God
- Others invalidating the individual's relationships; not being respectful
- Invisibility
- Holding a narrow view of sexual orientation, gender, and religion/spirituality
- Guilt for letting others down and believing you are causing others' distress
- Fear of eternal condemnation
- Judgment of distress, or lack thereof, by others
- Denial of equal rights to be with someone you love; loss of heterosexual privilege that straight people take for granted
- To be seen only for sexual orientation and/or gender identity
- Self-hatred, isolation ("I'm the only one")
- Perception of community discord, politics related to LGBT/Ssa issues
- Targeted for hate crimes (real and perceived threats)
- Monetary costs associated to gender transitions
- Basic life needs may be taken away with "coming out" or disclosing to others
- Proving your legitimacy in order to receive treatment
- Lacking options and language to describe one's experience
- Self-pathologizing
- Being too disempowered and disheartened to make choices and act for self
- Anger / rage (feeling betrayed, disregarded by religious doctrine) with no recourse of action

- Believing that if you are flawed, then you have a responsibility to compensate “to balance it out”
- Internal chaos (clashing values, voices about who one is)
- Geographical distress (perception that one has to give up their home)
- A sense of not belonging in any community
- Living a lie(s)
- Realizing within oneself that God loves you no matter what, and the disconnect with the message “No, God does not love you unless you live a certain way.” What is true?
- Perhaps this process leaves one disbelieving in God, and what does that mean?
- Letting go of personal investment in an identity, and all of the work that needs to be done to be OK with whatever one decides.
  - Sense of failure and shame if one stops investing in prior choices/identity
- Pressure of being the poster child for whatever choice you make
- Failure to develop effective ways of coping due to lack of resources
  - Including efforts to change the views of others that conflict with new identity – could lead to feelings of righteousness
- Renegotiating, redefining existing relationships constantly
- Lack of resources that are congruent with the individual
- Being perceived as “deceptive” when coming out when you were hiding parts of your self to make people happy and to hold on to your identity (e.g., religion, family)
- Involvement in risk-taking behaviors as a means of coping and then defining being LGBT as such behaviors; lacking awareness of why you are doing them and what else to do
- Being limited in what you can or cannot do in terms of relationships, expression of love, gender expression (and having to watch others who are able to freely express)
- Trauma, ongoing and consistent that does not let up; attacks, rejection, attachment disruptions, and internal turmoil
- Being expected to live a life of celibacy forever, and living within a community that does not value celibacy as a lifestyle
- Lack of understanding by others
- Feeling the need to tell your “origin story”
- Physical effects of stress that add to the burden of solving the other distress
- Overcompensation for perceived flaws
- Distrust of oneself – by not conforming, there is a message underneath that “I cannot trust myself, perhaps I do not know what’s best for me / what I need.”
- Sense of incongruity with subjective gender roles
- Protectiveness of others (minimizing one’s experience at the expense of other’s perceived distress as a result of coming out)

## **PART V: Small Group Discussion on Identifying Interventions**

**Participants were asked to gather into small groups with others who hold similar worldviews to their own and to spend 15 minutes identifying at least 5 helpful interventions, from their perspective, for distressed, LGBTQ/Ssa religious individuals. They were then asked to spend 15 minutes identifying at least 2 ways that providers could harm**

**this population; one of the ways needed to be about how their approach may be contributing to harm. Before the morning session ended, the helpful interventions were shared with all the participants and compiled into topical groupings.**

We have been living in a community where beliefs and resources have been polarized and segregated, which impairs knowledge, connections, and empowerment. In our current status quo, it is often considered 'safer' to live separately. However, integration and collaboration are a more realistic and effective way of living. The topical groupings below highlight a variety of interventions from differing perspectives that may bridge the explicit differences between polarized sides:

### **1. Provide safety / a non-pathologizing stance**

- ✓ Foster safety and trust through the desire to learn
- ✓ Embrace a nonjudgmental, affirmative stance
- ✓ Honor and respect individual's sense of options and choices
- ✓ Provide an open, safe, and accepting environment
- ✓ Start where the client is with an open, affirming approach; help them explore underlying issues while letting the client define goals
- ✓ Honor the potential to find oneself within family, community, religion, and society
- ✓ Embrace a loving, kind, and mindful stance
- ✓ Honor and explore the complexity of intersecting identities with unique patterns of potential conflict
- ✓ Be sensitive to what client wants; avoid making assumptions about what a person wants or needs
- ✓ Explore diverse and sometimes opposing feelings, thoughts, and perspectives
- ✓ Create a common language that is safe for ALL

### **2. Enhance self-determination**

- ✓ Honor the individual's goals and objectives in a values-congruent setting
- ✓ Take a collaborative approach; be flexible
- ✓ Empower the client to have a voice and even find her or his voice through goal setting, finding realistic solutions, deconstructing shame, and educating of the impact of culture
- ✓ Instill hope
- ✓ Help clients become more grounded in how and what they feel, think, and believe about their identities

### **3. Enhance a sense of community**

- ✓ Use a community-building framework for cultural and social change
- ✓ Help clients find groups and decrease isolation
- ✓ Help clients find and connect to resources, increase knowledge, and make relational / community connections when inner conflicts arise
- ✓ Connect clients to groups where they can integrate being LGBTQ/Ssa and religious and/or explore/express unique aspects of themselves
- ✓ Facilitate healthy attachment / relationships

### **4. Enhance spiritual / religious identity development**

- ✓ Be at peace with spirituality and sexuality; know they can be compatible
- ✓ Help client explore and identify personal spirituality within and/or outside of their religion



- ✓ Assess social, physical, intellectual, emotional, and spiritual aspects
- ✓ Identify inclusive LDS/religious policies and doctrines
- ✓ Help clients reexamine religious and spiritual beliefs
- ✓ Model ways in which same-sex attractions and religious/spiritual faith can both be strengths

#### **5. Address maladaptive coping**

- ✓ Diminish distress by assessing and treating addictive and compulsive thinking and behavioral patterns

#### **6. Enhance personal identity development**

- ✓ Foster internal locus of control
- ✓ Educate, enhance self-improvement and self-empowerment
- ✓ Be proactive in providing resources and interventions
- ✓ Enhance ego development – turn ego-dystonic to ego-systonic
- ✓ Recognize someone is a product of many systems

#### **7. Be part of social change**

- ✓ Build bridges of understanding for ALL communities
- ✓ Enhance ally work
- ✓ Engage in deconstruction work - institutionalization, socially constructed privilege systems (think and act beyond the individual)

#### **8. Develop Cultural competence**

- ✓ Know your limits of competence
- ✓ Increase awareness of your own biases
- ✓ Seek education about LGBTQ/Ssa communities and issues within on a consistent basis

## **Part VI: LUNCH**

**Participants were invited to extend the community-building process into lunchtime by intentionally choosing to eat with participants whom they did not know or with whom they have had little or no previous contact. More specifically, participants were encouraged to select to eat with participants with whom they suspected they may have differences or disagreements. The instructions for lunch were to not focus on the topic of the day's workshop but to socialize and get acquainted with each other as interesting and unique individuals.**

A large majority of the participants were able to use the lunchtime as instructed. Many participants later reported very surprising and positive results. We heard feedback from quite a large number of participants that they had been surprised at how enjoyable this contact with "the other side" had been.

The co-facilitators intended this exercise to contribute to the process of further "humanizing" the participants who had chosen to engage in this Building Bridges dialogue.

## **PART VII: Identifying How Providers Can Harm this Population**

Before this section of the workshop, participants were asked to remove physical barriers (tables) that had been used for the morning sessions. Whereas tables had been provided while we worked on safety and identifying the helpful aspects of our respective approaches, we invited participants to remove these objects that separated us from one another. Participants formed an open semi-circle, in a display of voluntary openness and vulnerability. This would be our paradigm to begin the exploration of our differences. The facilitators then guided the participants in a breathing and grounding exercise to help everyone settle into this new configuration.

**The group of participants as a whole shared the potential harms that could come from the identified approaches/interventions. These were the harms that had been identified in the small working groups earlier in the day. As we had done during the last session in the morning, these potential harms were compiled into topical groupings.**

### **1. Lack of awareness issues**

- ✓ Possibly creating dissonance within one's spiritual framework
- ✓ Minimizing the importance of spirituality
- ✓ Being unaware of transference / countertransference issues
- ✓ We sometimes come in with our own value systems and expect clients to do their work the way we have done ours

### **2. Being out of sync with the client, inhibiting self-determination**

- ✓ Pressing the therapist's moral stance
- ✓ Our empowerment focus may pressure client to be openly out
- ✓ Missing client goals because "we know what is best"
- ✓ Devaluing the possibility of a happy LGBTQ outcome

### **3. Therapeutic pacing**

- ✓ Pushing toward resolution too soon and too fast
- ✓ Pointing out oppression when client is not ready, thus making them feel powerless
- ✓ Trying to take away pain too soon
- ✓ Focusing too narrowly on paradigms that may limit conceptualization and interventions used
- ✓ Pushing therapist goals for resolution
- ✓ Developmental readiness – you cannot push individuals into autonomy
- ✓ Encouraging authenticity without considering the implications it may have on the individual
- ✓ Failing to establish common ground

### **4. Not recognizing gender/culture differences**

- ✓ Inaccessible to social change
- ✓ Not seeing client as a whole person – hyperfocusing on one issue at the expense of others that have relevance
- ✓ The value and assumptions of a secular agency differ from those of a religious institution, agency, individual
- ✓ Someone who believes there is only one path may be put off by an interfaith approach

- ✓ Being more focused on using LGBTQ-affirmative terms than using the client's self-identified words

### **5. Misunderstanding the impact on client's life**

- ✓ "Safe space" may not always be a so safe
- ✓ May feel judged by our analysis, may stimulate PTSD
- ✓ Increase guilt and shame by pointing out dissonance with values
- ✓ May confuse approach with "pray the gay away"
- ✓ Underestimating the potential loss associated with identity change
- ✓ Asking client to act out of alignment with their own values

### **6. Cultural incompetence: Lacking guidance, knowledge, and skills**

- ✓ Therapists not having the skills; not knowing up-to-date research
- ✓ Allowing too much self-determination and not providing enough guidance
- ✓ Being selective about our resources that we give based on judgments about particular agencies
- ✓ Colluding with client distress and/or defenses: Not challenging stereotypes and even reinforcing them
- ✓ Perpetuating avoidance with lack of confrontation
- ✓ Potentially providing a poor referral based on our own agenda

In processing this exercise, the following messages were gleaned:

Out of distress, we have the creativity to think differently. We can move on to other options 3, 4, 5 ... because options 1 and 2 may not be working for us and/or our clients. If we create space to hear each other without judgment, there is a way to negotiate. These concepts are dialectic in nature – both truths can be correct. Further, these 'truths' are not absolute – they evolve and change. Both science and belief systems have unknowns and it is important to challenge both.

If things do not fit our concept of reality, it can be difficult to understand. We must take a step back and look through the lens of another professional / individual / group. We have to find a way to realize that it is not so simplistic. We must begin to acknowledge history and differences and update our perspectives.

These are not chronological processes that we are talking about. People can get stuck in developmental stages at any point in life.

## **PART VIII: Ways of Dealing with Conflict**

We humans are innately and socially primed to respond to conflict by fighting, running, appeasing, or freezing. These options represent a "winner" who is aggressive and a "loser" who cannot be aggressive and is left to submit and be passive. Typically there are two options when in conflict – either you're a victim or you are the perpetrator.

### **Traditional reactions to conflict:**

- ✓ Brace yourself for the attack/confrontation
- ✓ Get out of the way (avoid)
- ✓ Fight back, be the aggressor
- ✓ Joining the other and losing autonomy
- ✓ Asking for the other to stop, pleading, bargaining

- ✓ Submit (obey and do what you are told)
- ✓ After submitting, the person "hits their wall" and their limit and must get needs met "sideways" (i.e., addiction)
- ✓ After submitting, the person "hits their wall" and their limit and could then push and fight back, but then gets blamed for being "out of control" and the other is surprised and confused that the person is no longer the "nice one"

Each of these strategies has a cost associated with them. The outcome either way is that you "smallify" yourself and cannot get your needs met effectively.

The Aikido principle of **yielding** was introduced as a way to empower self-determination and provide another option of "winning" without needing to be aggressive when facing difficult situations. These situations can represent interpersonal oppression and conflict (e.g., physical restraint, social aggressions, unchangeable and opposing people or institutions) or intrapersonal conflicts (e.g., feelings we cannot control). It is important to acknowledge the things that are outside of our control and identify how you can take control.

### **Yielding: The "Yes-And" Approach**

- ✓ Approaching conflict with "yes-and" allows energy to flow instead of needing to control it or be controlled by it; the intention is not to agree or force change but to say **Yes** to what comes at you (i.e., getting out of the way and turning in the direction the force is moving) in order to accept and try to understand and then saying **And now me** (i.e., deciding which direction to turn/move) in order to be assertive with one's own needs and truth
- ✓ Treat *yielding* like stopping at an intersection; everyone takes turns to move in their direction in attempt to get needs met.
  - Intrapersonally, it can lead to full acceptance of reality, rather than avoiding, fighting with, or dissociating from self. From understanding comes the power to make a well-informed choice for self.
  - Interpersonally, it can shift the intention of trying to make someone change to trying to hear and understand the other, and then deciding which direction to move forward (i.e., continue in one's own direction or change after hearing the other). The assumption is that both people can get their needs met by being true to themselves.

**Co-facilitators led a very lively exercise to determine an individual's instinctual responses when met with conflict and how this may impact one's therapeutic / interactional style. In dyads, people were instructed to play both the aggressor and the receiver in order to see what they instinctively do in conflict situations. The take home message is a "yes-and" approach can enhance self-determination and avoid gridlock conflict.**

A handout was distributed to all that detailed the skills and process for this model of conflict management. The handout is included as an addendum at the end of this report.

## **PART IX: Respecting diversity**

We do not want to ignore the reality that there are larger systems of oppression that impacts individuals. We live in the middle of these systems and, as such, we have to make choices to move out of the system or use the power of the oppressor to lessen the

oppression and make change. Because we are stuck dealing with this together, we need to find ways to engage in different ways.

**A “fishbowl” exercise was introduced as a way to demonstrate how we could apply the “yes-and” stance to address the controversial issues that are at the core of the Building Bridges workshop.**

Possible controversial beliefs/assumptions were solicited from the participants that might be used as the focus for a fishbowl exercise. The following list of ideas were proposed:

1. Someone who is gay can become happily heterosexual.
2. You cannot be in a gay relationship and be actively religious (LDS), faithful, and righteous.
3. A non-heterosexual identity is a normal variation of human sexuality.
4. You can be LGBTQ/SSA affirming and maintain your commitment to the LDS church.
5. Beliefs cannot change.
6. If you are a younger adult / adolescent, what are the “acceptable” choices in order to remain worthy and righteous?
7. There is a spectrum of causation as it relates to sexual orientation (nature v. nurture debate).
8. For the Mormon therapist, you can work with someone who has harsh feelings against the church. If you are a gay therapist, you can work with someone who has harsh feelings against the LGBT community.
9. Sexuality, including sexual orientation, is influenced by one’s background.
10. It is okay to have an agenda, e.g., if you are not LGBT affirming it’s ok to convince an individual to become heterosexual.

There was much feedback from participants to select a topic that was realistic and relevant rather than a topic that was overly “safe.” The co-facilitators guided the process to encourage the selection of a topic that allowed us to achieve a success experience, capable of providing a solid building block for future dialogues.

**(Facilitators Note:** The goal of this workshop was three-fold: (1) To assemble a diverse group of providers who represent the full spectrum of approaches to working with the issue of religious and sexual/gender orientation conflict; (2) To provide safe dialogue that allowed participants to gain a more accurate understanding of participants who are often thought of as “the other,” and (3) To establish the foundations for curiosity and a willingness to engage in future and/or ongoing dialogue amongst providers who share distinct opinions about how to resolve these differences. It was not the intended goal for this initial workshop to work on resolving divisive differences.

**Topic Chosen for the fishbowl exercise: You can (or cannot) be a faithful, righteous, and LGBT Mormon.**

Three audience members volunteered: two volunteers to represent each side (you can and you cannot), with one audience member acting as ‘neutral’ observer and mediator. The two in the center took turns sharing with and listening to each other. Conflict resolution skills (provided in a workshop handout) outlined the sharer and listener roles in the discussion. After each shared and listened, the two individuals and mediator attempted to create 3<sup>rd</sup> and 4<sup>th</sup> options (synthesize both sides to find common ground and agreement).

### “You cannot” stance

- Sharer 1 (*representing North Star*): Shared her experiences of previously being happy in a lesbian relationship but then feeling almost called by God to end the relationship and return to church. She expressed feeling guilt in the past about being lesbian but was clear that these negative feelings did not motivate her actions. She described experiencing an initial spiritual connection with her religious leader (Bishop) that helped immensely, but also initially feeling excluded by others at church. She shared how she later met her current husband and how happy she is with her life and relationship.
- Sharer 2 (*representing the LGBTQ-affirmative Psychotherapist Guild*) was asked to share his experiences because it represented his conflicts with religious doctrine and his choice to end his participation in church. He felt that personally being part of his church was not an option in order for him to be happy because he did not want to be treated as a second-class citizen and be denied certain privileges in his religious community based on his sexual orientation. He described being happy about his decision to leave his religion and pursue living openly as a gay man.

### “You can” stance

- Sharer (*representing Mormons Building Bridges*) shared that she was heterosexual and LDS and supported LGBT individuals doing what they needed to be happy. She felt the need to separate support from religious activities and she has come to believe that “maybe there doesn’t have to be a divide.” She expressed her hopes that the LDS religion is evolving and is not static; there is evidence of some small changes already, citing seeing same-sex couples happily and openly attending church and finding ways to not be affected by their second-class membership.

### Post-discussion of fishbowl exercise:

- ✓ Perhaps a place to start would be defining and redefining/expanding what it means to be ‘righteous.’
- ✓ There was a shared consensus of individual faith – the commonality amongst each other as having deeper meaning; we can care about each other and love one another.
- ✓ Even though there are different positions, the warmth and understanding that occurs amongst each other can act as a bridge during conversations.
- ✓ Realizing that while another’s approach may not work for you on a personal level, it is inappropriate to impose your own beliefs and values on others. Everyone has their own way of living.
- ✓ It is important to be okay with certain aspects of yourself and reconcile faith and church in a way that works for you personally.

## **Take Away Messages From the March 16<sup>th</sup> Workshop**

### **Participants were asked to share what they wanted to remember from today’s interactions:**

- It is not our job to judge others; it is our job to accept them.
- We share more in common than we have in differences.
- Personal connections are going to be the thing that makes the shift for individuals.
- Respect and understanding are needed from both sides.
- Focus on the client; if we can’t help them, then refer to other resources.

- There are more than just two sides, many outcomes; it is a complex issue.
- Clients we see are on a spectrum (not only two sides).
- “This is uncomfortable to admit but there are a few agencies represented in the room that I held preconceived notions about which have been challenged. I now feel more comfortable considering these organizations as resources moving forward.”
- As we work together better, it will help clients move forward in a way that works for them. But to do this, we need to be open.
- Some need reassurance that, under the ethics code that they abide by, that if they make a referral they are not guiding a client into reparative therapy.
- One common-ground intervention is respect for client self-determination; we don’t set the agenda. It is our job to help the client determine what is right for her or him.
- “This has the potential of a complete game change—the fact that we are able to do this is unprecedented, it offers me hope.”
- “Seeing therapists from opposing sides today interacting respectfully and trying to understand issues has given me hope in the profession.”
- “If I can be completely honest, this has been a very painful experience. This is a microcosm of what I experience on a daily basis. I know that there may be many of you that feel there are two sides, but I feel like an abused bridge that connects the two. It is so easy for me to disengage from this because there are only two sides, and neither makes sense to me. If it doesn’t apply to me, I cannot engage in that. Both sides are really missing the discussion of gender. This shift would change the conversation immensely. If we viewed sexuality and gender less rigidly, people would be less willing to see themselves as so different.”

## **Post-Workshop Follow-up**

Several participants have maintained a dialogue beyond March 16th, with the goal of extending the discussion and to engage other providers beyond those who attended the March 16<sup>th</sup> workshop. Many of the discussions during the first month since the workshop have been one-on-one meetings. However, a “Group of 8” has scheduled a meeting for early May to discuss next steps in working together to resolve differences/concerns and better help religious, LGBTQ/SSa individuals. This “group of 8” will consist of 4 representatives from the “LGBTQ-Affirmative Providers/Clinicians” and 4 representatives from the “Change Providers/Clinicians” ends of the continuum.

The 1<sup>st</sup> goal is for this group of 8 to explore whether the safety that was established during the March 16<sup>th</sup> workshop can be extended into these later conversations. If successful, the 2<sup>nd</sup> goal is to identify a constructive process to focus an ongoing dialogue to address differences openly and honestly. The 3<sup>rd</sup> goal is to find a forum to open this discussion to others who are interested in participating in future collaborative community forums.

In addition to the formation of “the Group of 8,” a facilitated dialogue was conducted post-workshop between 2 Change providers and leaders of BYU’s Understanding Same-Gender Attraction support group to address their differences and concerns directly. They plan on continuing their discussion at one of the group’s next meetings to include the other members of the BYU group.

## **Addendum: Workshop Handout - “Conflict Resolution Skills”**

This handout was distributed to all participants during the March 16<sup>th</sup> workshop.

## **CONFLICT-RESOLUTION SKILLS**

- a) **Somatic work:**
- a. **Recognize the Distress Response:** contraction or collapse of breathing, posture, and attention, which constrains people to oppositional thinking and acting
  - b. **Expansive, Centered** breathing, soft tongue/soft belly, posture, and attention as an antidote to the distress response. Mind/body state of awareness, calmness, kindness, and power, which is the foundation for harmonious thinking and acting
  - c. **Timeout** for centering should be called if the centered mind-body state is lost, and the content work becomes secondary to the fight.
- b) **Content & Process work**
- a. **What the Sharer Does:**
    1. Say as much as you feel listener can hold at a time about your view and why it is important to you
    2. Talk about self and own experience: Use "I statements"
    3. Be Honest, Patient, Persistent
    4. Notice your reaction to sharing and if you are triggered by past expectations
  - b. **What the Listener Does:**
    1. *"Help me understand what you believe about X and how you came to believe that."*
    2. Focus your attention on the speaker
    3. Set aside preconceived ideas. Check if your opinion/bias are interfering with listening
    4. Stay curious
    5. "Let me see if I'm getting all this"
      1. When speaker is finished, mirror as closely as can speaker's words. Exact words or paraphrase—no interpretations (Flat reflection)
      2. After reflected, ask, "Did I get that?"
      3. If didn't, "Send again—tell me--the piece that I missed."
    6. Validate:
      1. "I'd like to hear more. Is there more about that?"
      2. "I can see how that it would meaningful to you"
      3. "I understand more of who you are now"
      4. "I understand something new about you"
      5. "Thank you for letting me know that"
      6. If speaker doesn't feels heard, "Can you tell me more about that?" or ask open-ended questions to understand
    7. Empathize:
      1. "If I were in your shoes, I would feel X."
    8. *"What do you have to gain and lose if you open up to the validity of what I'm believing?"*
  - c. **Observer role:**
    1. Watches if the communication breaks down and goes off protocol
    2. Clarify where the breakdown is happening to assist them

Sharer and Listener switch roles



After full process of each asking, reflecting, validating, and empathizing,

- “With the two roles you now have (sharer and listener), can you come up with a third option or way of integrating what you’ve heard?”
- The observer is asked if she or he can come up with another option.
- The witnesses in the larger circle are asked if they see a fourth or fifth option. Did this process allow for other options?
- The more options that are out there, the more we have to work with.

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