

What the Science Says— and Doesn't Say— About Homosexuality

Research-based answers to ten of the most
commonly asked questions about lesbian
women, gay men, and their families

A young child with blonde hair and blue eyes is looking over a stack of three books. In the background, a hand is holding a molecular model with red, orange, and black spheres connected by grey rods.

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Note: Human sexuality and gender identity are infinitely complex parts of our human makeup and impossible to cover fully in one publication. This resource focuses on gay men, lesbian women, and same-gender families. Those who would like to learn more about human sexuality, including the issues faced by bisexual and transgender individuals, are encouraged to study sources such as those published by the American Psychological Association, which can be found online at www.apa.org.

Foreword

It can be difficult to negotiate the terrain of science and faith. That scientific findings do, in fact, shape and change religious beliefs, is proven by history. Such changes can take a long time and spark social turmoil. Consider the example of Galileo Galilei, a scientist whose research demonstrated the earth revolved around the sun.

Though no Christians today argue about whether the earth is round, five hundred years ago most Christians, based on the Bible, believed the sun revolved around a flat earth. They could not integrate their reverence for the authority of Scripture with Galileo's scientific work. The Church tried Galileo and condemned him for heresy in 1633, banning the publication of his scientific work. Still under house arrest, Galileo died in 1642. Yet in the following century, as the weight of scientific evidence proved the earth revolved around the sun, Galileo was reburied in hallowed ground, and the Church allowed his scientific work to be published. In 1992, 350 years after his death, Pope John Paul II expressed regret for Galileo's treatment by the church.

Similarly in our own time, people of faith find themselves challenged by new scientific findings. For example, while the causes of homosexuality (or heterosexuality, for that matter) are unknown, research strongly suggests both a biological and environmental component to the development of a person's sexual orientation. Such findings have troubled those whose religious leaders and perspectives teach that heterosexuality is the God-ordained standard; that homosexuality is unnatural; and that no one is "born gay."

Ultimately, however, science cannot decide the moral question of whether our society should treat same-sex relationships as a normal form of human expression. What we do with scientific discoveries is always mediated through culture. Even if science were to one day prove an incontrovertible genetic basis for homosexuality, those who disagree might then simply label homosexuality a genetic disease or disorder.

Despite this limitation, both sides of the culture wars over homosexuality rely heavily on what the science says. Ironically but predictably, they then interpret the science differently. Some, however, go further, knowingly distorting scientific findings when those findings contradict their religious or political beliefs. Such activities should concern both sides. Our scientific methods demand a shared set of assumptions around scientific integrity. Science provides us all with life-saving technologies and elevated standards of living, but when a society tolerates the undermining of scientific findings in one area because of personal or political beliefs, it puts the integrity of the entire scientific enterprise at risk.

Consequently, this review by Jeff Lutes of what the scientific literature does and does not say about homosexuality is both critical and timely. Obviously,

many people of faith will feel challenged by some of today's accepted scientific facts about homosexuality. And, of course, all the facts are not yet in.

Yes, science poses to people of faith the dilemma of generating data that can challenge current religious understandings and teachings. However, as Galileo shows us, suppressing or distorting such data for that reason is neither truthful, nor does it ultimately strengthen one's faith. The acceptance of the scientific discovery that the earth revolved around the sun did not destroy the church. Today, committed believers read parts of the Bible which, in a literal sense, directly contradict that discovery. We now see those parts of Scripture as products of their time.

Science helped people of faith understand that the earth revolves around the sun. Just as people of faith have come to reconcile the clash of science and Scripture over this issue, I believe the same is possible when it comes to the mystery and diversity of human sexuality.

Jack Drescher, MD

What the Science Says—and Doesn't Say—About Homosexuality

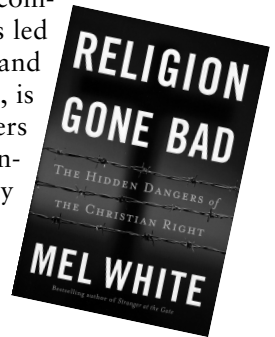
The booklet, *What the Bible Says—and Doesn't Say—About Homosexuality*, authored by Soulforce founder Rev. Dr. Mel White, presents a concise yet scholarly argument against the position that Scripture condemns homosexuality. This resource examines the six or seven verses commonly used to justify condemnation and religion-based discrimination against sexual minorities. It probes the meaning of these verses in the original Hebrew or Greek and explores their historical context, highlighting how critical it is to understand the culture in which these Scriptures were written. Dr. White also supplies compelling evidence that misinterpretation of the Bible has led to rejection, emotional suffering, physical assault, and even death. His later book, *Religion Gone Bad* (2006), is an eye-opening account of powerful religious leaders spreading false information to feed the fear and misunderstanding the U.S. public has about lesbian and gay people.

Both of those works lay the foundation for this resource. It is written as a companion to Dr. White's work, and exists for two primary reasons:

Many people are curious about what current, reputable social-science research indicates about lesbian women, gay men, and their families.

Some contemporary religious leaders, denominations, and politicians actively distort and misrepresent current social-science research with the goal of denying legal or religious equality to lesbian and gay people and their families. This misinformation must be corrected.

The following pages address ten of the most commonly asked questions about lesbian and gay people and their families, drawing on the findings of over forty years of social-science research. They also highlight specific examples of how religious and political leaders distort the scientific research to support anti-gay campaigns. This information is intended to create a broader understanding of the gay community as well as dispel some of the myths and distortions that have been used to justify religious and political oppression for decades.



Ten commonly asked questions about gay and lesbian people:

1. Is sexual orientation a choice?
2. What causes one's sexual orientation?
3. Is homosexuality a mental illness or a developmental disorder?
4. Why do gay people come out? Why not just keep it a secret?
5. Can a person's sexual orientation be changed?
6. Are gay men and lesbian women a danger to the military?
7. Are gay men and lesbian woman a danger to children and marriage?
8. I've heard pastors and politicians say that research shows children do best with both a mother and a father. Is that accurate?
9. Some claim homosexuality is a dangerous disorder. What's the truth?
10. What can I as a straight person do to help my lesbian and gay neighbors?



Author Jeff Lutes with son Niko and partner Gary Stein

1. Is sexual orientation a choice?



Sexual orientation can be defined as a fixed emotional, romantic, or sexual attraction toward members of the other gender (heterosexual orientation) or one's own gender (homosexual orientation). Based on current research, the U.S. medical and mental-health associations have concluded that sexual orientation is *not* a choice.¹

Sexual orientation, whether heterosexual or homosexual, is a central and natural component of one's identity. In general, les-

bian and gay people first notice feeling "different" from their peers at about eight years old, or in later childhood. They often do not begin disclosing their sexual orientation to others until about age thirteen, and in recent studies, the average age of coming out to parents has ranged from fourteen to fifteen years old to eighteen and nineteen.²

More than a dozen national surveys conducted throughout the United States and Europe, including those by the National Center for Health Statistics, suggest that approximately 3 to 4 percent of men and 1 to 2 percent of women identify as exclusively homosexual. A greater percentage of adult men and women report having an isolated sexual experience with someone of the same gender, and even more report sporadic sexual fantasies toward someone of the same gender.³

Heterosexuals are unlikely to recall a point in their life when they made a conscious choice to be attracted to people of the other gender. This is equally true for gay and lesbian people. They also do not make a conscious choice to be attracted to those of the same gender. Yet once they become aware of their love and attachment orientation, gays and lesbians do—and must—make choices.

Fearing rejection by family, the church, and society at large, many lesbian women and gay men choose to deny, hide, or bury their sexual orientation in hopes that it will go away if they ignore it. They may distract themselves in busy careers or marry someone of the other gender and have children in an effort to repress and camouflage their true feelings and attractions. Many of these individuals eventually suffer an emotional crisis, often ending up in psychotherapy with symptoms of severe depression and anxiety. It is not their homosexuality, but rather its suppression, that causes emotional distress. Some gay men and lesbian women spend thousands of dollars in counseling or religious programs and years in shadowy closets of guilt and shame, desperately trying to change themselves. Nevertheless, sexual orientation is rarely, if ever, changed⁴ (for more exploration of this point, see question 5).

Thankfully, most lesbian women and gay men, armed with the facts and strong support, can achieve self-acceptance and learn to live their lives openly with profound dignity and grace. They come to understand that, just like heterosexuals, they can choose to express their sexuality in ways that are demeaning and demoralizing, or in ways that are loving and life-affirming. Some remain single. Others maintain loving and committed relationships. Many of these partnerships are lifelong. A growing number of gay and lesbian people are choosing to create families and raise children.

Simply put, sexual orientation is part of who a person is, not what a person does. We are all human beings, not human doings.

2. What causes one's sexual orientation?

The most honest answer is that mainstream scientists do not yet know for sure what causes sexual orientation, be it heterosexual or homosexual. The American Psychological Association states *“most scientists today agree that sexual orientation is most likely the result of a complex interaction of environmental, cognitive, and biological factors. In most people, sexual orientation is shaped at an early age. There is also considerable recent evidence to suggest that biology, including genetic or inborn hormonal factors, play a significant role in a person's sexuality. In summary, it is important to recognize that there are probably many reasons for a person's sexual orientation and the reasons may be different for different people.”*⁵



Unfortunately, the question itself can be problematic. While it is certainly a legitimate scientific query, it is associated with paradigms that view homosexuality as a disorder, illness, or abnormality with causes that need explanation (When was the last time you heard anyone ask “What causes heterosexuality?”). Implicit is the assumption that since the majority of people are heterosexual, heterosexuality is normal (and in no need of explanation), while any deviation from the norm is not. It is not unlike asserting that since most people are right-handed, left-handed people must be abnormal. In fact, until the end of the 1950s, left-handedness was considered immoral and wicked in Catholic schools and left-handed students were forced to write with their right hands. But writing with your right hand when you are really left-handed, like trying to love someone of the opposite gender if you are really gay, is forced and artificial behavior.

The scientific community believes sexual orientation to be a complex mix of both biological and environmental factors, yet many religious leaders and organizations continue to perpetuate the myth that homosexuality is caused by family problems or poor parenting—even though these theories were discredited by the mainstream social-science community several decades ago.

For example James Dobson's organization, *Focus on the Family*, continues to promote such distortions (Dobson's programming is heard daily by millions around the world on both radio and television). Among some of the assertions made by Focus on the Family staff:

*"The mother [of gay men] is over-emotionally involved; a dominant, strong personality . . . the father is quiet, withdrawn, nonexpressive, or hostile."*⁶

*"I've never met a homosexual man that had a loving, respectful relationship with his father."*⁷

*"Any incident that happens to place a particular strain on the relationship between the child and the parent of the same sex is potentially causative [of homosexuality]."*⁸

These assertions ignore extensive and meticulous research. For example, the Kinsey Institute conducted interviews with almost one thousand homosexuals and five hundred heterosexuals to examine a variety of possible determinants of sexual orientation. Participants answered extensive questions about family dynamics, childhood sexual experiences, the quality of the connection with their parents and peers, and dating experiences. The results found that gay men and lesbian women were no more likely to have overbearing mothers, distant fathers, or to have experienced sexual abuse than their heterosexual counterparts.⁹

A growing body of research examining brain anatomy, animal behavior, twins, genetics, fingerprints, and hormones suggests that biological factors have a strong role in determining orientation. Most medical and mental-health professionals now believe, based on consistent genetic and prenatal brain research findings, that biology (nature) more than nurture, influences sexual orientation.¹⁰

In a test for sexual preference conducted at Idaho's U.S. Sheep Experiment Station, scientists placed young rams in a small contained area with four choices of partners: two ewes in heat and two rams. Researchers determined that a majority were heterosexual, while about 20 percent were bisexual, 15 percent were asexual, and 7 to 10 percent were homosexual.¹¹ The experiment's lead scientist, Charles Roselli, who researches hormones, brains, and behavior at Oregon Health and Science University, says research *"strongly suggests that sexual preference is biologically determined in animals, and possibly in humans."*

As an exercise, think of three *heterosexual* men or women you know personally who had difficult childhoods, severely dysfunctional families, absent fathers or mothers, and/or a strained relationship with the parent of the same gender. You can include yourself if you want. Given James Dobson's broad claims, how do you explain the heterosexuality of these people? Blaming same-gender attraction on parents does not explain why most people, regardless of the environment in which they grow up, identify as heterosexual.

3. Is homosexuality a mental illness or a developmental disorder?



It is neither. Four decades of research and many studies have concluded that gay men and lesbian women can be as healthy, stable, and functional as their heterosexual counterparts.

In 1957, psychologist Evelyn Hooker published the first empirical research challenging the predominant assumption that homosexuality was a pathological condition. Hooker administered the Rorschach Ink Blot Test, the Thematic Apperception Test (TAT), and the Make-A-Picture-Story (MAPS) Test to 30 homosexual males and 30 heterosexual males matched for age, IQ, and education. Three independent experts on projective tests then evaluated the men's psychological adjustment. In order to strengthen the validity of the study,

these experts were not informed about each subject's sexual orientation. On all three projective tests, the experts found that the psychological adjustment ratings of participants did not differ between heterosexual and homosexual men. As an added check, the experts were asked to identify which Rorschach tests belonged to the homosexual men. They were unable to do so.¹²

Over the years, Dr. Hooker's findings have been replicated by other researchers. For example, Freedman (1971) studied lesbian and heterosexual women by administering personality tests. The results of this study, and several others, verified Dr. Hooker's original conclusion that homosexuality was not related to psychopathology.¹³

Also in 1957, The Wolfenden report, a British government study officially called the *Report of the Committee on Homosexual Offences and Prostitution* released its findings. The study was commissioned in 1954 following the public prosecutions of several homosexuals. The committee determined that "*homosexuality cannot legitimately be regarded as a disease, because in many cases it is the only symptom and is compatible with full mental health in other respects.*"¹⁴

In 1982, John C. Gonsiorek reviewed published research studies that compared the results of psychological tests administered to homosexual and heterosexual subjects and found that both consistently scored within the normal range. Gonsiorek concluded that "*Homosexuality in and of itself is unrelated to psychological disturbance or maladjustment. Homosexuals as a group are not more psychologically disturbed on account of their homosexuality*" (Gonsiorek, 1982; Hart et al., 1978; and Reiss, 1980).

The gradual accumulation of empirical evidence led to a new understanding of homosexuality within the medical and mental-health professions. This, in turn, caused professional associations to change their views on homosexuality as a disorder.

The **American Psychiatric Association** removed homosexuality from the Diagnostic & Statistical Manual (the list of mental disorders referred to as the DSM) in 1973. It reaffirmed this position twenty-seven years later with this statement: *“The APA affirms its 1973 position that homosexuality per se is not a diagnosable mental disorder. Recent publicized efforts to re-pathologize homosexuality by claiming that it can be cured are often guided not by rigorous scientific or psychiatric research, but sometimes by religious and political forces opposed to full civil rights for gay men and lesbians. APA recommends that the APA respond quickly and appropriately as a scientific organization when claims that homosexuality is a curable illness are made by political or religious groups.”*¹⁵

The **American Psychological Association** passed a resolution in 1975 supporting the declassification of homosexuality as a mental disorder, stating: *“The research on homosexuality is very clear. Homosexuality is neither mental illness nor moral depravity. It is simply the way a minority of our population expresses human love and sexuality. Study after study documents the mental health of gay men and lesbians. Studies of judgment, stability, reliability, and social and vocational adaptiveness all show that gay men and lesbians function every bit as well as heterosexuals.”*¹⁶

The **American Counseling Association**, the **National Association of Social Workers**, and other national mental health associations have also supported the research-based conclusion that homosexuality is not an illness or mental health problem.

Medical associations worldwide have reached many of the same findings. The **World Health Organization** removed homosexuality from its list of disorders in 1993. Japan’s psychiatric association did so in 1995, and the Chinese followed in 2001. In December, 2002, Thailand’s Mental Health Department declared that homosexuality is not a mental disorder.

To assert that homosexuality is not a mental disorder does not mean that all gay and lesbian people are free of emotional problems or mental illness. In fact, some studies suggest that while most gays and lesbians are well adjusted, some (especially those subjected to harassment and prejudice or living in cultures extremely intolerant of homosexuality) are at risk for higher levels of depression and anxiety (Meyer, 2003, Cochran & Mays, 2006). This is a logical and expected correlation. Depression and anxiety are common, understandable reactions to societal prejudice, religious condemnation, employment discrimination, and familial rejection.

When it comes to the question of whether homosexuality is a mental disorder

der, scientific research is unanimous—it is not. Despite that research, however, many religious and political groups continue to selectively quote scientific literature to buttress arguments that homosexuality is a pathology. They often take scientific literature out of context or extrapolate information from studies that focus on other populations. Their goal is to use scientific studies to bolster arguments against giving gay and lesbian people political or civil rights. For more on these misinterpretations and distortions, see questions eight and nine.

4. Why do gay people come out? Why not just keep it a secret?

“Coming out” is the prolonged and complex process of discovering that you are gay or lesbian and then telling others. It is an individual experience which varies from person to person, and often begins when the individual can no longer tolerate the fear, shame, and loneliness associated with “living in the closet” (e.g. being gay or lesbian, but living as though you are straight). For most people, coming out is driven by the simple desire to be open and honest with those they love and to live with integrity and authenticity. It is not a one-time experience; neither is it a linear process. In general, people tell those with which they feel the safest first, and then begin to take risks as they broaden their openness among family, friends, coworkers, and neighbors. Often there are set-backs when their honesty is met with painful rejection or hurtful condemnation.



Unlike racial and ethnic minorities facing societal racism, lesbian and gay youth seldom receive support from family to help them cope with society’s anti-gay prejudices.¹⁷ Their family reactions often mirror the rejection of the larger society. In addition, the process of coming out is lifelong, since life dictates that we are always meeting new people in both our jobs and within our social circles.

Heterosexual people are often oblivious to how integral and natural their expression of sexuality is in daily life. Heterosexual teens can speak openly about the crush they have on a school friend, celebrity, or their favorite contestant on *American Idol* without being the object of social stigma. When they start dating, or want to introduce their dates to the family, they can usually turn to their parents for support and advice. Heterosexuals can take for granted nor-

mal expressions of affection like kissing or holding hands in public, wearing engagement and wedding rings, bringing their significant other to social functions, talking about what they did for fun last weekend with family or friends, and proudly displaying photos of those they love on the credenza at work. There is no need to stand up and proclaim “I am straight”—their daily actions and language make that perfectly clear.

By contrast, many gays and lesbians spend years denying who they are because of social stigmas. They pretend, changing pronouns from “she” to “he” to avoid giving away the gender of their partners. In hundreds of ways, they live in fear rather than enjoying the comforting openness experienced by their heterosexual counterparts.

A growing body of research focusing on shame and its role in identity development has illuminated the importance of coming out (Alonso and Rutan, 1988). Research shows that shame causes people to disconnect from those they love. The experience of coming out (honesty) helps people name, normalize, and reduce the power of shame and its accompanying social isolation.

Honesty about one’s sexual, emotional, and relational orientation is crucial to developing and maintaining positive mental health. The February 2002 issue of *The Monitor Magazine* (a publication of The American Psychological Association), reviewed two large-scale studies focused on this issue. The first, published in *Psychological Science* (Vol. 12, No. 1) by University of Vermont psychologists Esther D. Rothblum, PhD, and Rhonda Factor, PhD, found that “out” lesbians are as likely to report being mentally healthy as their heterosexual sisters. The second study, reported in the January 2001 *American Journal of Orthopsychiatry* (Vol. 71, No. 1), studied 2,401 lesbian and bisexual women. It concluded that the more “out” the women were (as measured by self-identification as a gay or lesbian, number of years out, and level of involvement in the lesbian or bisexual community), the less psychological distress they reported.

Various theories about the development of identity formation and the process of coming out have been presented. One of the earliest models, developed by Vivian Cass, proposed a six-stage process in which an individual progresses from *identity confusion*, to *identity comparison*, *identity tolerance*, *identity acceptance*, *identity pride*, and finally, *identity synthesis*.¹⁸ A more recent eight-stage model of coming out, developed by Carrion and Lock (1997) suggests a progression from *internal discovery* to *inner exploration of attraction to a same-sex person*, *early acceptance of an integrated sexual self*, *congruence probing*, *further acceptance of an integrated sexual self*, *self-esteem consolidation*, *mature formation of an integrated self-identity*, and finally, an *integrated self-identity within a social context*. Most models of identity formation explore the impact of societal intolerance during the coming-out process and the increased risk for mental-health problems that may result.¹⁹

Coming out, especially in the initial stages, is not easy. It often involves

rejection and ridicule from friends, family members, or coworkers. But story after story bears witness that through the process of coming out, gay men and lesbian women can create whole and fulfilling lives with greater self-esteem, more satisfying interpersonal relationships, and deeper, more authentic connections to God.

5. Can a person's sexual orientation be changed?

One of the key points in the cultural debate around human sexuality hinges on whether sexual orientation can be changed—specifically whether gay people can become straight. On this question, all major U.S. health and mental-health associations, representing nearly half a million professionals, have consensus. They warn that attempts to change one's sexual orientation are ineffectual, and in some cases, even psychologically damaging. Here are statements from some of the major associations:

American Psychiatric Association

"The American Psychiatric Association opposes any psychiatric treatment, such as 'reparative' or conversion therapy, which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation. In doing so, the APA joins many other professional organizations that either oppose or are critical of 'reparative' therapies, including the American Academy of Pediatrics, the American Medical Association, the American Psychological Association, the American Counseling Association, and the National Association of Social Workers." ²⁰

"The potential risks of 'reparative therapy' are great, including depression, anxiety, and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone 'reparative therapy' report that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed." ²¹





*Former Exodus leader Michael Bussee
 "We apologize for our part in the
 message of broken truth we spoke on
 behalf of Exodus and other
 organizations. . . We call on other
 former ex-gay leaders to join the
 healing and reconciliation process by
 adding their names to this apology."*

group is Exodus International, which operates 135 programs in 17 nations. Its motto is "Change is Possible." Focus on the Family, founded by James Dobson, asserts that "homosexuality is preventable and treatable" and sponsors "Love Won Out" conferences in multiple cities each year. These well-attended conferences preach that one's faith can change one's sexual orientation; that homosexuals can be healed.

These programs offer false hope to vulnerable lesbian and gay people and desperate family members, using scientifically questionable and outdated understandings of sexual and gender identity combined with deeply moving testimonials from those who claim to have been cured and "saved from the homosexual lifestyle." Those raised in religious homes, especially fundamentalist religious environments, often turn to these ministries after being rejected by families and churches. They have usually spent years praying, talking to ministers, reading their Bibles, and making repeated promises to God.

Sexual reorientation programs use unconventional and sometimes bizarre therapies to change behavior. Men are taught not to cross their legs and to talk like "real" men; to throw a football and change the motor oil in their cars; and, whenever they experience same-sex attractions or fantasies, to hit a pillow with a tennis racket or snap a rubber-band on their wrists. Women are made to grow their hair longer, and taught how to apply makeup or wear a dress.

American Academy of Pediatrics

"Therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation." ²²

American Psychological Association

"Research findings suggest that efforts to repair homosexuals are nothing more than social prejudice garbed in psychological accouterments." ²³

Despite these warnings, reparative therapy and sexual orientation conversion (or "ex-gay") programs have become increasingly widespread across the United States and exist worldwide. Most of this growth is sparked not by actual program effectiveness, but by political climate. These groups are supported and financed almost exclusively by religious groups who strongly oppose granting lesbian and gay people civil and religious equality.

Most of these programs claim to alter or reverse sexual desire. The largest such

Furthermore, in the last decade, the testimonies of reparative therapy groups have become central to campaigns seeking to deny gays and lesbians their civil and religious rights. Paid spokespersons from these ministries testify in courtrooms, school-board meetings, and directly to legislators in Congress. Their goal is to convince political leaders and the U.S. public that because gays and lesbians can change their sexual orientation, homosexuality is a disorder—not a descriptive of a population needing equal rights and protections.

There is no question that among white Christian groups, religious perspectives determine the public perception and political positions on homosexuality. A 2003 Pew Research Center study reported that highly committed evangelicals believe sexual orientation *can* be changed by a four to one margin. By contrast, mainline Protestants and Catholics think orientation *cannot* be changed by a margin of two to one.²⁴

Ex-gay advocates spend millions of dollars advertizing testimonies of change in pamphlets, books, full-page newspaper ads, and billboards. Often such testimonials are short-lived. In many cases, founders or leaders of organizations that claim to change gays and make them straight have themselves abandoned the work and their organizations, admitting that their sexual orientation has not been changed and that they are and have always been gay. In June of 2007, three such former leaders of ex-gay ministries held a press conference in Los Angeles and issued the following apology:

*As former leaders of ex-gay ministries, we apologize to those individuals and families who believed our message that there is something inherently wrong with being gay, lesbian, bisexual, or transgender. Some who heard our message were compelled to try to change an integral part of themselves, bringing harm to themselves and their families. Although we acted in good faith, we have since witnessed the isolation, shame, fear, and loss of faith that this message creates. We apologize for our part in the message of broken truth we spoke on behalf of Exodus and other organizations.*²⁵

Many ex-gay leaders fit the profile of Michael Johnston. In 1999, Johnston worked with Jerry Falwell as the chair of his national “Coming out of Homosexuality Day” and was a prominent spokesperson in both television and print ads. His message was that he once was homosexual, but that Jesus Christ had changed him into a heterosexual.



Michael Johnston

Four years later, Michael Johnston closed his ministry. He admitted that even while leading his ministry to change homosexuals into heterosexuals, he had engaged in sexual encounters with other men. Shortly afterwards, he checked himself into yet another ex-gay ministry. As of 2006, he had graduated from that program and took a position on the program staff. This pattern of falling in, out, back in, and back out of grace is quite common among those who try to change their sexual orientation.



Peterson Toscano
www.beyondexgay.com

Peterson Toscano of *beyondexgay* offers an alternative experience. Toscano spent seventeen years and thousands of dollars in multiple reparative ministries in a futile effort to change his sexual orientation. In a newspaper interview, Peterson spoke about his process of reaching self acceptance:

“One day I woke up exhausted from it all. It was like I woke up out of a coma, and for the first time in years, I was thinking with my own mind. I asked myself the critical question, ‘What the hell are you doing? This is crazy. You’re destroying yourself. It’s not working.’ I realized I was in a coma all those years—a Biblically induced, culturally Christian coma.” ²⁶

Proponents of reparative therapy hailed a 2001 study by Robert Spitzer, MD, of Columbia University. The study reported on two hundred individuals who claimed to have changed their orientation from homosexual to heterosexual. The story was widely covered by the national media, in part, because Spitzer had played a key role in getting homosexuality removed from the list of mental disorders in 1973. Religious groups promoting reparative therapy, however, completely ignored Spitzer’s summary conclusion. Spitzer concluded: “The vast majority of gay people would be unable to alter by much a firmly established homosexual orientation.” ²⁷

In 2004, when I visited Dr. Spitzer to discuss his study, he expressed his concerns around the distortions of his research:

“I think anybody that has any familiarity with gay people knows that it is not something one chooses, and it is also something that is very difficult to change. The difficulty I had in doing my study was finding two hundred subjects that met the criteria—and that was after extensive notices in Christian and other groups that do this kind of therapy. So, finding it difficult to find two hundred individuals, my own guess is that it is a relatively rare phenomenon for those who enter that kind of therapy. It’s relatively rare that they are successful. One concern I have is that the study is being used as part of a general effort by these organizations to deny gays civil rights, and it is part of that agenda. I am not sympathetic with their efforts to do that. I think it also makes many homosexuals even more uncomfortable with being homosexual, rather than accepting themselves as they are.” ²⁸

Ex-gay ministries and reparative therapists often claim that thousands of gay men and lesbian women have changed their orientation to become heterosexual, although they offer no official research statistics to support those claims. Opponents of this therapy, including individuals who have spent many years in reparative therapy before abandoning it, assert that reparative therapy is nothing more than repression therapy which teaches vulnerable gays and lesbians in psychological distress to deny, suppress, distract, lie, and pretend to be someone they are not.

In August, 2006, the American Psychological Association issued yet another warning about such therapies:

“For over three decades, the consensus of the mental-health community has been that homosexuality is not an illness and therefore not in need of a cure. The APA’s concern about the positions espoused by NARTH (National Association for Research and Therapy of Homosexuality) and so-called conversion therapies is that they are not supported by the science. There is simply no sufficiently scientifically sound evidence that sexual orientation can be changed. Our further concern is that the positions espoused by NARTH and Focus on the Family create an environment in which prejudice and discrimination can flourish.”²⁹

In May of 2007, the **American Academy of Physician’s Assistants (AAPA)** voted to oppose attempts to cure homosexuality and issued the following resolution at their annual conference:

“The American Academy of Physician Assistants opposes any psychiatric treatment directed specifically at changing sexual orientation, such as ‘conversion’ or ‘reparative’ therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her sexual orientation.”³⁰

6. Are gay men and lesbian women a danger to the military?

Gay men and lesbian women serve in every branch of the armed forces, and they do so with the same courage and commitment as their heterosexual comrades. According to the Urban Institute’s Population Studies Center, there are one million gay and lesbian veterans. Over sixty-five thousand gays and lesbians currently serve on active and reserve duty.



Some politicians, religious leaders, and military officials suggest that only heterosexuals are fit for military duty. They argue that allowing openly gay and lesbian military to serve would undermine unit cohesion and impair good order, discipline, and morale.

Social science does not support those arguments. A convincing array of studies indicates that sexual orientation is completely unrelated to military suitability and performance. These include a 1989 study commissioned by the Department of Defense (Office of Personnel), a 1992 report from the General Accounting Office, a massive 1993 report commissioned by the Pentagon³¹, a 2001 report by the Service Members Legal Defense Network, and numerous other studies. In fact, these studies indicate that thousands of heterosexual mem-

bers of the military are aware of gays and lesbians serving alongside them, and that this reality has not altered their camaraderie or operational effectiveness.

Currently, twenty-four other nations allow gays to serve openly in military forces with no observed negative impact on morale, unit cohesion, readiness or recruitment. These include Israel, Great Britain, and Canada. Twelve of these nations were our allies in Operation Enduring Freedom and nine fought alongside the United States during Operation Iraqi Freedom.

Gallup polls show that U.S. citizens now overwhelmingly support allowing gays and lesbians to serve (79 percent in a recent survey),³² and a 2006 Zogby poll found that nearly three out of four service members say they are “personally comfortable” around gays and lesbians. Currently, gays and lesbians serve openly and effectively in the Central Intelligence Agency (CIA), the Defense Intelligence Agency (DIA), the Federal Bureau of Investigation (FBI), the National Security Agency (NSA), the Transportation Security Agency, the Secret Service, the Drug Enforcement Agency, and border patrol.³³

In December 2006, The Army’s chief of staff, Gen. Peter Schoomaker, told the House Armed Services Committee that the active-duty army was severely short-handed, and would break unless the force was expanded by seven thousand more soldiers per year. To address the issue, the army relaxed its usual standards to admit to active duty those they would not normally allow to enlist, including felons. Ironically, if you rob a bank and get caught, you can serve in the United States military, but if you love someone of the same gender and get caught, you cannot.

All military service members protect our freedoms at personal risk, but gay and lesbian members of the military shoulder a different set of personal costs than their heterosexual counterparts. A gay soldier serving in the Middle East can’t email his partner in the United States without risking his career. A lesbian returning from duty can’t allow her partner to meet her when she gets off the plane for fear of being discovered. Gay or lesbian military personnel and their partners are unable to access numerous vital support services taken for granted by their heterosexual friends, such as those the military routinely offers to spouses. A gay man who turns to a military chaplain for counseling or guidance can’t be sure his private conversations will be kept confidential. In some cases, chaplains have reported homosexual military members to their commanding officers or dropped hints that resulted in their investigation and discharge.

If it were true that gays and lesbians subvert the mission of the military by undermining cohesion in its troops, one might expect the military to discharge more gays and lesbians during wartime, when unit cohesion is most essential. This is not the case. Reports show a long-standing trend by the military toward discharging fewer gays and lesbians in wartime.

According to a report released by the Pentagon in March of 2007, there was a sharp decline in the number of gays and lesbians discharged in 2006. (Pentagon documents show that 1,227 homosexuals were discharged in 2001

compared to 612 in 2006.) This pattern has been in place from the beginning of the Iraqi and Afghanistan conflicts. Many call it expedient and hypocritical: Why retain gays and lesbians during wartime, and then discharge them at higher rates during times of peace?³⁴ In 1950, during the Korean War, and in 1970, during the Vietnam War, the Navy discharged approximately 50 percent fewer gays and lesbians than its usual annual average. In 1991, during the Persian Gulf War, the first Bush administration issued a “stop-loss” order through then Secretary of Defense Dick Cheney to prevent discharges of gays and lesbians until the end of the war.³⁵

Two to three gay or lesbian service members are discharged each day. These include medical personnel, intelligence experts, engineers, and highly skilled Arabic, Farsi, Chinese and Russian linguists. In many cases, their skills and expertise are documented as being in critical short supply.

In addition, the cost of the ban on gays and lesbians is staggering. A 2006 Blue Ribbon Commission Report sponsored by the University of California determined that the Pentagon’s “Don’t Ask, Don’t Tell” policy cost at least 363.8 million during its first ten years.³⁶

Despite the overwhelming empirical evidence (including many studies authorized by the Pentagon itself), as well as public opinion polls and favorable financial impact analyses, the ban on gay men and lesbian women serving in the military remains firmly in place because of misinformation, prejudice, and bigotry.

As its opponents ironically point out, “Don’t Ask—Don’t Tell” is the only U.S. law that makes it illegal to tell the truth.

7. Are gay men and lesbian women a danger to children and marriage?

The American Academy of Pediatrics estimates that between 1 and 9 million children in the United States are being raised by at least one parent who is lesbian or gay. (The broad range cited is due to the social stigma associated with homosexuality—which keeps some lesbian or gay parents from openly disclosing their sexual orientation in surveys).³⁷ A

2003 report by the Evan B. Donaldson Adoption Institute found that lesbian women and gay men are more likely than heterosexuals to adopt special needs



children, such as older children, children of color, or children with disabilities, including HIV infection.³⁸



Dr. Judith Stacey

In 2001, Dr. Judith Stacey and Timothy Biblarz published a comprehensive review of the social science research on lesbian and gay parenting in the *American Sociological Review*. The overall finding was that lesbian and gay parents were as competent as heterosexual parents. The article did note some differences between families with gay and lesbian parents and those with heterosexual parents, but was careful to emphasize that these were differences, not deficits. Many of those opposing parenting rights for lesbian and gay people seized on these differences, using them to assert that gay and lesbian parents were not as effective as heterosexual parents.

In an interview, Dr. Stacey addressed what she sees as a distortion of the literature and her work: *“Significant, reliable social scientific evidence indicates that lesbian and gay parents are as fit, effective, and successful as heterosexual parents. The research also shows that children of same-sex couples are as emotionally healthy and socially adjusted and at least as educationally and socially successful as children raised by heterosexual parents.”*

Later in the interview she commented: *“There is not a single, respectable social scientist conducting and publishing research in this area today who claims that gay and lesbian parents harm children.”* She explained that the research does find some differences between families with gay and lesbian parents and those with heterosexual parents, but emphasized that they are differences, not deficits. For example, daughters of lesbian moms tend to be somewhat more career-oriented than other daughters. That antigay activists had cited these differences as evidence supporting their efforts to deny partnership and parenting rights to lesbians and gays was for Stacey *“a serious misreading and abuse of our work.”*³⁹

In 2004, I interviewed Dr. Stacey in her home. I quote her directly:

*It has not been not entirely surprising to me and Tim [Stacey’s colleague]—but certainly disturbing—to see that our article has been cited and posted on a host of very antigay family websites. It has been used in court cases to deny parenting rights, or same-sex marriage rights or benefits, or adoption rights to lesbian and gay parents. That is a complete distortion of the study. In fact, it set up a second job for me—responding to the distortions. I’ve found myself needing to do reply affidavits and declarations in many of these court cases to set the record straight. There is absolutely nothing in the article we wrote or in any of the research that has yet been published that would warrant any discrimination against parents on the basis of sexual orientation.*⁴⁰

Three decades of research demonstrate that children raised by gay and lesbian parents are as mentally healthy as children raised by heterosexual parents. For example, a 2004 study published in *Child Development* (Vol. 75, No. 6) compared eighty-eight teenagers randomly selected from the National Longitudinal Study of Adolescent Health. Half of the teens had same-sex parents and half had opposite-sex parents. The study found very few group differences between the teenagers. The teenagers did not differ in symptoms of depression, self-esteem, grade point average, or in their ability to develop healthy romantic relationships. It found no basis for the assertion that children with same-sex parents suffer because of not having a mother or a father figure.⁴¹

In October, 2005, Ellen Perrin, MD, professor of pediatrics at Tufts University School of Medicine, presented the consensus of more than fifteen studies to the national conference of the American Academy of Pediatrics. All of the studies arrived at the same conclusion: children raised by same-sex parents are in every way as well-adjusted as those raised by heterosexual parents.⁴²

The following statements by the major medical and mental-health associations in the country articulate their perspectives on gay and lesbian parenting:

American Academy of Pediatrics

“Children deserve to know that their relationships with both of their parents are stable and legally recognized. This applies to all children, whether their parents are of the same or opposite sex. The American Academy of Pediatrics recognizes that a considerable body of professional literature provides evidence that children with parents who are homosexual can have the same advantages and the same expectations for health, adjustment, and development as can children whose parents are heterosexual. When two adults participate in parenting a child, they and the child deserve the serenity that comes with legal recognition.”⁴³

American Psychiatric Association

“Numerous studies over the last three decades consistently demonstrate that children raised by gay or lesbian parents exhibit the same level of emotional, cognitive, social, and sexual functioning as children raised by heterosexual parents. This research indicates that optimal development for children is based, not on the sexual orientation of the parents, but on stable attachments to committed and nurturing adults. The research also shows that children who have two parents, regardless of the parents’ sexual orientations, do better than children with only one parent.”⁴⁴

American Psychological Association

“Research has indicated no significant differences between the capabilities of lesbian, gay, and bisexual parents when compared to heterosexual parents. However, lesbian, gay, and bisexual parents face challenges not encountered by most heterosexual parents because of the stigma associated with homosexuality and bisexuality. Prejudice has led to institutional discrimination by the legal,

educational, and social-welfare systems. In a number of instances, lesbian, gay, and bisexual parents have lost custody of their children, have been restricted in visiting their children, have been prohibited from living with their domestic partners, and/or have been prevented from adopting or being foster parents, on the basis of their sexual orientation.”⁴⁵

American Academy of Child and Adolescent Psychiatry

“There is no evidence to suggest or support that parents with a gay, lesbian, or bisexual orientation are per se different from or deficient in parenting skills, child-centered concerns, and parent-child attachments when compared to parents with a heterosexual orientation. It has long been established that a homosexual orientation is not related to psychopathology, and there is no basis on which to assume that a parental homosexual orientation will increase likelihood of or induce a homosexual orientation in the child. Outcome studies of children raised by parents with a homosexual or bisexual orientation, when compared to heterosexual parents, show no greater degree of instability in the parental relationship or developmental dysfunction in the children.”⁴⁶

American Anthropological Association

“The results of more than a century of anthropological research on households, kinship relationships, and families, across cultures and through time, provide no support whatsoever for the view that either civilization or viable social orders depend upon marriage as an exclusively heterosexual institution. Rather, anthropological research supports the conclusion that a vast array of family types, including families built upon same-sex partnerships, can contribute to stable and humane societies . . . The Executive Board of the American Anthropological Association strongly opposes a constitutional amendment limiting marriage to heterosexual couples.”⁴⁷

Many religious leaders argue that same-sex marriage would destroy the traditional family and even lead to the downfall of Western civilization. These fears are not substantiated by any contemporary scientific research.

Dr. John Gottman, Professor Emeritus of Psychology at the University of Washington and founder of the Family Research Lab and the Gottman Institute, has been studying marriage, couples, and parent-child relationships for over three decades, much of it conducted in tandem with his wife, Julie Schwartz Gottman, PhD. John Gottman has written or co-written 119 published academic articles and thirty-eight books. His most recent books are *The Seven Principles for Making Marriage Work*; *The Relationship Cure*; and *Raising An Emotionally Intelligent Child: The Heart of Parenting*. He has spent twelve years researching same-gender couples.

In 2001, I discussed this research with Dr. Gottman. He offered this insight:

Gay and lesbian relationships are the vanguard of what heterosexual relationships could be. Heterosexual couples have a lot to learn from gay couples.

Same-sex couples tend to be more positive than straight couples during conflict and tend to use more affection and humor when discussing difficult subjects. They tend to use fewer controlling and hostile emotional tactics during a fight; and fairness and power-sharing between partners appears to be more common in gay and lesbian relationships than in straight ones. ⁴⁸

8. I've heard pastors and politicians say that research shows children do best with a mother and a father. Is that accurate?

Marriage equality and same-gender parenting are currently hot topics of conversation in the United States. The question of whether children are better off with parents of the same or different genders is a valid one. It is also an area in which distortion and misinterpretation of existent research studies is most blatant. The problem is so widespread that the American Psychological Association addressed the distortion in detail. Its statement is quoted in its entirety in the following paragraphs.

The American Psychological Association has found that groups opposing marriage rights for same-sex couples repeatedly mischaracterize the implications of the existing scientific research for public policy on gay and lesbian parenting. They do so by relying on studies that simply do not address gay and lesbian parents and their children, because the research that has directly studied gay and lesbian parents and their children has not found any evidence to justify discrimination against them. Opponents of marriage rights for same-sex couples argue that children without both a mother and father have poorer physical and mental health, poorer academic achievement, greater likelihood of substance abuse, higher risk of suicide, and greater criminal propensity. The studies they cite, however, examined children of divorced parents and of single parents, and thus support the conclusion that—all else being equal—children fare better when raised by two parents than by one.



The following examples of how opponents of civil marriage for same-sex couples mischaracterize research are illustrative. For instance, opponents of same-sex marriage rights cite Amato (1991), for the proposition that children need both a mother and a father and that any development that weakens the traditional man/woman family is likely to increase children's risks of mental illness and poor

educational attainment, among other things. But Amato's conclusion is that children with divorced parents are likely to score lower in various measures (including academic achievement) than children with continuously married parents. Amato's focus is research on the effects of divorce. He does not review studies that compared children of heterosexual parents with children of gay parents, and it is inappropriate to rely on his meta-analysis to draw the conclusion that children of married or committed same-sex couples are in any way disadvantaged compared to the children of married or committed different-sex couples.

Simons (1999) provides another example. This article has been cited by opponents of same-sex marriage rights to emphasize the importance of having a mother and a father. In fact, the study identifies adjustment problems among children of divorce by comparing divorced and intact families without examining the consequences—if any—of having two parental figures of the same sex.

Along similar lines, opponents of gay marriage cite Angel and Worobey (1988) to suggest that children are at greater risk for physical illness when their mothers and fathers do not get and stay married. This study, however, only suggests that children of single mothers tend to have poorer health than children of mothers in intact marriages. It says nothing about children of gay and lesbian parents. See also, for example, Bennett (1992), which has been cited by opponents of same-sex marriage rights to suggest that infant mortality is a risk to children when mothers and fathers do not get and stay married, when in fact the article concludes that infant mortality rates are not fixed or inevitable for single mothers but affected by other indicators such as economic and social support and, in any event, not addressing children of gay and lesbian parents.

Because the research cited in the examples mentioned above does not address parents' sexual orientation, it does not permit any conclusions to be drawn about the consequences of having heterosexual versus nonheterosexual parents, or two parents who are of the same gender versus different genders. In their review of twenty-one published empirical studies in this area, Stacey and Biblarz (2001) criticized the practice of "extrapolat[ing] (inappropriately) from research on single mother families to portray children of lesbians as more vulnerable to everything from delinquency, substance abuse, violence, and crime, to teen pregnancy, school dropout, suicide, and even poverty," and noted that "the extrapolation is 'inappropriate' because lesbian-gay-parent families have never been a comparison group in the family structure literature on which these authors rely." If anything, this body of research demonstrates the benefits of marriage for children and thus provides support for allowing same-sex couples to marry.

The American Psychological Association affirms that the abilities of gay and lesbian persons as parents and the positive outcomes for their children are not areas where credible scientific researchers disagree. Thus, after careful scrutiny of decades of research in this area, the American Psychological Association concluded in its recent Resolution on Sexual Orientation, Parents, and Children: "There is no scientific evidence that parenting effectiveness is

related to parental sexual orientation.” This conclusion is shared by the American Academy of Pediatrics, the National Association of Social Workers, and the American Psychiatric Association.

These statements by the leading associations of experts in this area reflect professional consensus that no credible empirical research suggests that gay and lesbian parents are less capable than heterosexual parents. Similarly, no credible evidence shows that children raised by lesbian or gay parents differ in any important respects from those raised by heterosexual parents. It is the quality of parenting that predicts children’s psychological and social adjustment, not the parents’ sexual orientation or gender.⁴⁹

References for studies cited in the APA statement on the mischaracterization of scientific research:

Amato, P.R. (2001). Children of divorce in the 1990s: An update of Amato and Keith (1991) meta-analysis. *Journal of Family Psychology*, 15, 355-370.

Angel, R., & Worobey, J. L. (1988). Single motherhood and children’s health. *Journal of Health & Social Behavior*, 29, 38-52.

Bennett, T. Braveman, P., Egerter, S., & Kiely, J. L. (1992). Maternal marital status as a risk factor for infant mortality. *Family Planning Perspectives*. 26(6):252-271.

Simons, R.L., Lin, K.-H.; Gordon, L. C.; Conger, R. D.; & Lorenz, F. O. (1999). Explaining the higher incidence of adjustment problems among children of divorce compared with those in two-parent families. *Journal of Marriage & Family*, 61, 1020-1033.

Stacey, J. & Biblarz, T.J. (2001). (How) does the sexual orientation of parents matter? *American Sociological Review*, 66, 159-183.

9. Some claim homosexuality is a dangerous disorder. What’s the truth?

In the last several years, a number of groups opposed to the civil equality of gays and lesbians have created organizations with scientific sounding names. These organizations claim to offer a scientific and research-based angle on the cultural debate around homosexuality. Three of the most well-known are the *Family Research Institute*, the *Family*



Research Council (FRC), and the National Association for Research and Therapy of Homosexuality (NARTH).

The problem with these groups is that none of them actually do statistically reliable studies with research designs that meet the established scientific standards of validity.

Paul Cameron, founder of the *Family Research Institute*, has been censured and discredited by mainstream medical groups multiple times for his misuse of scientific research and his inflammatory characterizations of gays and lesbians. Based in Colorado Springs, Colorado, Cameron has made outlandish claims like the following: that gays are ten to twenty times more likely to be child molesters, five to twenty times more likely to engage in bestiality, and fifteen times more likely to become murderers than heterosexuals. He asserted that lesbians are nineteen times more apt to have had syphilis, two times more likely to have genital warts, four times more likely to have scabies, seven times more likely to have had an infection from vaginal contact with lesbians, and twenty-nine times more likely to infect a sexual partner with a venereal disease on purpose. He has said that gays should be quarantined and castrated to stop the spread of AIDS, and that lesbians should have a one-inch hole drilled through the cartilage in their nose.⁵⁰

The American Psychological Association voted to expel Paul Cameron from membership in 1983 for violating the *Preamble to the Ethical Principles of Psychologists*. That same year, the Nebraska Psychological Association formally dissociated itself from Paul Cameron's writings and public statements on sexuality. In 1985, The American Sociological Association adopted a resolution which asserted that "*Dr. Paul Cameron has consistently misinterpreted and misrepresented sociological research on sexuality, homosexuality, and lesbianism.*" In his written opinion in *Baker v. Wade* (1985) Judge Buchmeyer of the U.S. District Court of Dallas referred to Cameron's sworn statement that "homosexuals are abusing children at a proportionately greater rate than heterosexuals" and commented: "*There has been no fraud or misrepresentations except by Dr. Cameron.*"⁵¹

Despite being totally discredited, Cameron continues to be cited as an authority in articles and to be called as a witness in court cases. When Pat Buchanan wrote about AIDS in March 1993, he cited Cameron, as did columnist Don Feder in July of 1993, when he wrote about gay servicemen and child molestation. Cameron was the chief witness called in support for a 2005 Virginia bill aimed at banning gays and lesbians from adopting, and he was quoted by dissenting justices in the Massachusetts Supreme Court in the case that legalized same-sex marriage in that state. In 2004, a Florida Supreme Court decision upholding the ban on adoption by same-sex couples cited Cameron's claims; saying it was "*consonant with the notion that children raised by homosexuals disproportionately experience emotional disturbance and sexual victimization.*"⁵²

Among other things, the *Family Research Institute* website calls for legislation to reintroduce the sodomy law, deny benefits to any form of civil union or

domestic partnership, ban funding of any entity that permits fostering or adoption by gays and lesbians, require school districts to treat homosexuality as a public health hazard, and fine any administrator or school board for hiring a gay or lesbian teacher.⁵³



Another well-known organization influential in many Christian circles is the *Family Research Council* (FRC) in Washington, DC, founded by James Dobson in 1983 and currently directed by Tony Perkins. The *Family Research Council*, despite its name, does no original or credible scientific research. Instead, it looks for scientific-sounding statements and work by others that it believes bolsters its antigay claims. The sources are often not legitimate. Misrepresentations like the following reach the homes of millions of people through FRC's website, printed literature, and fundraising letters.

*Since homosexual behavior is directly associated with higher rates of promiscuity, physical disease, mental illness, substance abuse, child sexual abuse, and domestic violence, there is no reason to reward such behavior by granting it society's ultimate affirmation—the status of civil marriage—or any of the benefits of marriage.*⁵⁴

In addition to this kind of misinformation, the FRC also commonly uses the tactic of pointing to the misguided or tragic actions of one gay person or same-gender couple and generalizing from that to all gays and lesbians. For example, at the October 2006 Values Voters Summit in Washington, DC, Perkins spoke about a lesbian couple that broke up within months after their state began acknowledging civil unions. “That tells you about their commitment to the institution of marriage,” he commented sarcastically.⁵⁵ (Imagine the uproar if someone claimed that Britney Spears' notorious fifty-five-hour marriage somehow reflected on all heterosexual marriages.)

This is a hallmark strategy for the FRC, Focus on the Family, and many others who oppose equality.

Another common strategy is to claim that the major mental-health associations (representing nearly half a million professionals) have been overpowered and manipulated by the gay community (3 to 4 percent of the population) and its “gay agenda.” The gay-affirming position statements issued by these prestigious organizations are a result of this infiltration and cooption, they argue, rather than the accumulation of extensive, credible scientific evidence.

Given the widespread consensus within these associations, this assertion is highly unlikely. For instance, in the American Counseling Association, passage of a 2004 resolution regarding the rights of gay, lesbian, and bisexual parents to foster and to be parents was unanimous by all nineteen divisions of the

American Counseling Association. Not one single division, including the Association for Marriage and Family Therapists, opposed the measure.”⁵⁶

NARTH is a coalition of mental-health professionals that advocates sexual reorientation therapy and efforts to prevent homosexuality in children. The group operates well outside the mainstream scientific understanding of homosexuality and often refers to itself as a secular organization, though it regularly takes part in the “Love Won Out” Christian conferences sponsored by James Dobson and Focus on the Family.

While many NARTH members have voiced troubling statements on homosexuality, pronouncements on other social issues, like race, are at least as problematic, and reflect poorly on the integrity of the entire organization. Gerald Schoenewolf, a prominent member of NARTH’s Science Advisory Committee posted an essay on the group’s website claiming that Africans were better off having been sold into slavery and that the civil-rights movement was “irrational.” Among his assertions was the following: “There is another way, or other ways, to look at the race issue in America. Africa at the time of slavery was still primarily a jungle...Life there was savage ... and those brought to America, and other countries, were in many ways better off.”⁵⁷ Canadian doctor Joseph Berger, also of NARTH, wrote an opinion on their website that gender-variant children should be sent to school in opposite-sex clothing so they would be be ridiculed into conforming.

Organizations such as these prey on the antigay prejudice and naiveté of the American public. Their websites seem extremely credible. The majority of Americans do not have the specialized expertise to fact-check or verify their claims about research. Those interested in learning more about how antigay organizations misrepresent research can visit the Rockway Institute at www.rockway@alliant.edu, and Jim Burroway’s Box Turtle Bulletin at www.boxturtlebulletin.com.

10. What can I as a straight person do to help my lesbian and gay neighbors?

Stigma and misinformation hurt everyone, no matter what their sexual orientation.

Learn about it. Talk about it. Do something about it.

Reading this booklet is an important first step. Commit yourself to learning as much as you can about the issue of homosexuality. Even more importantly, get to know the gay and lesbian people



who work with you, live next door, and are members of your own family. Multiple opinion polls demonstrate that once people have actually met lesbian and gay members of their community, acceptance and understanding increase dramatically. Many long-standing cultural prejudices and religious misconceptions begin to fall away when heterosexual people realize that the majority of gay and lesbian people do not fit the pejorative and cruel stereotypes that have been attributed to them for centuries.

Don't be afraid to lovingly challenge those who say untruthful words about your gay and lesbian neighbors. Be strong and interrupt anti-gay jokes or comments. Watch your own language and resist making assumptions about other people's sexual orientation. Instead, assume that there are lesbian and gay people in your classes, business meetings, and social life.

Become a powerful "straight ally"—a heterosexual person who creates safe churches, safe schools, safe communities and advocates for equality. Talk to clergy in your area who courageously led their congregation in becoming a welcoming and affirming house of worship.

Get involved. Join with Soulforce, an organization that takes a stand for justice by peacefully resisting the political and religious forces that are systematically denying the gay community their basic rights and recognitions. These are the same rights most heterosexual people take for granted daily. Spread truth by talking to your friends, neighbors, colleagues, and family members. Give them a copy of this booklet, and Mel White's companion booklet, *What the Bible Says—and Doesn't Say—About Homosexuality*.

Become part of a movement to mobilize other heterosexual allies—and help end religious and political discrimination in America.



Summary

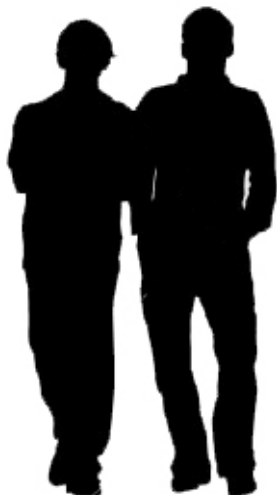
Psychiatrists, psychologists, and counselors routinely observe the importance of thinking or “cognition” in shaping our perceptions. Cognitive distortions, rigidity, and limiting beliefs usually lead to an unstable self-image and an unsatisfying emotional and spiritual experience. Conversely, self-acceptance, constructive thinking, and vital social networks that provide a validating environment generally lead to authentic relationships with others and a life with more hope, strength, and happiness.

Much of the heated debate over homosexuality is really a culture-wide struggle to reexamine our beliefs, both scientific and religious, on this topic. It is a struggle that has touched the deepest and most rigid parts of our fears—but it also offers the hope of greater relational authenticity and increased self-acceptance culture-wide.

You’ve made an important decision in choosing to read this resource. Debate on the topic has been inflammatory and distorted. Careful scientific work has been misinterpreted because of the challenge that work brings to bear on traditional historical religious perspectives. These facts will help raise questions and provide balance to a very polarized debate while tearing down any unwarranted fears and stereotypes.

Some of you may be the father, mother, relative, friend, or neighbor of a gay or lesbian person. We hope that this resource aids you as you reevaluate your thinking about gay and lesbian people. Some of you may be a gay man or a lesbian woman struggling with self acceptance. Many people have been where you are today. Accurate information and proper support have helped them find their way out of shame, self-deception, and pretending. We hope this information helps you in your journey.

Many scientists and people of faith contributed to the work reviewed in this resource. Every one of them has had to grapple with the questions raised by both science and faith, and certainly the many issues are not going to be resolved in a brief closing summary. If, however, this material challenges readers to look further, ask more searching questions when presented with scientific evidence, rethink religious teachings and ultimately find new spiritual ground, this resource will have accomplished its purpose.



Health and Mental Health Organizations

*American Academy of Pediatrics
Div. of Child and Adolescent Health
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
(847) 228-5005
www.aap.org*

*American Psychiatric Association
1400 K Street, NW
Washington, DC 20005
(202) 682-6097
www.psych.org*

*Association of Gay and Lesbian
Psychiatrists (AGLP)
4514 Chester Avenue
Philadelphia, PA 19143-3707
(215) 222-2800
www.aglp.org*

*National Association of Social
Workers (NASW)
Nat'l Committee on LGB Issues
750 First Street, NE, Suite 700
Washington, DC 20002-4241
(202) 408-8600
www.socialworkers.org*

*National Association of School
Nurses, Inc.
P.O. Box 1300
Scarborough, ME 04070-1300
(207) 883-2117
www.nasn.org*

*American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304-3300
(800) 347-6647
www.counseling.org*

*American Psychological Association
LGB Concerns Office
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-6050
www.apa.org/pi/lgbic/*

*National Association of School
Psychologists (NASP)
4340 East West Highway #402
Bethesda, MD 20814
(866) 331-NASP
www.naspsweb.org*

*American Medical Association (AMA)
515 North State Street, 8th Fl.
Chicago, IL 60610
(312) 464-5315
www.ama-assn.org*

*American Academy of Physician Assistants
950 North Washington Street
Alexandria, VA 22314-1552
(703) 836-2272
www.aapa.org*

SOURCES

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