

A.P.A. Journal Article
Considers Religious Values and Same-Sex Attraction

By Roy Waller

If psychologists are to “show respect for multiple expressions of diversity in a pluralistic society,” then their profession should respect the change-oriented goals of clients with SSA, say the authors.

(Summary of an article published in *Professional Psychology: Research and Practice* (Vol. 33, No. 3, pp. 235-241).

Is the social debate about homosexuality taking an unanticipated turn — with the increasing marginalization of those who hold to a traditional point of view?

This is suggested by Mark A. Yarhouse and Lori A. Beckett in an American Psychological Association-published piece addressing this (and other) issues from both sides of the psychological fence.

Arguing that religious belief is as viable an example of cultural diversity as sexual orientation, the two authors provide statistics that suggest an animosity towards social conservatives, especially those who call themselves Christian.

They cite, for example, a story in *Chronicle of Education* stating “that about 20% of Americans and nearly 40% of highly educated Americans, are ‘intensely antagonistic’ toward conservative Christians.”

Yarhouse and Beckett then point out the equal intolerance of dismissing the strong religious beliefs that may motivate a struggler with same-sex attractions to seek therapy. When dealing with such clients, it is “critical that the psychotherapist consider what it means to an orthodox religious person to have such thoughts or to have engaged in such sexual behavior.”

They note the important difference between holding a moral objection to certain sexual behaviors, versus outright prejudice against involuntary, inborn factors such as another’s race or gender. Yarhouse and Beckett then consider the gay-affirmative point of view.

Citing Stein (1999, Oxford University Press), they find corroboration in his conclusion that “Even if one’s sexual orientation is primarily biological and not a choice, much of what is ethically relevant about being a lesbian or gay man is not biologically based and is not determined, [such as] engaging in sexual acts with a person of the same gender.”

Should Feelings Dictate Self-Identity?

Yarhouse and Beckett next explore the differences between how religious conservatives and gay-affirmers view the homosexual behavior itself. They explain that the gay-affirmative viewpoint attempts the integration of attraction and behavior into an overall lesbian, gay, or bisexual (LGB) identity. The conservative-religious position, however, stems from the conviction that homosexuality is not a God-given identity—*who one really is*— but is a behavior that is contrary to moral principles. With their moral ideas shaped by their religious faith, those conservatives who experience same-gender attraction will quite naturally be conflicted from the outset.

The question is: do gays and lesbians seek reorientation because they genuinely feel prompted to change? Or, is it because the hostility (real or imagined) of society forces them to try to change?

Once again looking at both sides, the writers ask if some practitioners present the goals of reorientation therapy improperly, thereby causing a false anticipation for miraculous or instantaneous change. The tendency to hope for radical “cures” within a religious or psychological framework is obvious.

On the other hand, gay-affirming therapists—eager to validate their own theories—can be too hasty to dismiss the potential of reorientation therapy and either denigrate the entire concept, or simply refuse to propose it as a viable alternative to their patients.

Calling for the same balanced, reasoned approach on the part of mental health professionals, Yarhouse and Beckett urge all who deal with these issues—religiously conservative, gay-affirming, chastity/ celibacy advocates, etc. — “to demonstrate respect for the interests of clients who experience same-sex attraction and pursue change,” as well as for those who choose to integrate their same-sex desires and activities in an LGB identity.”

“Such a continuum,” they conclude, “is one way in which psychologists can show respect for multiple expressions of diversity in a pluralistic society.” ■

Expert Witnesses in Ohio DOMA Case Distorted the Evidence, Says Throckmorton

After testifying in opposition to representatives of the Ohio Psychological Association, Throckmorton challenges the Association to offer proof of its assertions.

Warren Throckmorton, PhD

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Dr. Brush:

I am writing as a fellow mental health professional, researcher and professor. As you may know I gave testimony on November 12, 2003 to the House Juvenile and Family Law Committee concerning the Defense of Marriage Act (DOMA).

On December 3, 2003, two psychologists representing the Ohio Psychological Association presented testimony before the House Committee on Juvenile and Family Law opposing the Defense of Marriage Act (DOMA). In their testimony, Drs. Jensen and Fradkin provided rebuttal testimony that found many points of disagreement. However in their written remarks submitted to the subcommittee, they made several claims about sexual orientation that cannot be supported by a preponderance of the research on the subject. I especially want to raise two issues.

Dr. Jensen said in her testimony: "There is substantial peer-reviewed research that *sexual orientation*, for most individuals, is determined at a very young age, resulting from a complex interaction of genetic, biological, and early hormonal influences. Viewed from this perspective, a person's *sexual orientation* is primarily a physical attribute, very much like a person's height. While both could be altered to some degree by environmental variables, especially in very extreme circumstances, they are primarily 'hard-wired.'"

These statements cannot be substantiated with research. The statements were presented as fact, not opinion nor speculation but as settled scientific consensus. Briefly, she mentions no role for environmental influence on the development of sexual orientation, says that sexual orientation is determined for most people by a young age and she likens sexual orientation to height. Research does not support these claims. In a 2000 study on identical twins, researcher Michael Bailey and colleagues found that only 20% of the male twins and 24% of the female twins shared homosexual orientation. The heritability of height is estimated to be about .90 for men and slightly less for women (Silventoinen et al., 2003). Bailey wrote: "Consistent with several studies of siblings, we found that sexual orientation is familial. In contrast to most prior twin studies of sexual orientation, however, ours did not provide statistically significant support for the importance of genetic factors for that trait." Consistent with his and other research, Dr. Bailey does not completely dismiss genetic influence but in contrast to Dr. Jensen's dogmatic testimony, he indicates that the research also supports environmental factors. Furthermore, he wrote that the higher probandwise concordance rates in earlier research were likely inflated by ascertainment bias.

Dr. Fradkin also misled the House Committee concerning the flexibility of sexual orientation saying it is "most often" harmful to attempt sexual orientation change. While there is one study that delib-

erately set out to find people who did feel harmed by efforts to change (Shidlo & Schroeder, 2002), Dr. Fradkin ignores the thousands of individuals who have experienced change in their personal sexuality and the research that documents the changes (Throckmorton, 1998; 2002).

Note that I am not saying that the research *proves* sexual orientation is subject to change, or even that there is consensus about how to define sexual orientation. What I am saying is that there is research that reports the experience of many individuals as they have changed aspects of their personal sexuality. Not only have many research participants reported substantial changes in behavior, attractions and fantasies, but they also report being satisfied with their counseling experiences.

Dr. Fradkin may suspect that "people who have undergone such 'therapy' *most often* report significant harm" and he has a first amendment right to say he suspects it, but he cannot support this statement with research.

As I understand it, the Ohio Psychological Association adopts the code of ethics of the American Psychological Association. Principle C of the code includes a warning against making misleading statements. "Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology."

You know your own code of ethics better than I do and know that statements such as made by Drs. Jensen and Fradkin cannot be made without significant qualification. At the least, testimony from OPA should distinguish between speculation and professional opinion based on the preponderance of the research.

I think it would be sign of real scientific credibility to review the statements made by Drs. Jensen and Fradkin and offer the public and the Ohio legislature a more balanced, research based perspective on the issues I have raised. I believe this would be an appropriate response from OPA.

If needed, I would be happy to produce additional research substantiating my objections raised above. However, as the premiere mental health association in the state, I am confident that you have these resources available to you.

Sincerely,

Warren Throckmorton, Ph.D.

References for letter (above):

Bailey, J.M., Dunne, M.P., & Martin, M.G. (2000). Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology*, 78, 524-536.

Shidlo, A. & Schroeder, M. (2002). Changing sexual orientation: A consumers' report. *Professional Psychology: Research and Practice*, 33, 249-259.

Silventoinen, K., et al., (2003). Heritability of adult bod height: A comparative study of twin cohorts in eight countries. *Twin Research*, 6, 399-408.

Throckmorton, W. (1998). Efforts to modify sexual orientation: A review of outcome literature and ethical issues. *Journal of Mental Health Counseling*, 20, 283-304.

Throckmorton, W. (2002). Initial empirical and clinical findings concerning the change process for ex-gay. *Professional Psychology: Research and Practice*, 33, 242-248.