

# The Misuse of Science

*Summary: "The Use, Misuse and Abuse of Science in the Ecclesiastical Homosexuality Debates," by Stanton Jones, Ph.D. and Mark A. Yarhouse, Ph.D., in Homosexuality, Science and the Plain Sense of Scripture, David Balch, ed., Grand Rapids, MI: Eerdmans, 2000.*

by Linda A. Nicolosi

Psychologists Mark Yarhouse of Regent University and Stanton Jones, provost of Wheaton College, have written an important article which should be read by every church governing board.

Mark Yarhouse was a presenter at the NARTH conference in Washington, D.C. this November. He also spoke at—and organized—the groundbreaking August 2000 symposium at the American Psychological Association Meeting on the ethics and effectiveness of reorientation therapy.

Jones and Yarhouse cite many examples of theological documents which misuse and misunderstand the scientific literature. This literature is currently being used, they point out, to persuade many denominational leaders that the biblical model of sexual behavior is outdated and lacking scientific support.

But before examining the scientific evidence, the authors pose the following foundational question: "Can science tell us whether homosexual acts should be deemed intrinsically immoral?"

Their answer is no. Science, they say, cannot resolve questions which must be engaged on ethical and theological grounds. That which is *spiritually disordered* ("wrong") and that which is deemed *psychologically disordered* ("sick") are not identical.

In fact, many traits conditions considered sins—idolatry, lust, and pride—are not viewed as psychological disorders. By the same token, many conditions considered to be psychological disorders—*anxiety, depression, psychosis*—are not considered to be sins.

The church must abandon one very seductive myth: the idea that when psychology identifies a psychological condition—"what is"—it can, without recourse to an evaluative philosophy of its own, conclude "what ought to be." Indeed, what contemporary psychology identifies as mental health, or "self-actualization," is in many ways, quite different from what Christianity conceptualizes as "a life well-lived."

## The Uses of Scientific Evidence

Yarhouse and Jones do acknowledge that scientific findings have *some* relevance within the church's debate. Even

though scientific evidence cannot speak to us in any definitive way, still it can inform the discussion. So they examine that evidence. First, they ask, *Is homosexuality a pathology?*

They look at two defining features of pathology—maladaptiveness, and personal distress. Maladaptiveness, of course, cannot be defined without first answering some philosophical questions ("adapted to what?") which require a concept of healthy psychological functioning. And any such standard can be challenged.

Jones and Yarhouse cite a number of studies which show that gay relationships are more promiscuous. Many—if not most—gay male writers now say that open relationships are "adaptive" in the context of gay life. But if we believe that emotional faithfulness *requires* sexual faithfulness, then gay relationships can indeed be deemed less healthy.

But without a consensus on what constitutes a healthy relationship, the question of "adaptiveness" can never be definitively answered.

## The Problem of Research Bias

Pursuing the same question, "Is homosexuality a pathology?" the authors consider the earlier studies (like the classic Hooker research) that were presumed to have answered that question. The Hooker study, however, was not designed to prove that gay men are as healthy as heterosexuals—it only sought to prove that homosexuality was not invariably associated with obvious pathology. The study never looked for a representative sample of the gay population, but actively sought out emotionally healthy subjects. Yet the findings of the Hooker study were erroneously used, in many cases, as "proof" that on average, homosexuals are as healthy as heterosexuals.

Contemporary research, Jones and Yarhouse say, also continues to suggest that homosexuals suffer higher levels of emotional instability and distress—even though that conclusion is usually not stated, *as such*, in those research studies. Intriguingly, Jones and Yarhouse cite studies in which the evidence of higher levels of distress is obvious—yet those researchers then tend to minimize *their own findings*, presumably because of the political implications.

*continued, next page*

The actual evidence, Jones and Yarhouse say, continues to paint a rather disturbing picture. One study found that 57% of the lesbians surveyed had had suicidal thoughts during their lifetime, compared to about 33% for the general population.

But whatever the scientific findings, the authors say, those findings still should not be used to lead to the conclusion that there ought to be a change in theology. Yet one Methodist committee stated that if homosexuals were found by social science to be, among other things, no more promiscuous or emotionally unhealthy than heterosexuals, then Methodism *could not continue* to condemn homosexual practice.

Not only did the committee conclude—falsely, using inaccurate evidence—that gays *were* as healthy and as relationally stable as straights, but their conclusions implied that one must judge *moral* health by the same standards as the psychological profession currently employs (using a philosophy of its own) to judge *psychological* health.

### The Misuse of the “Born that Way” Argument

Science is also, the authors say, used to “prove” that a homosexual orientation is an intrinsic, natural part of “who a person really is.” Since, according to this argument, a homosexual orientation is part of a person’s core identity, then the homosexually oriented person’s acts must be evaluated in light of his *own, true nature*.

But there are problems with this argument, the authors explain. First, science *cannot* show that a homosexual orientation is part of a person’s core nature. Nor, of course, can science establish a vision of normalcy in an *ethical* sense.

The authors discuss the biological studies in detail—particularly, the problems in those studies. Even if science does discover biological influences leading some people into homosexuality (and Jones and Yarhouse agree that such predisposing influences *are* likely) it cannot show that the person had *no free will* to work against his inclinations. They note that there are also genetic influences predisposing some people to alcoholism and violence, yet the person is still presumed to be—at least to some extent—a free moral agent.

Whatever the different sources of the “push” toward homosexual attraction, they conclude, “there is no evidence that this ‘push’ renders human choice utterly irrelevant.”

### Developmental Factors

Science does not have enough evidence to *prove* that psychological and familial factors are pivotal in causing homosexuality, Jones and Yarhouse say. Still, “there is too much evidence to dismiss” those factors.

What is now derisively referred to, by gay activists, as the “old” evidence for psychodynamic factors, in fact *has never been refuted*, the authors point out, and these psychological-familial factors “still hold promise for understanding part of the causal puzzle of homosexuality.”

### The Possibility of Change

The authors agree that sexual orientation is very difficult to change, but that it is not impossible to do so. They review the evidence, and identify some notable problems. First, the term “homosexual” has never been satisfactorily defined, and gay apologists have taken advantage of this problem by classifying people who have successfully changed as never having been homosexual in the first place, but “bisexual.”

Second, sexual reorientation therapy is held up to an impossibly high standard when gay apologists insist that any residual same-sex attraction is evidence of treatment failure. No other form of therapy is held up to such a standard. If an alcoholic has a relapse, or a person struggling with bulimia goes through periods when the unwanted weight returns, all efforts to stop drinking or lose weight are not simply written off as ill-advised.

Furthermore, the existing evidence of sexual reorientation is dismissed by gay apologists as “without merit” because much of it is anecdotal and consists of the self-reports of people who claim to have changed. Yet gay apologists use the *same* type of evidence—reports from people who said they were *harmed* by reorientation therapy—to *debunk* such treatment, and they consider that sufficient evidence to make their own case convincingly.

Psychologist Doug Haldeman is a gay activist who has been critical of reorientation therapy because he sees homosexuality as part of a person’s core nature. Yet Haldeman has stated that “the categories of homosexual, heterosexual and bisexual, considered by many researchers as fixed,...are in reality very fluid for many.” Presumably, one can make a political choice to be a lesbian, or a gay man may fall in love one day with a woman. Yet gay advocates dismiss as fantasy the idea that strong personal motivation, combined with a planned course of therapy, may eventually induce a transition to heterosexuality. ■

