

# Facts, not Flattery, about Same-Sex Attraction

*Blithe assertions about the gay lifestyle are seldom backed up by scientific studies — and when they are, the studies are weak.*  
Ad Hoc Committee on Homosexuality and Scientific Research

Who helps you: someone who fails to tell you the truth or someone who does tell you the truth? The former may make you feel better; they may soothe and flatter, but the truth is more loving. It will help you live a healthier, happier and more fulfilled life.

Defenders and promoters of homosexuality try to cover up the scientifically documented serious promiscuity, inability to maintain sexual fidelity, partner abuse and psychological and medical illnesses associated with the lifestyle. Also, they tell persons with same-sex attractions (SSA) that “It’s genetic,” “You were born that way,” or worse “God made you gay.”

If homosexuality were genetically predetermined, then identical twins would virtually always have the same sexual orientation. Francis S. Collins, M.D., Ph.D. Director of National Human Genome Research Institute, NIH, has stated that the likelihood that the identical twin of a homosexual male will also be homosexual is about 20%, indicating that whatever genes are involved represent predispositions, not predeterminations.[1] One major study’s analysis of data from the Australian twins registry found that if one male identical twin had SSA there was only an 11% chance that the other would too.[2]

Persons with SSA are told that there is no hope of change and that trying to change will make them worse. Numerous studies have found that SSA is not a stable condition. The majority of those who experience SSA during adolescence find the problem has disappeared by the time they reach 25 without any intervention.[3] Those who seek therapy or spiritual counseling can achieve various levels of freedom from SSA.

Research has documented the benefits of therapy.[4] In fact, a study specifically designed to document the damage done by therapy directed at resolving SSA found that a number of subjects reported being helped by the therapy.[5]

Adolescents with SSA are told that “coming out” will solve their problems. In fact, it puts them at risk. In spite of intensive AIDS education, young men of any age who have sex with men are at extremely high risk for infection with STDs, including HIV/AIDS, involvement with alcohol and drugs, in particular crystal meth, and depression.[6] Condom education with this population has been a failure. While condoms properly used provide some protection against certain STDs, research shows that those most at risk do not use condoms with every sexual contact. The combination of drugs and high risk sex has re-ignited an STD/HIV epidemic among men having sex with men (MSM).[7]

While homosexuality is claimed to be a normal variant of human sexuality and that persons with SSA are as psychologically healthy as the rest of the population, research refutes this generalization. Four recent, well-designed studies have found that persons with SSA have significantly higher rates of psychological disorders, substance abuse problems, and suicidal ideation than the general public.[8]

Gay activists insist that all these problems are caused by society’s negative attitudes, but the problems are just as prevalent in extremely tolerant countries, such as the

Netherlands and New Zealand.[9] Thus it should be no surprise that when we live in accordance with our designed natures, we are happier and healthier. Blaming society for the myriad difficulties faced by persons with SSA prevents self-knowledge and healing.

Research shows that gender identity disorder in childhood puts a child on the path to SSA, but defenders and promoters of homosexuality oppose treatment of these children, even though that intervention can eliminate childhood isolation, anxiety, and depression.[10]

Public school teachers in many areas of the country are teaching children that homosexual behaviors are genetically determined and are as healthy as heterosexual and marital relationships. While advocating the homosexual lifestyle, these teachers fail to provide the scientific truths, and school administrators/counselors not only fail to correct these inaccuracies, but also fail to provide factual information to the students about the numerous psychological and medical dangers in the lifestyle. Recently, high school students have been disciplined by school administrators for refusing to attend/support homosexual promoting events, such as a day of silence, while at the same time being refused permission to conduct heterosexual support events.[11]

Promoters of “gay marriage” claim that same-sex relationships are just like marriages and therefore deserve all the benefits of marriage, but research shows — and activists admit — that it is unrealistic to expect male couples to be faithful.[12]

Homosexual marriage promoters also tell judges or legislators that research proves there are no differences between children raised by same-sex couples and those raised by their biological married mother and father. The studies they reference are virtually without exception internally and externally invalid.[13] In many cases the authors have mis-reported their own findings. Given the extensive literature on the damage done to children through father or mother absence, it is deceitful to suggest that purposely and premeditatedly depriving a child of a mother or a father will not have consequences for that child.[14]

Gay activists have references to support their other claims, but those who read this material find that the majority of their “research” suffers from serious methodological errors, and the rest actually contradict the gay activists’ claims.[15] If SSA were healthy and normal, defenders and promoters of homosexuality wouldn’t have to distort the truth.

While truth can stand on its own, distortions must be protected with further distortions. Homosexual activists make false accusations of “hate” and distort religious teachings. They ignore the truth about anger and “hate”. For example published research demonstrates a high prevalence of partner abuse in homosexual relationships,[16] but instead of addressing this serious problem, activists are attempting to use hate crimes legislation to harass and punish those who challenge the ethics of their behavior, sexual and otherwise.

Who really helps people with SSA, children and families: those who speak the truth to them or those who attempt to distort the truth?

## Signatories

Dean Byrd, Ph.D.  
President elect of NARTH

Michelle A. Cretella, MD,  
Board of Directors, American College of Pediatricians

Joseph Nicolosi, Ph.D.  
President of NARTH

Richard Fitzgibbons, MD.  
Scientific Advisory Committee, NARTH  
W. Conshohocken, PA 19035

Dale O'Leary, author *The Gender Agenda*, coauthor of  
*Homosexuality and Hope* and a soon to be published book  
on marriage.

George A. Rekers, Ph.D.  
Distinguished Professor of Neuropsychiatry & Behavioral  
Science Emeritus  
University of South Carolina School of Medicine

Robert Saxer, MD.  
Scientific Advisory Committee, NARTH

Philip M. Sutton, Ph.D.  
Scientific Advisory Committee, NARTH

Gerard van den Aardweg, Ph.D. Netherlands  
Scientific Advisory Committee, NARTH.

Joseph Zanga, MD, FAAP, FCP  
Past President, American College of Pediatricians

## Endnotes

- [1] Francis S. Collins (2006). *The Language of God: A Scientist Presents Evidence for Belief*, New York: Free Press, 260.
- [2] John Michael Bailey, & M. P. Dunne, N. G. Martin (2000). "Genetic and Environmental Influences Sexual Orientation and Its Correlates in an Australian Twin Sample: Personality Processes and Individual Differences," *Journal of Personality and Social Psychology*, 78, 524-536.
- [3] National Health and Social Life Survey (1994). In. E. O. Laumann, et al, *The Social Organization of Sexuality: Sexual Practices in the United States*, Chicago: University of Chicago Press, pp. 294-296; Nigel Dickson, C. Paul, P. Herbison, (2002). "Same-sex attraction in a birth cohort: prevalence and persistence in early adulthood," *Social Science & Medicine*, 56, 1607-1615.
- [4] Irving Bieber, et al. (1962). *Homosexuality: A Psychoanalytic Study of Male Homosexuals*, NY: Basic Books, 276; Robert Spitzer, (2003). "Can some gay men and lesbians change their sexual orientation? 200 participants reporting a change from homosexual to heterosexual orientation," *Archives of Sexual Behavior*, 32 (5) 403-417; Glenn Wyler (April, 2004). "Anything but Straight: A Book Review," *NARTH Bulletin*, 32- 45.
- [5] Ariel Shildo & Michael Schroeder, (2002). "Changing Sexual Orientation: A Consumer's Report," *Professional Psychology: Research and Practice*, 33 (3), 249-259.
- [6] Gary Remafedi, et al (1991). "Risk factors for attempted suicide in gay and bisexual youth," *Pediatrics*. 87 (6), 869-875.
- [7] U.S. Department of Health and Human Services, NIH, National Institute of Allergy and Infectious Disease, Division of AIDS, (Jan, 2005).
- [8] David Fergusson, L. Horwood & A. Beautrais, (1999). "Is sexual orientation related to mental health problems and suicidality in young people?" *Archives of General Psychiatry*. 56 (10), 876-888; Richard Herrell, et al (1999). "A co-twin control study in adult Men: Sexual orientation and suicidality." *Archives of General Psychiatry*, 56 (10), 867- 874; Susan Cochran & Vickie Mays (2000). "Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: Results from NHANES III," *American Journal of Public Health*, Vol. 90, (4) , 573-578; Theo Sandfort, et al (2001). "Same-sex Sexual Behavior and Psychiatric Disorders: Findings from the Netherlands Mental Health Survey and Incidence Study (Nemesis)." *Archives of General Psychiatry*, 58, 85-91.
- [9] Sandfort (*ibid.*); Fergusson (*ibid.*).
- [10] Robert George & David Tubbs, "Redefining Marriage Away," *City Journal*, (Summer 2004). Quoting "Queer Liberalism?" (June 2000), *American Political Science Review*; James Nelson (1982). "Religious and moral issues in working with homosexual clients," in Gonsiorek (ed.), *Homosexuality and Psychotherapy*, NY: Haworth Press, 173.
- [11] Allie Martin (May 15, 2007), "Calif. students pay price for refusing to observe pro-homosexual 'Day of Silence'." *OneNewsNow*.
- [12] Kenneth Zucker & Susan Bradley (1995). *Gender Identity Disorder and Psychosexual Problems in Children and Adolescents*, NY: Guilford,
- [13] Robert Lerner & Althea Nagai (2001). *No Basis: What the studies don't tell us about same-sex parenting*, Washington, DC: Marriage Law Project.
- [14] George A. Rekers (2005). "An Empirically Supported Rational Basis for Prohibiting Adoption, Foster Parenting and Contested Child Custody by Any Person Residing in a Household that Includes a Homosexually-Behaving Member," *St. Thomas Law Review*, 18 (2), 325-424.
- [15] Jeffrey Satinover (2005), "The Trojan Couch: How the Mental Health Associations Misrepresent Science"
- [16] Greenwood, G., et al. (2002). Battering Victimization Among a Probability-Based Sample of Men Who Have Sex with Men, *American Journal of Public Health*, 92 (12), 1964-69; Lisa Walder-Haugrad, Linda Vaden Gratch, & Brian Magruder (1997), "Victimization and Perpetration Rates of Violence in Gay and Lesbian Relationships: Gender Issues Explored", *Violence and Victims*, 12, 173-184.