Protecting your FAMILY *from the Top 5* Gay Myths

Prepared by Dr. Jennifer Roback Morse

RUTH INSTITUTE
DEFENDING THE FAMILY

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A Special Report from the Ruth Institute
Prepared by Dr. Jennifer Roback Morse
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RUTH INSTITUTE
DEFENDING THE FAMILY

Dear friend,

Thank you for reaching out to the Ruth Institute for information to help you understand the myths of homosexuality so rampant in our culture today. It's a minefield out there! We are surrounded by a kind of intellectual pollution that makes it hard for us to see clearly and breathe freely. We are living through difficult times.

I prepared this report to guide you through the half-truths and flat-out lies coming through just about every channel of communication you can think of. Several of the studies I cite were authored by my colleague, Fr. Paul Sullins. Together, he and I have reviewed much more material than we can possibly report on here.

The Sexual Revolution is irrational. The only thing that keeps it alive is the coercive power of the State, along with massive amounts of propaganda. We are here to help you defend yourself against that propaganda.

We'll address myths that have been in the making for a long time. Each step of the propaganda war builds on the previous steps. Unraveling one myth will reveal another layer. Hang on! We are going on a wild ride! By the end of our journey, you will be better equipped to defend yourself, your families, and your faith.

Perhaps you've turned to us because you want to help a particular loved one: your child or grandchild, sibling or relative. I cannot promise you that you will be able to help this particular person. Usually someone is unwilling to listen to a close relative. Take heart! You may be the person who helps someone else's loved one! Keep your eyes open and your ear to the ground for an opportunity to share this material!

We aim to make this information simple and understandable. Please let us know if you have any questions. We are glad to consider your suggestions.

Sincerely, your friend,

- Dr. Jennifer Roback Morse and the whole team at the Ruth Institute

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INTRODUCTION

The most basic myth: a big-picture overview.

"Sexual orientation is an innate immutable characteristic."

The LGBTQ wing of the Sexual Revolution relies heavily on this claim.
In fact, their legal strategy for normalizing homosexual activity and undermining traditional marriage historically depended crucially on this idea. The body of United States law designed to protect African Americans used this concept to define unlawful discrimination. If the courts are convinced that sexual orientation is innate and immutable, then the whole body of civil rights law can be pressed into service for creating a legally protected class defined by sexual orientation. If this strategy succeeds, society's laws will reflect the values of pro-LGBT activists.

At the opposite end of the social scale, convincing individuals that their sexual orientation is inborn and immutable also provides advantages for the Sexual Revolutionary ideologues.

Young people are often confused about their identity, who they are, and who they want to be. The myth that sexual orientation is inborn and unchangeable has the potential to lock young people into identifying themselves with a set of feelings that may or may not be permanent. Convincing the young that their feelings are unchangeable carries obvious political and ideological advantages for the Revolutionary mind.

You may even see the term "sexual minorities." This term has a legitimate use: namely, to cover with one simple term anyone and everyone who does not identify as exclusively heterosexual. However, the term also has propaganda value. The term itself conjures up images of racial minorities and all the emotional responses associated with that term. A better, less value-laden term is "non-heterosexual persons," or "persons who do not identify as exclusively heterosexual." A bit long and clunky, to be sure. But sometimes a long and clunky term that does not have ideology baked into it is not only more accurate, but also more strategic.

Do you see why understanding sexual orientation is so important? The claim that "sexual orientation is inborn and unchangeable" actually has multiple claims buried within it. Now we'll unpack this apparently simple statement into its parts.

MYTH #1:

Sexual orientation can be easily and scientifically defined.

Truth bomb: Sexual orientation is complicated.

People use the terminology of sexual orientation so often and so causally, you might think it's a simple matter. This is not the case. Classifying a person as gay, lesbian, or bisexual consists of some combination of the answers to these questions:

a. Are you attracted to people of the same sex as yourself?
b. Do you identify as 'gay' or 'lesbian?'
c. Have you ever had sex with a person of the same sex?
d. Have you had sex exclusively with partners of the same sex as yourself?

A classic study from 1994 found that feelings, actions, and self-identification do not overlap perfectly.

a. Are you attracted to people of the same sex as yourself? 6.2% of men and 4.4% of women said yes.
b. Do you identify as 'gay' or 'lesbian?' 2.8% of men and 4.3% of women said yes.
c. Have you ever had sex with a person of the same sex since puberty? 9.1% of men and 4.3% of women said yes.[1]
d. Have you had sex exclusively with partners of the same sex as yourself since puberty? .6% of men and .2% of women said yes.[2]

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[1] Edward Laumann, John H. Gagnon, Robert T. Michaels and Stuart Michaels, **The Social** Organization of Sexuality: Sexual Practices in the United States, (Chicago: University of Chicago Press, 1994), Table 8.2.

[2] Edward Laumann, John H. Gagnon, Robert T. Michaels and Stuart Michaels, T**he Social** Organization of Sexuality: Sexual Practices in the United States, (Chicago: University of Chicago Press, 1994), Table 8.3A.

Comparing the third and fourth questions shows that one could get a very different picture of how many gays and lesbians there are, simply by asking the question about a shorter or longer period of time. A smaller number of people will answer "yes" to the question "Have you ever had sex with a same-sex partner in the past year" compared with asking about past five years or since puberty.

One leading researcher, Dr. Lisa Diamond, herself a self-identified lesbian, makes this observation:

"There is currently no scientific or popular consensus on the exact constellation of experiences that definitively 'qualify' an individual as lesbian, gay, or bisexual rather than curious, confused, or maladjusted."

Ponder the legal implications of this statement. What are the consequences of creating a protected class or a "suspect class" when the classification itself cannot be carefully defined? The term "suspect" in this context "refers to a class of individuals that have been historically subject to discrimination." Laws that discriminate members of a "suspect class" are subject to higher levels of scrutiny. What are we doing when we create a protected class that people can define themselves into?

Dr. Diamond continues:

> *The more carefully researchers, clinicians, and social workers map these constellations—differentiated, for example, between gender identity and sexual identity, desire and behavior, sexual versus affectional feelings, early appearing versus late-appearing attractions, attractions and fantasies, or social identifications and sexual profiles—the more complicated the picture becomes. This is especially true because lesbian/gay/bisexual individuals do not report uniform intercorrelations among the aforementioned domains. One adolescent may fantasize about same-sex contact but never experience a clear-cut same sex attraction; another may pursue same-sex sexual contact but never develop a same-sense emotional relationship.* [3]

Since writing this article 20 years ago, Dr. Diamond continues to be a voice trying to persuade gay rights advocates that they should not rely on the concept of immutability as a primary argument, either in the courts or to the public at large.[4]

There is also a whole body of scholarly work now analyzing and studying the phenomenon of "mostly gay." This work allows people to classify themselves as "mostly heterosexual" or "mostly homosexual" in addition to the classifications of heterosexual, homosexual, and bisexual.[5]

In other words, the concepts of "straight" and "gay" are not nearly so straightforward as you might imagine from discussions in politics and media. Keep this in mind as we go through other studies and analyses. The truly scientific studies are careful to specify what they mean when they use terms indicating sexual orientation. They might say, for instance, "men who have sex with men," instead of "gay men." The use of this phrase means the researchers are talking about sexual behavior, not sexual attractions or self-identification. This phraseology is appropriate if the topic is epidemiology and medical research. The researchers in these fields may be more concerned with people's behavior than their self-understanding or their fantasies. For other topics, the reverse may be true.

So if you open up a study to examine it for yourself, pay attention to the definitions.

Story: Why might a man self-identify as "gay" if he isn't really "gay"?

Catholic speaker and author Hudson Byblow talks about an email he received from a man who lived a sexually active gay life for many years. When he stepped back and reflected on that way of life, he told Hudson, "All I wanted was friendship." Hudson explains:

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[3] Lisa M. Diamond, "New Paradigms for Research on Heterosexual and Sexual-Minority Development," Journal of Clinical Child and Adolescent Psychology, 2003, Vol. 3, No 4, 490-498, quote on pg. 492.

[4] Clifford J. Rosky and Lisa M. Diamond, "Scrutinizing Immutability: research on Sexual Orientation and US Legal Advocacy for Sexual Minorities," The Journal of Sex Research, 53(4-5, 363-391) (2016)

[5] Ritch C. Savin-Williams and Zhana Vrangalova, "Mostly heterosexual as a distinct sexual orientation group: A systematic review of the empirical evidence," Developmental Review, 33 (2013) 58–88.

I will never forget the day I received an email from a guy (now in his 60s) saying that all these years he thought he was gay, but recently he came to realize that **he simply desired friendship.**

Friendship was something he struggled with. Being part of a "wolf-pack" or friend group of men was something that never occurred in his life. His longing to belong and have meaningful friendships with people of the same-sex deepened as he grew up, intensifying as the days, months, and years passed. Those longings for same-sex relationships were natural and good (I am talking here about **chaste friendship***). But unfortunately, this normal and natural desire was distorted by the culture. As a result, he became convinced that his desires ought to be seen through a romantic and sexual lens.*

That is, he began to interpret his natural and good desire for same-sex friendships to mean that his longings to belong with men meant that his desires were in fact desires for romantic/sexual relationships with men. After all, wouldn't it feel good to be finally chosen? Finally, to be noticed, accepted, and loved? Finally, to be good enough for someone? The answers to those questions, for him, were yes, yes, and yes. With that, he became further convinced by the world that he was gay.

After having a lifetime stolen from him, he finally realized that **all he was looking for was a friend.** *Newfound holy friendships later in life cast a light on this. Today, in his 60s, he is starting anew, radiating the joy that one can only know when self-honesty leads to truth.*[6]

I talk with Hudson about this in this video.[7]

Some might say, "That is just the private report of one person." I reply: "Are you telling me that as a matter of principle, no one could feel this way?" Even a single person's testimony can call into question the very strong claims that the Sexual Revolutionaries make about sexual orientation.

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[6] Hudson Byblow, "All I was looking for was friendship," Ascension Press blog, March 22, 2021. Article Link

[7] "Trauma-Informed Education and Evangelization," The Dr. J Show Episode 152 interview with Hudson Byblow, premiered September 30, 2022. Youtube Link

MYTH #2:

People are born either gay or straight.

Truth bomb: There is no proof that anyone is "born gay."

Studies of the human genome, as well as studies of identical twins, cast serious doubt on this very strong claim.

No "gay gene" has been found, in spite of serious search efforts.

A large-scale study[8] of the human genome concluded there is certainly no single genetic determinant of same-sex sexual behavior. This study performed genome-wide association discovery analyses on 477,522 individuals from the United Kingdom and the United States, replication analyses in 15,142 individuals from the United States and Sweden, and follow-up analyses using different aspects of sexual preference.

The conclusion of this study is that "all tested genetic variants accounted for 8 to 25% of variation in same-sex sexual behavior, only partially overlapped between males and females, and do not allow meaningful prediction of an individual's sexual behavior." The lead author of the study told the New York Times that it is "basically impossible to predict one person's sexual activity or orientation just from genetics." [9]

Fr. Sullins summarized the results of this very technical paper as follows:

> *The study found that a person's developmental environment–the influence of diet, family, friends, neighborhood, religion, and a host of other life conditions–was twice as influential as genetics on the probability of adopting same-sex behaviour or orientation. The genetic influence did not come from one or two strong sources but from dozens of genetic variants that each added a small increased propensity for same-sex behaviour. … Indeed, the study found that genetic propensity for same-sex behaviour is not very different from that of 28 other complex traits or behaviors and is related to a propensity for other risk-taking behaviour such as smoking, drug use, number of sex partners, or a general openness to new experience.* [10]

This result is consistent with studies of other complex behaviors, such as being divorced, smoking, low back pain, and feeling body dissatisfaction. [11]

In a summary study of multiple aspects of the nature/nurture question for sexual orientation, a team of scientists (secular, pro-LGBT, some of them themselves gay) writing for the American Psychological Association in 2016 characterized the evidence as follows: "Our best estimate of the magnitude of genetic effects is moderate—certainly not overwhelming. In contrast, the evidence for environmental influence is unequivocal." [12]

Studies of twins are not consistent with genetic determinism.

Likewise, numerous studies of identical twins do not support the idea that being "gay" is genetically determined. If it were, we would expect 100% "concordance" between identical twins: that is, if one twin is "gay" the other should be as well. The actual concordance is closer to one-third.

> *"Despite the fact that identical twins share 100% of their genes, gay/gay twins are less common than gay/straight twin pairs. The twin data clearly show a genetic contribution to sexuality (because even a twin concordance as low as 25% is significantly greater than would be expected by chance), but not genetic determination (which would produce perfect concordance in identical twins).* [13]

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[9] www.nytimes.com-gay-gene-sex

[10] Paul Sullins, "The gay gene myth has been exploded," MercatorNet September 3, 2019. Article Link

[11] Clifford J. Rosky and Lisa M. Diamond, "Scrutinizing Immutability: research on Sexual Orientation and US Legal Advocacy for Sexual Minorities," The Journal of Sex Research, 53(4-5, 363-391 (2016) pg. 6.

[12] J. Michael Bailey et al., "Sexual Orientation, Controversy, and Science," Psychological Science in the Public Interest 17, no. 2 (2016): 45–101.

[13] Clifford J. Rosky and Lisa M. Diamond, "Scrutinizing Immutability: research on Sexual Orientation and US Legal Advocacy for Sexual Minorities," The Journal of Sex Research, 53(4-5, 363-391 (2016) pg. 6.

A landmark 2015 study reviewed all 2,748 major twin studies between 1958 and 2012 of 17,804 human traits, grouped into 28 general trait domains. (Not every study examined every trait.) This study deduced that the heritability of "Psychological and Behavioral Disorders Associated with Sexual Development and Orientation" to be about 32%. [14]

For reference, this same study estimated the heritability of other social and psychological traits such as "Religion and Spirituality" to be 31%, "Eating Disorders" to be around 40%, and "Mental and Behavioral Disorders due to the Use of Alcohol" to be around 41%. This meta-analysis of all the twin studies also drew inferences about the heritability of physical conditions. For instance, the heritability of "Diseases of the Circulatory System" was 43%, "Diseases of the Respiratory System" was 55%, "Diseases of the Skin and Subcutaneous Tissue" was 69%, and "Congenital Malformations, Deformations and Chromosomal Abnormalities" was 96%. [15]

We simply can no longer say that a sexual minority orientation or identity is an innate immutable trait. The "born gay" claim is unscientific.

As you might surmise from the fact that sexual orientation is imperfectly defined, and the fact that studies of sexual orientation cast serious doubt on the "born that way" idea, scientists do not agree on the origins of a person's sexual orientation. People experience persistent same-sex attraction for a number of reasons. Even the American Psychological Association admits:

> *There is* **no consensus** *among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible* **genetic, hormonal, developmental, social, and cultural** *influences on sexual orientation,* **no findings have emerged** *that permit scientists to conclude that sexual orientation is determined by any particular factor or factors.*[16]

Story: A non-genetic explanation for adopting a homosexual identity. Paul Darrow explains how he came to believe he was gay.

"I realized that I could get attention from men. I had no father that I could really appreciate and respect… I was a little scrawny kid, but suddenly I was getting all

this attention. By the time I was a teenager I, by mistake, ended up on a gay beach and wow the attention I got. So I just assumed I was gay. I assumed that's how I always was, and was meant to be. Ironically, in hindsight… since I've embraced chastity and turned away from the lifestyle, I remember actually being sexually attracted to a girl in my class, even though I didn't know what sex was. So I do not believe that we are born that way."

I talk to Paul in this video.

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[14] Tinca J C Polderman et al., "Meta-Analysis of the Heritability of Human Traits Based on Fifty Years of Twin Studies," Nat Genet 47, no. 7 (July 2015): 702–9. Article Link last accessed December 29, 2022.

[15] To find these heritability figures, go to a web application called MaTCH (Meta-analysis of Twin Correlations and Heritability) and is accessible via http://match.ctglab.nl/. At MaTCH one can look up the heritability of specific traits and trait groups. You can easily look up any specific trait of interest. To do so from the MaTCH home page choose "Analysis - Specific Traits." For the psycho-social traits, Choose "ICF/ICD10 Subchapter," and select the trait of interest from the dropdown menu. For the physical health-related traits, choose "ICF/ICD10 Main Chapter," and select the trait of interest from the dropdown menu. The heritability statistic reported in this document is h2_all, meaning the heritability, not distinguished by male or female.

[16] American Psychological Association page on "Sexual Orientation and Homosexuality," Question, "What causes a person to have a particular sexual orientation?" Last accessed, December 29, 2022. Article Link

MYTH #3:

No one can change his or her sexual orientation.

Truth bomb: People change all the time. It happens every day.

One single person who was once gay and changed their patterns of attraction, behavior, thoughts, and feelings is enough to disprove this myth. And the fact is, people change every day.

Some do it through counseling and therapy. Others have conversion experiences, with no counseling at all. Others decide they've had enough and walk away from it all, for a variety of reasons. One group of Evangelical Christians in California declares, "We Left LGBTQ+ Because We Wanted To." They "celebrate the love of Jesus and His freedom in our lives." [17]

Here is some data on the subject.

The National Longitudinal Study of Adolescent to Adult Health followed a nationally representative sample of U.S. adolescents starting in grades 7–12 beginning with the 1994–1995 school year, and followed the cohort into young adulthood, with four follow-up interviews through the 2007-2008 school year. Same-sex or both-sex romantic attractions were quite prevalent in the study's first wave, with rates of approximately 7% for the males and 5% for the females.

However, 80% of the adolescent males who reported same-sex attractions at Wave I identified themselves as exclusively heterosexual young adults at Wave IV. Similarly, over 80% of adolescent males who reported romantic attraction to both sexes at Wave I reported no same-sex romantic attraction at Wave III. The data for the females surveyed were similar: more than half of adolescent females who reported both-sex attractions at Wave I reported exclusive attraction to males at Wave III. [18]

The striking changes in adolescent self-identification led to a lively discussion in the professional literature.

One "explanation" offered was that some of the boys in the first survey were "jokesters," deliberately answering incorrectly. How a group of boys spread across the country would collectively and independently play a practical joke was never answered. Some researchers mentioned that if we dismiss people's answers as unlikely in one context, why would we trust them in any context? Another explanation offered is that some of the boys "returned to the closet" in the period between interviews.

Yet the possibility that some people literally changed their self-understanding of their sexual identity was scarcely even discussed.

A 2003 study by respected researcher Robert L. Spitzer interviewed individuals who had done some form of therapy to lessen same-sex attractions or a non-heterosexual self-identification. He concluded that the majority of participants reported change from a predominantly or exclusively homosexual orientation before therapy to a predominantly or exclusively heterosexual orientation. Reports of complete change were uncommon. He concluded that, for many reasons, the reports of change were credible. He concluded, "there is evidence that change in sexual orientation following some form of reparative therapy does occur in some gay men and lesbians." [19]

A 2021 study of 125 religious men found that the majority of them experienced some lessening of their same-sex attractions and behaviors after participating in therapy. The rates of success were higher for married men. This shows that some people can change, particularly if they are strongly motivated either by their religious or family commitments. [20]

Story: People change. Doug Mainwaring was highly motivated to give up his patterns of behavior and self-identification. He reconciled with his wife and put his family back together.

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[19] Robert L. Spitzer, "Can Some Gay Men and Lesbians Change Their Sexual Orientation? 200 Participants Reporting a Change from Homosexual to Heterosexual Orientation," Archives of Sexual Behavior, Vol. 32, No. 5, October 2003, pp. 403–417.

[20] D. Paul Sullins, Christopher Rosik, and Paul Santero, "Efficacy and risk of sexual orientation change efforts: A retrospective analysis of 125 exposed men", F1000Research 10:222 (2021): 1-21. PDF Link

"Our younger son would go off and spend the weekend with his best friend's family. And this was a very loving, gregarious Catholic family. He would come back, and he wouldn't say anything, but I could tell just by the way he was acting that he loved what that family had. I realized that's exactly what I had denied him through our divorce. That family, even though they didn't know my situation, just the way they were living their life, the grace of their life as a faithful Catholic family, cascaded into my life through my son.

"And it really helped push me toward what I ultimately needed to do. I started stopping into a church every day. I would kneel in the last pew and say, 'God, here I am. I don't know how to get started again. I don't know how to repair all the wrongdoing that I've done.'

"I decided I've got to do something, somehow, to repair the wrongdoing and to put our marriage back together again… Wouldn't you know it, my wife called … In the back of my mind I was thinking, 'This will be really good for our kids if Valerie and I got back together again.' And it has been. It's been wonderful."

Listen to Doug's entire story here (5:50-10:08).

MYTH #4:

The attempt to change sexual orientation is harmful.

Truth bomb: Talk therapy to change patterns of thought, feelings, and behavior is not harmful.

Some people experience their same-sex attractions as something undesirable that they would like to be rid of, or at least have lessened. But they're put in a bind because of the idea that attempting to change sexual orientation is harmful. Their only "socially acceptable" choice, according to the Revolution, is to accept that their same-sex attractions cannot be changed, even if they want to. This is becoming one of the most pernicious myths of the Sexual Revolution.

This part of the psychological warfare is the equivalent of "blocking the exits." A man who once thinks of himself as "gay" must remain so, lest he do irreparable psychological harm to himself. Under the influence of this myth, cities and states are banning therapy that is misleadingly called "conversion therapy." These bans prohibit talk therapy within the confines of a therapist's office. The bans are written so broadly, they could potentially penalize counseling by a religious leader or an attempt to understand past trauma that may have played a part in a person's unwanted same-sex attraction.

Before we look at the data on this issue, a word of caution about terminology.

The term "conversion therapy" is a pejorative term invented by opponents of any kind of therapeutic intervention to reduce unwanted same-sex attraction. Do not use this terminology under any circumstances.

A more precise term you sometimes see in the literature is "Sexual orientation change efforts (SOCE)." Another term you may see is "Change allowing therapy." Some therapists refer to their methodology as "reparative therapy," meaning that they seek to assist their clients in repairing developmental or traumatic incidents in their past. None of these terms suggest or claim that their efforts are always successful.

This raises another point to look out for. Critics of change allowing therapy often claim that it "doesn't work." What they mean is that the same sex-attraction is not completely or permanently eliminated. This is a very high bar for measuring the success of any psychological intervention. Very few psychological conditions could meet the combined criteria of a) completely eliminating all undesirable symptoms, b) the symptoms never reappearing, and c) no undesirable side effects ever resulting from the intervention. (This last criterion would eliminate many, if not all, pharmaceutical interventions to ease unwanted feelings.)

Another terminological point is what to call people who have experienced this sort of therapeutic intervention. Some anti-therapeutic-choice activists use the terminology, "conversion therapy survivors," or "SOCE survivors." This terminology assumes that sexual orientation change efforts are harmful, without even the potential to be helpful, something a person "survives." This terminology has no place in scientific discourse, as it obviously pre-judges the outcome of studies. Fr. Sullins uses the term "SOCE alumni" in his research.

Correlation does not equal causation.

Another point to keep in mind is that correlation does not equal causation. Everyone should know this, of course. But it's surprising how often this point gets overlooked or deliberately ignored. If we find that people who experienced sexual orientation change efforts had poorer mental health, we have to ask ourselves: "What caused what?" Were the people who went to SOCE in greater distress to begin with, and thus more motivated to seek therapy? Or did the therapeutic attempts cause the mental distress?

Fr. Sullins recently looked at a sample that included only self-identified gays, lesbians, and bisexuals.[21] The study compared mental health and well-being between those who had undergone some kind of sexual orientation change efforts and those who had not. Since everyone in the sample self-identified as a "sexual minority," the therapeutic efforts did not "work." These people had not changed their self-identification to heterosexual. If it is really true that attempts to change sexual orientation are intrinsically harmful, this would be the group most likely to report that they had been harmed. I discussed this study with Fr. Sullins in this video. [22]

And yet the study ***did not find*** that these individuals had experienced psychological harm in the aftermath of their therapy. In fact, this study shows that the people who experience SOCE already had bigger problems than those who had not experienced SOCE. In the portion of our discussion (24:00) about "ACES" (adverse childhood experiences), Fr. Sullins reveals that the people who went to SOCE had far more adverse childhood experiences than those who did not go to SOCE. This suggests that the reason people went to SOCE in the first place is that they were in greater distress. And overall, those who went to SOCE were no more likely to harm themselves, abuse substances, or be more suicidal than those who did not go.

Anti-therapeutic-choice activists will point to a different study by John Blosnich. This study purports to show that "sexual minorities exposed to SOCE had nearly twice the odds of lifetime suicidal ideation," compared with sexual minorities who did not experience SOCE.[23] Yet this paper is flawed in its conflation of correlation with causation.

Fr. Sullins's critique of this paper shows that the authors measured lifetime suicidality but did not take into account whether the suicidal tendencies took place before or after going to SOCE. As you might have guessed, the people who went to therapy were more likely to have suicidal thoughts and plans before they went to therapy. This is probably why they went to therapy in the first place.

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[21] D. Paul Sullins, "Absence of Behavioral Harm Following Non-Efficacious Sexual Orientation Change Efforts: A Retrospective Study of US Sexual Minority Adults, 2016-2018, Frontiers in Psychology, published February 2, 2022. Article Link

[22] This video is an interview with the author, explaining this study. PDF Link

[23] John R. Blosnich et.al. "Sexual Orientation Change Efforts, Adverse Childhood Experiences, and Suicide Ideation and Attempt Among Sexual Minority Adults, United States, 2016–2018," American Journal of Public Health, Surveillance" July 2020, Vol. 110, no. 7.

Measures of Suicide

Studying suicide and sexual orientation is a bit different than studies of suicide for other demographic groups.

The correct terminology for suicide (though it sounds grim) is "completed suicide" as opposed to "attempted suicide." We can use vital records like death certificates to tell us the age, sex, and marital status of a person who has died by suicide. For instance, we can see that women are more likely to attempt suicide, but men are more likely to complete a suicide attempt. We find that divorced men are much more likely to commit suicide than married men, while divorce has no impact on women's propensity to commit suicide. Vital records can answer many questions about completed suicides.

But you cannot look at a cadaver and reliably determine the sexual orientation of the person who is deceased. For this reason, it is uncommon to see suicide rates broken down by sexual orientation.

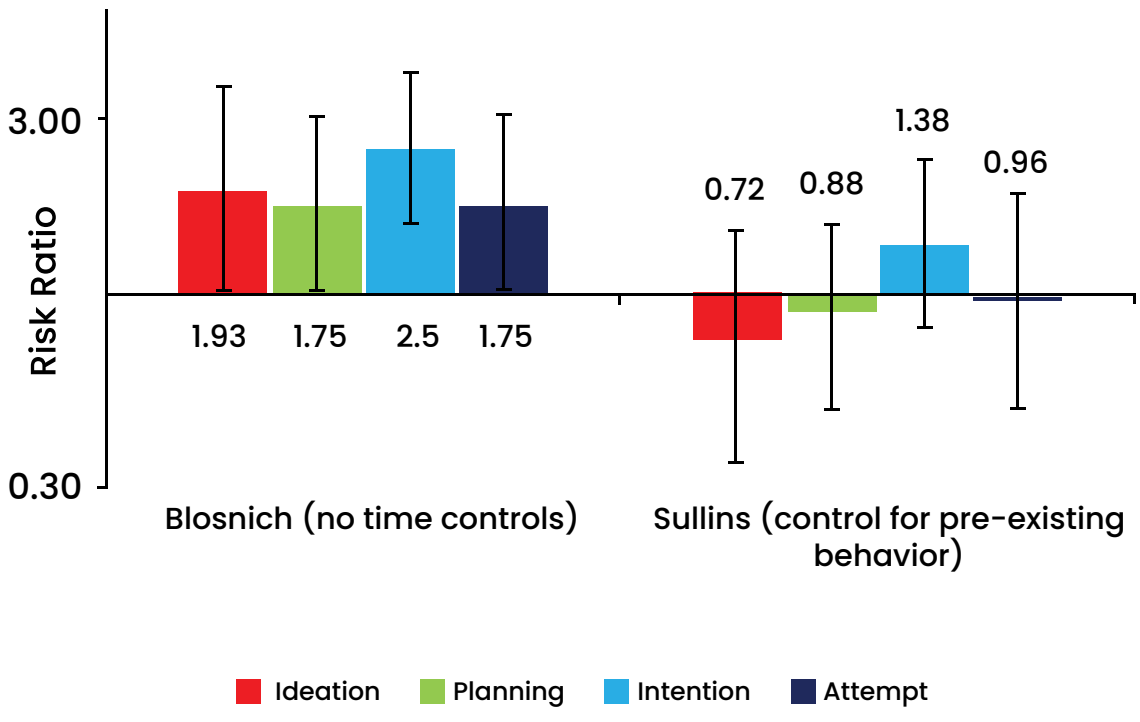
Instead, we can ask questions to people who are still alive about the indicators that point to a risk of suicide. People can tell us their sexual orientation and answer questions about suicidal tendencies. The most common indicators of suicidal tendencies are "suicidal ideation" (thinking about suicide), "suicidal intentions" (having an intention to act on thoughts of wishing one were dead), "suicidal plans" (making an actual plan to commit suicide), and "suicide attempts." Suicide attempts are the most serious signs of significant distress compared with suicidal ideation, with the other two measures somewhere in between. The studies I discuss in this report consider all four measures of suicidal tendencies. When we take this "before" and "after" distinction into account, there is nothing left of the claim that "conversion therapy" causes suicide.

The chart below compares the Blosnich study to Fr. Sullins's research. The key point here is whether the navy blue bar, which indicates the likelihood of suicide attempts, is greater than or less than one. The Blosnich study claims that suicide attempts are 1.75 times more likely for persons who had therapy than those who did not. The Sullins data accounts for whether a person's suicide attempt took place prior to therapy or after therapy. This distinction reveals that people who went to therapy are .96 times less likely to attempt suicide than those who did not.

The other indicators also suggest that the timing of therapy is significant. Suicidal ideation and planning are less likely among those who experience some form of sexual orientation change efforts. Suicidal intentions still appear to be greater among the SOCE alumni than among those who did not participate in any therapy. However, the magnitude of the effect is greatly reduced—1.38 instead of 2.5.

Figure 2:

Risk of suicidality with SOCE, comparing Blosnich models with Sullins models: NHIS 1997-2015



Shown are coefficients of logistic regression models adjusted for ACEs, gender identity, sexual minority identity, race, and educational attainment. Sullins models are also adjusted for suicidality prior to SOCE therapy.

In short, the "harm" attributed to the therapy is more properly interpreted as a measure of people's distress to begin with.

As Fr. Sullins notes:

> *By ignoring time order, Blosnich et al. have mistakenly attributed cause to what is in part a cure of suicidal distress, with potentially harmful consequences for sexual minority persons. Imagine a study that finds that most persons using anti-depressants also have had depressive symptoms, thereby concluding that persons "exposed" to anti-depressants were much more likely to experience depression, and recommending that anti-depressants therefore be banned. This imagined study would have used the same flawed logic as Blosnich et al's study, with invidious consequences for persons suffering from depression.*[24]

Bear in mind that everyone in this study self-identifies as gay, lesbian, or bisexual. That means people who experienced some degree of change in their self-identification from therapy are excluded from this sample. Therefore the design of this study excludes any mental health benefits those people may have experienced.

In short, it is unfair and unscientific to conclude that attempts to change patterns of sexual attraction, thoughts, and behaviors are intrinsically harmful.

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[24] D. Paul Sullins, "Sexual Orientation Change Efforts Strongly Reduce Suicidality: A Critique of Blosnich et al." Working paper, undated.

Sam Brinton, poster child for banning "conversion therapy," is "highly deceptive."

Anti-Therapeutic-Choice Activists have made Sam Brinton their "poster child" for the supposed harms of change-allowing therapy. He has testified around the world claiming that he was tortured in "conversion therapy." Largely on the basis of this notoriety, he was appointed to the Department of Energy. He was later fired after a series of incidents in which he stole expensive women's designer luggage from airport luggage carousels.

Well prior to his run-ins with the law, however, noted forensic psychologist Susan Constantine and her team conducted a thorough scientific analysis of Brinton's claims that he was tortured. You can watch her presentation from the Ruth Institute's 2021 Summit for Survivors of the Sexual Revolution. I also interviewed her on the Dr. J Show. She explains how her team analyzes body language, choice of words, and voice stressor to indicate the likelihood of someone being deceptive. She and her colleagues concluded that, as a witness, Brinton was "highly deceptive."

Yet the bans on conversion therapy that passed under the influence of Brinton's testimony continue to have the force of law in many jurisdictions.

In two cities in Florida, however, judges have overturned municipal conversion therapy bans. In addition to their Constitutional concerns about violations of free speech, the courts specifically challenged the evidence that change-allowing talk therapy is intrinsically harmful.

In Otto v. Boca Raton in 2020, the US Court of Appeals said:

> *When examined closely, these documents offer assertions rather than evidence, at least regarding the effects of purely speech-based SOCE. Indeed, a report from the American Psychological Association, relied on by the defendants, concedes that "nonaversive and recent approaches to SOCE have not been rigorously evaluated." In fact, it found a "complete lack" of "rigorous recent prospective research" on SOCE.* [25]

Let's hope these decisions have an impact across the country.

Story: Elizabeth Woning benefited from therapy of the sort that might be banned today.

"Up to that point, I believed I was born gay and that God had created me that way. As I further studied Christian doctrine, eventually I no longer believed I was born a lesbian. My experience of God's love, the Christian community around me, and my desire to pursue a life of prayer had a dramatic influence on my life.

"I came to terms with the impact misogyny had on my self-perception and pursued pastoral care and counseling that addressed childhood hurts and perceptions. Above all, I acknowledged I had rejected myself as a woman.

"I did not specifically seek change in my sexuality; nevertheless, I began experiencing changes in my sexual desires. I became attracted to a man, which was one of the most unexpected and humiliating experiences of my life, since I had so fully identified as a lesbian. He and I got married and have had a strong marriage of 13 years thus far. Today I am happy, joyful, and feminine—all things that I never was while living as a lesbian. I am no longer sexually attracted to women. Rather, I am a strong advocate for their empowerment to overcome the effects of injustices against them."

Read Elizabeth's full story here.

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[25] Otto v. City of Boca Rotan 981 F.3d 854 (2020) https://www.leagle.com/decision/infco20201120084 See also, Vazzo v. City of Tampa, US District Court, Middle District of Florida, Tampa Division, October 4, 2019. https://storage.courtlistener.com/recap/gov.uscourts.flmd.344237/gov.uscourts.flmd.344237.213.0.pdf See pp. 32-33 for a complete list of the factual concerns the court found with the claims made by advocates of the therapy bans. The report from the American Psychological Association is Appropriate Therapeutic Response to Sexual Orientation, 2009. The quoted passage is on pg. 43. PDF link

MYTH #5:

LGBT people experience mental health issues because society discriminates against them.

Truth bomb: Social stigma or discrimination cannot account for the high levels of mental and physical health problems of sexual minorities.

Sexual minorities have higher levels of mental health issues than the heterosexual population. The measures that have been studied include substance abuse disorders, affective disorders, anxiety disorders, mood disorders, self-harm, eating disorders, and suicidal tendencies. The facts of these experiences among sexual minorities is widely acknowledged. The only question is why they experience these problems.

Note that the facts are consistent with the traditional claim that a homosexual orientation is not normal. The committed Sexual Revolutionary dismisses this possible interpretation of the facts. So the most widely accepted interpretation is that discrimination against sexual minorities causes them to experience greater levels of psychological problems.

This hypothesis is called the "minority stress" theory.[27] It is important to the larger aims of the Sexual Revolution. It says that there is nothing about one's sexual behavior nor one's identification as gay or lesbian that, in and of itself, could lead people to experience more substance abuse, mental illness, or suicidality. The behavior of the wider society is responsible. In other words, "If only straight people would be more accepting, and if only society were more tolerant, then the stress felt by the LGBT population would go away."

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[26] For instance, David M. Fergusson, L. John Horwood and Annette L. Beautrais, "Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People?" *Archives of General Psychiatry.* 1999; 56:876-880. Ilan H. Meyer, "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," Psychological Bulletin, 2003, Vol. 129, No. 5, 674–697. DOI: 10.1037/0033-2909.129.5.674 summarizes numerous studies.

[27] Ilan H. Meyer, "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," Psychological Bulletin, 2003, Vol. 129, No. 5, 674–697. DOI: 10.1037/0033-2909.129.5.674.

Do you see the philosophical problem? The extreme version of this theory robs the same-sex attracted person of moral agency — and therefore, of hope.

The minority stress theory turns a person's psychological distress into a demand on society, instead of an invitation to consider a different way of life. He or she cannot be held responsible for what other people do to them. Social norms, health care practices, and legal institutions must become more accommodating, until all differences between the mental health of the heterosexual and non-heterosexual population have been eliminated.

A lot rides on the question of whether the minority stress theory adequately accounts for the high rates of mental and physical distress. The basic idea is intuitive, and no doubt partially correct. However, proving that the higher rates of psychological distress among sexual minorities is entirely due to societal discrimination is a very large task. It requires one to both show a correlation between discrimination and psychological distress, and eliminate alternative explanations.

One test of the minority stress theory is to ask whether individuals who experience higher levels of discrimination also experience greater levels of psychological distress. The general answer is yes.

Being bullied, ridiculed, or assaulted can account for some of the distress people feel. Even this relatively low standard is not always met. One study correlated substance abuse disorders with self-reports of sexual orientation discrimination, racial discrimination, and gender discrimination:

> *One unexpected result was that there was no statistically significant relationship between substance use disorders and sexual orientation discrimination alone in the final regression models. Given the putative relationships among discrimination, stress, substance use, and mental health disorders posited in the minority stress model, this finding was surprising.*[28]

Another test is to ask whether rates of psychological distress are lower in more "gay-friendly" societies. A study looked at whether mental health of non-heterosexuals in the Netherlands changed between 1996 and 2009. The study found that psychological distress did not significantly decline over this increasingly more tolerant time.[29]

Regarding the research on the impact of minority stress on the quality of same-sex relationships, a meta-analysis (i.e., a systematic summary study of all the studies on a topic) concluded that while the number of reports on this topic has increased over the past 30 years, the methodological rigor has not notably improved.[30] This study also found that "internalized homophobia," but not "heterosexist discrimination" was strongly correlated with poor relationship quality.

An influential report draws this conclusion about the minority stress theory:[31]

> *The social stress model probably accounts for some of the poor mental health outcomes experienced by sexual minorities, though the evidence supporting the model is limited, inconsistent, and incomplete. Some of the central concepts of the model, such as stigmatization, are not easily operationalized. There is evidence linking some forms of mistreatment, stigmatization, and discrimination to some of the poor mental health outcomes experienced by non-heterosexuals, but it is far from clear that these factors account for all of the disparities between the heterosexual and non-heterosexual populations. Those poor mental health outcomes may be mitigated to some extent by reducing social stressors, but this strategy is unlikely to eliminate all of the disparities in mental health status between sexual minorities and the wider population.*

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[28] McCabe et al. "The Relationship Between Discrimination and Substance Use Disorders Among Lesbian, Gay, and Bisexual Adults in the United States," American Journal of Public Health, October 2010, Vol. 100, No 10, pg. 1946-1952.

[29] Theo G.M. Sandfort, et al. "Same-sex sexuality and psychiatric disorders in the second Netherlands Mental Health Survey and Incidence Study (NEMESIS-2)," LGBT Health. 2014 December 11; 1(4): 292–301. Table 6.

[30] Hongjian Cao, et al. "Sexual Minority Stress and Same Sex Relationship Well-Being: A Meta-Analysis of Research Prior to the US Nationwide legalization of Same-Sex Marriage," Journal of Marriage and Family, 79 (0ctober 2017): 1258-1277.

[31] Lawrence S. Mayer and Paul R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," The New Atlantis, Number 50, Fall 2016. Part 2: Sexuality, Mental Health Outcomes and Social Stress and Gender. Article link

One respected researcher in the field summarized his concerns this way:

> *Twenty years ago, I commented on two of the first careful epidemiological studies showing that nonheterosexual people were at increased risk of some mental health problems. I noted that although the idea that these problems arise from "societal oppression"—what has become known as "minority stress"—was certainly possible, other explanations were also possible and should be considered. I concluded that "it would be a shame—most of all for gay men and lesbians whose mental health is at stake—if sociopolitical concerns prevented researchers from conscientious consideration of any reasonable hypothesis (Bailey, 1999)."*
>
> *I am afraid that my fear has largely been realized. The minority stress model has been prematurely accepted as the default explanation for sexual orientation-associated differences in mental health. Yet minority stress research has not generated findings uniquely explicable by the model, and it has ignored the model's serious limitations. I understand discomfort about and hesitancy to study alternative models. But acceptance of an incorrect explanation helps no one.*[32]

Persistence of psychological distress is consistent with the idea that same sex-sexual behavior or identification does not make people happy. This is, of course, the traditional Christian view. Same-sex attraction is not ordered toward its proper end of reproduction. Acting on this attraction and building a life around it is unlikely to bring lasting happiness.

Thus, we can say that there is a large body of evidence that is consistent with the view that the underlying moral theory of the Sexual Revolution is incorrect. Acting on our desires does not necessarily make us happy or healthy. It depends on the desires themselves.

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[32] J. Michael Bailey, "The Minority Stress Model Deserves Reconsideration, not Just Extension," Archives of Sexual Behavior, December 2019, DOI 10.1007/s10508-019-01606-9. The 1999 article he is referring to is: J. Michael Bailey, "Homosexuality and Mental Illness," Archives of General Psychiatry, Vol. 56, October 1999.

Story: After leaving the gay and lesbian scene, Charlene Cothran could see clearly that the people she left behind were neither healthy nor happy.

"I went to a men's forum as a reporter for my own publication. I went to men who are attracted to boys… So I got to listen in on a lot of conversations. And not once did I ever hear a healthy conversation. They all admitted in those groups, each one of them suffered from childhood sexual abuse, rape, some kind of dysfunction with their parent. It was all deep emotional problems—the reason why they turned to the group… And this was in every single group that I've been in: men, women, black, white, all of them. And so it's a community of people who have suffered sexual abuse or had gone through some kind of dysfunction in their family. That's the dirty secret they don't want discussed. They want to make it seem like everybody's happy, everybody's fine, and it's normal. But it's not."

Listen to Charlene's full story here.

CONCLUSION

Rookie errors to avoid when you talk about the myths

1. **Avoid the term "gay," "lesbian," or "LGBT."** These terms have ideology baked into them. Strive to use more accurate and descriptive terms, such as "self-identified lesbian woman" or "men who have sex with men."

2. **Avoid the term "sexual minorities,"** with its not-so-subtle reference to the Civil Rights Movement that focuses on race. Instead say "people who do not identify exclusively as heterosexual" or "non-heterosexuals."

3. **Avoid labeling the person. Instead, label behaviors, thoughts, and feelings.** Be cautious about using the term "gay" or "lesbian" as if they referred to a permanent condition of a person. You might say "a same-sex attracted man." You might also refer to a person having a "pattern of thoughts, feelings, and attractions that is more or less persistent."

4. **Avoid saying "science proves" this claim. (For instance, "Science proves no one is born gay.")** It is generally more accurate to say, "The science is inconsistent with the claim that people are born gay." For example, the evidence from gene studies and studies of twins rules out the strong claim that sexual orientation is genetically determined. But although science can often rule something out, it is much harder to positively prove something. If you overstate your results, I assure you that your opponents will call you out on it. Do not give them a free shot at you. State what you know to be true and don't overstate your results. And don't be afraid to point out when they overstate theirs!

5. **Avoid the term "conversion therapy." Instead say "change-allowing therapy"** or "sexual orientation change efforts."

6. **Avoid quoting specific numbers without quoting the specific study.** For instance, it is fair to say as a general statement, "Compared with the general population, men with same-sex attraction are more likely to have experienced childhood sexual abuse." However, if you make a very specific statement such as, "Compared with the general population, men with same-sex attraction

are seven times more likely to report childhood sex abuse, and women with same-sex attraction are 3.5 times more likely," you must cite a specific study. Otherwise, your statement can be discredited by someone who cites a different study showing that same-sex attracted people experience only twice the likelihood of childhood sexual abuse compared with the general population.[33]

One Final Point:

Do not be intimidated by the objection "That study is so old and out of date!" This phrase is supposed to be a conversation-stopper. But you can turn it to your advantage. Ask: "Why do you think the date of the study matters?" If the study is about technology, then a newer study might well produce results that differ in important ways. But if the study is about perennial facts of human nature, the date of the study may or may not be relevant. Children need their parents. People tend to bond with their sex partners and their children. Men and women are different. Technology cannot change these facts.

Someone may believe (implicitly or explicitly) that with enough "social change," these facts could be changed. If a person makes that assumption, the burden of proof is on them. Frankly I think it is immoral to undertake a program of social change that depends for its success on having enough power to change human nature. *You must make this point as often as possible*. Changing human nature is the target of every totalitarian ideology you can think of. Fallen though the human race may be, we must defend human nature! The people trying to change human nature have no authority to do so!

In fact, older studies can be quite valuable in showing the stability of human nature. We knew in the 1990s that the different aspects of "sexual orientation" were not perfectly correlated. We also knew that between 10-30% of women who had abortions experienced some degree of distress over it. We've known for a long time that children suffer from the divorce of their parents. These examples illustrate that the Sexual Revolution's ideology does not tell the whole story, and that we've known it from the beginning.

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[33] By the way, the specific study showing this specific result is Hughes et al. "Victimization and Substance Use Disorders in a National Sample of Heterosexual and Sexual Minority Women and Men." Addiction 105 (2010): 2130–40.

[34] Cited in The Sexual State: How Elite Ideologies are Destroying Lives and How the Church was Right All Along, Jennifer Roback Morse, (Charlotte, NC: TAN Books, 2018), pg. 172, footnote 50.

ADDITIONAL RESOURCES

Ruth Institute Video Playlist on Sexual Orientation Change Efforts

Changed Movement (changedmovement.com)

Lawrence S. Mayer and Paul R. McHugh, "Sexuality and Gender: Findings from the Biological, Psychological, and Social Sciences," The New Atlantis 50 (Fall 2016), Article Link

Jennifer Roback Morse, Ph.D. "The Sexual State: How Elite Ideologies are Destroying Lives and How the Church was Right All Along." Charlotte: TAN Books, 2018.

The Sexual State

This latest book by Dr. Jennifer Roback Morse rips the mask off the Sexual Revolution to expose the toxic ideologies that are destroying families and killing our society.

With courage, compassion, and an unswerving dedication to the truth, Morse shows you why we must fight the three interlocking ideologies that make up the Sexual Revolution:

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- The Divorce Ideology – separating sex and childbearing from marriage
- The Gender Ideology – eliminating all distinctions between men and women except those that individuals explicitly embrace

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