

REVIEWS

Short Shrift to the Facts

Douglas A. Abbott and A. Dean Byrd. *Encouraging Heterosexuality: Helping Children Develop a Traditional Sexual Orientation*. Orem, Utah: Millennial Press, 2009. 113 pp. Appendix with references by chapter. Paper: \$16.95. ISBN number: 978-1-932597-66-0

Reviewed by William S. Bradshaw

The title of this book may elicit wry smiles. Even casual consideration suggests that heterosexuality is doing just fine on its own, without the need for outside encouragement. The authors' purpose, of course, is not to encourage heterosexuality so much as it is to discourage and disparage homosexuality based on their belief that it is a learned and chosen condition that can and must be changed because of its negative consequences for individuals, families, and society at large. The book is targeted primarily at a Mormon audience, although citations of LDS scriptural passages and statements by LDS authorities are presented as the words of "Christian prophets" or generic "church leaders." Its pages provide self-help advice to parents about how to prevent or alter the unwanted same-sex attractions of their homosexual children.

Douglas A. Abbott is professor of Child, Youth, and Family Studies at the University of Nebraska, Lincoln. He holds a B.A. in human biology (Oregon State, 1974), an M.A. in child development (BYU, 1979), and a Ph.D. in child and family studies (University of Georgia, 1983). A. Dean Byrd has appointments in the departments of Family and Preventive Medicine and Psychiatry at the University of Utah. He holds a Ph.D. in psychology (BYU) and an MBA and MPH from the University of Utah. He is the current president of the Thrasher Research Fund and past president of NARTH, the National Association for Research and Therapy of Homosexuality.

Following an introduction, the main chapters of the book are devoted to the following themes: (1) the philosophical/religious assumptions under which the authors operate, (2) an overview of proposed causes of homosexuality—an approach that disputes biological explanations and accepts psycho/social theories, (3) an

argument that sexual orientation is subject to change through the exercise of “agency,” (4) the authors’ proposed model for how contributing factors might interact to divert a child from heterosexuality (the “natural and normal human sexual preference,” 53), and (6) what parents should do to foster heterosexuality in their children. Chapter 7 restates the authors’ conclusions.

The purpose of this review is: (1) to assess the validity of the authors’ arguments and the accuracy and reliability of the information they present, (2) to offer a judgment about the probability that a family using this book will realize the objectives which the authors hold out to its readers, and (3) to consider the potential harmful impact of the book on the Church and its members. After a careful reading, my findings are that *Encouraging Heterosexuality* is inaccurate and unreliable, especially in its treatment of the causes of homosexuality and its optimism that same-sex orientation can be changed. It is particularly troubling that Abbott and Byrd have systematically misrepresented the research of multiple scholars whose published results are at odds with the positions on these issues which they espouse.

Abbott and Byrd begin with a preemptive assertion of their charitable intent by assuring readers that they are not “taking a negative approach toward those who engage in homosexual behavior or those who champion gay rights” (ix). This claim rings hollow in the face of subsequent comments: their contention that homosexuality is an “evil” choice along the path of “sexual immorality” in company with “fornication, adultery, and incest” (39); their negative coupling of the worldview of certain mental health professionals with Darwinian evolution, in contrast to their own “Christian viewpoint” (7–8); their vilification of the published views of national medical, psychological, and educational associations that homosexuality might be “normal and healthy” (67); their contention that the major religions consider homosexuality “deviant and injurious to society” (73); the inference that it is a mistake not to consider homosexuality as a “moral evil” or “sickness” (73); the claim that accepting homosexuality reflects the belief that “there is no God” nor any “higher purpose than personal pleasure” (74); the assertion that homosexuality leads to “rampant promiscuity” and “greater risk for mental and physical health problems” (76); and finally, the outrageous and offensive

claim that gay and lesbian people are engaged in efforts to promote and legitimize sex between adults and children (10).

It is also noteworthy that Abbott and Byrd always identify the orientation of those researchers who are themselves homosexual. Examples include: “Gay psychiatrist Richard Isay,” who “claims there is no evidence that homosexuality is due to childhood sexual abuse” (32); “Gay activists [unidentified] proclaim [unverified] that as much as 10% to 25% [undocumented] of the adult population is homosexual” (14); “Gay advocates Parker and DeCecco” (26), and “activist researchers Drs. Anne Fausto-Sterling and Camille Paglia (both self-identified lesbians)” in a section attacking the notion that homosexuality has a biological basis (26). This kind of labeling is clearly pejorative and prejudicial, the implication being that these persons’ sexual orientation renders them unreliable, their research questionable, and their views suspect.

Elsewhere, Byrd directly impugns the integrity of gay professionals whose work he is trying to discredit: “Of the four researchers [LeVay, Hamer, Bailey, and Pillard], three are self-identified homosexuals. This fact is not an unimportant consideration when issues of biases arise, as they often do in the research arena.”¹ He further sows the seeds of mistrust by then alleging that gay people are wildly overrepresented among scientists who conduct research on the subject of homosexuality. Of course, there is no acknowledgement of the fact that the authors themselves are hardly neutral and therefore also subject to bias on this subject.

It is clear that the authors’ feelings toward gay people are not benign. More importantly, the same hostile attitudes they display here are likely to have a highly negative impact on the lives of the people against whom they are directed.

Abbott and Byrd’s position on the causes of sexual orientation is also clear. They assert that explanations invoking biological factors are incorrect and invalid because homosexuality is an unnatural and “learned behavior” (9)—the result of (1) unhealthy parent-child relationships, (2) socialization (sexual abuse, for example), and (3) personal choice. Their strategy in reviewing the case for biological causality (“biogenic theories”) is first to trivialize this very complex issue by reducing it to two simplistic ques-

tions. Consider the following, written by the authors as an introduction to the first of these, “Is there a gay gene?”

Inside each body cell are 46 chromosomes, 23 inherited from the mother and 23 from the father. Chromosomes are squiggly little strings of DNA (**D**eoxyribo**N**ucleic**A**cid). Microscopically each chromosome looks something like a tightly twister [sic] ladder with rungs in the middle supported by side bars. The rungs of the ladder are composed of “nucleotides” or “nitrogenous bases”. There are four nucleotides: thymine linked to adenine (T-A links) or its reverse (A-T), and cytosine and guanine (C-G links) or its reverse (G-C). These nucleotides (the rungs of the ladder) are connected by sugar-phosphate molecules which act like the side bars of the ladder to give structural support to the DNA. (20)

This description is both superficial and seriously inaccurate. It should be corrected as follows:

Chromosomes consist of a single molecule of DNA chemically associated with proteins into a complex architecture whose appearance changes during different phases of a cell’s life cycle. It is the DNA in the chromosome that has a double helical (“twisted ladder”) configuration. Each strand (“side bar” of the ladder) of the DNA is composed of a long polymeric chain of nucleotides. Each nucleotide subunit of the chain is itself a combination of a sugar, a nitrogenous base, and a phosphate group (a configuration of phosphorous and oxygen atoms). The “rungs” of the ladder represent chemical linkages, hydrogen bonds, between nucleotide bases on one strand and the complementary bases on the other strand (A pairs with T, G pairs with C.)

This criticism should not be dismissed as academic nitpicking. Any knowledgeable student of biology will immediately recognize Abbott and Byrd’s description of the structure of DNA as having been written by someone who is uninformed about the basics of the subject. Most importantly, however, none of this detail is necessary—although the authors allege that it is—for a reader to judge the validity of the concept that sexual orientation has its roots in biology. The “DNA paragraph” quoted above is followed by another paragraph, the first three sentences of which define simple aspects of the nature of a gene. Although each sentence carries a separate citation of a different biology text as a reference, any one of these books would suffice to support the entire set of facts presented on the page. Such redundant use of references is appar-

ently intended to impress readers with the reliability of the presentation and is characteristic of the entire book.

A third paragraph then provides a similar treatment of the nature of a protein. None of this information is vital to the argument that Abbott and Byrd are making; it is not mentioned again in subsequent pages. Their contention that there is no such thing as a gay gene is based almost exclusively on their use of selected quotes from individuals in the scientific community without any reference to factual evidence for that assertion, either pro or con.

It is hard to avoid the conclusion that this simplistic foray into molecular biology is a deliberate act of name-dropping, whose only purpose is to cloak the authors with a measure of credibility by attempting to convince their readers that they possess legitimate biological expertise, which they clearly do not.

Abbott and Byrd attempt to deal with the question of the genetic basis for sexual orientation, not by citing published research data as evidence, but by offering quotations from four scientists (two geneticists and two psychologists), none of whom have published the results of laboratory or other work directly bearing on the question. The purpose of including these statements is an attempt to dismiss out of hand a genetic connection to human behavior. In nearly four pages of commentary, there is only one directly relevant sentence, which, in Abbott and Byrd's hands, becomes self-contradictory. While arguing that there is "no causative link between a single gene and a complex psychosocial behavior," they provide examples of four human physical conditions known to be the result of mutant alleles (alternate forms) of well-characterized genes having known mechanisms of action: Huntington's disease, cystic fibrosis, phenylketonuria (an inability to metabolize the amino acid phenylalanine with potentially severe neurological consequences), and achondroplasia, a form of dwarfism. There are many others. The first and third of these directly affect the functioning of the nervous system.

One of the geneticists quoted, Richard Lewontin, is on record as opposing genetic studies for behavioral traits because of the potentially negative political consequences if such information became available, not because there cannot be a biological connection.² The quotation from Francis Collins is: "There is an inescapable component of heritability to many human behavioral traits,"

and there is “evidence that sexual orientation is genetically influenced but not hardwired by DNA; . . . whatever genes are involved represent predispositions, not predeterminations.”³ Collins has stated that this use of his words misrepresents his position, which he subsequently clarified as follows: “No one has yet identified an actual gene that contributes to the hereditary component [*of sexual orientation*] (the reports about a gene on the X chromosome from the 1990s have not held up), *but it is likely that such genes will be found in the next few years.*”⁴ Abbott and Byrd contend that “there is a clear consensus among scientists that a gay gene *does not exist*” (21; emphasis theirs). This claim is patently false.

The second question in the authors’ treatment of biology is whether sexual orientation has a hormonal basis. Again, the treatment is extremely superficial, relying on opinions to the effect that information on this issue is inconclusive but without any reference to the experimental data. One would never guess from the way in which Abbott and Byrd handle the questions about causality that there is an enormous body of published evidence, much of it produced in the last fifteen years, arguing persuasively that sexual orientation is under biological control. It is not possible to detail such data here, but those interested should explore an on-line review of the literature that includes summaries of the research findings, with references to the original sources.⁵

In addition to studies with laboratory animals, investigations have been made in humans of brain structure and function, handedness, birth order, finger length, hearing, and cognitive ability, among others. The subjects of the experiments include identical twins, selected groups of homosexual persons, persons with known hormonal dysfunctions, and the appropriate control groups of heterosexuals. Many of the most compelling studies demonstrate that, for sexually dimorphic traits (those in which men and women normally differ), gay men and lesbians are atypical anatomically, physiologically, and cognitively for their sex. Moreover, these differences are often in place prenatally or shortly after birth. How the authors would explain this scientifically validated evidence is unclear since they completely ignore its existence.

Having given short shrift to biology as a causal factor, Abbott and Byrd move on to their preferred interpretation, based on environmental explanations. The first of these, “Psychoanalytic

Theory,” posits, for example, that an aberrant sexual orientation is due to a “weak and uninvolved father and a smothering mother” (27). The second, “Social Learning Theory,” suggests that the nefarious influence is the sexual content of TV, movies, and music, or makes the dubious claim that sexual abuse accounts “for homosexual behavior” (30). On this topic, readers should be aware that Abbott and Byrd’s most egregious fault is not the omission of pertinent facts but their inaccurate reporting of the results of researchers whose publications they cite and the fact that those data often do not actually support the arguments Abbott and Byrd are making. Making this evaluation naturally requires a careful reading of their treatment of sexual abuse and all of the cited references, including a thoughtful comparison between the two. This truly is a case where “the devil is in the details.”

What follows here, therefore, is an in-depth analysis of just two pages (30–31) from Chapter 3, “Existing Theories of Homosexuality.” (All following quotations from Abbott and Byrd are from these two pages, unless otherwise noted.) In this brief subsection, they argue that childhood sexual abuse (CSA) is a precursor to homosexual behavior because homosexuality (variously described in terms of orientation, preference, identity, or behavior) “is a result of socialization, learning, and conditioning.” In my discussion, I provide commentary about the eleven published works that they cite with citations coded in bold type (e.g., **EH #83** = Reference #83 in *Encouraging Heterosexuality*). See the Appendix for the eleven citations, listed in the order of the discussion here.

Abbott and Byrd begin this section by citing a 1977 study by Grundlach (**EH #83**) as evidence that “adult homosexuals report CSA, often by a homosexual adult, in greater proportion than that found in heterosexual comparison groups.” In fact, the relevant design features of this paper and its reported results do not warrant such a conclusion. The subjects in this study were adult women only. Grundlach conducted a qualitative analysis which contains short quotations from both heterosexual and homosexual individuals about details of earlier rape, attempted rape, or other molestation. This information was obtained from follow-up questionnaires for subsets of larger samples in which the incidence of abuse was 30 percent for lesbians and 21 percent for het-

erosexual woman. The heterosexual cohort does not represent a control as a standard for comparison, and there is no evidence that either the heterosexual or homosexual samples are random representatives of their larger populations. The paper contains no statistical analyses. In every single account, the perpetrator was male; there was no report of homosexual abuse. All of these facts render Abbott and Byrd's interpretation of this paper invalid.

Abbott and Byrd next refer to a study (**EH #84**) of "over 1000" (actually, 1,001) adult gay men, "37% of whom reported being encouraged or forced (between the ages of 9 and 12) to have sex with older men." This study was a retrospective analysis of the early experiences of patients in clinics that treat people for sexually transmitted diseases. While acknowledging that their sample may not be representative, the authors of this study (Doll et al.) still suggest several explanations for why the prevalence of childhood or adolescent sexual abuse may be somewhat higher for homosexual or bisexual men than it is in the general male population. For example, young gays, lacking peer and familial support, may not understand their right to refuse unwanted sexual contact. Also they may seek sexual contacts in risky or dangerous environments in which they are vulnerable to exploitation. At least some self-labeled heterosexual males who sexually abuse boys express an attraction to sexually immature individuals who exhibit stereotypical female characteristics. The investigators in this study also documented various negative responses by these victims of CSA and conclude "that intimacy and caring may not have been a significant component of many of these relationships." Clearly Doll and associates perceived that the victimized children were already homosexual at the time the abuse occurred and therefore were not seduced into their orientation.

The next paragraph begins by citing a report (Simari & Baskin, **EH #86**) on the incidence of homosexual incest, 46 percent and 36 percent (actually 38 percent), respectively, in the early lives of fifty-four adult gay men and twenty-nine lesbians, inferring that these values are high relative to rates of childhood sexual abuse in the general population. However, Abbott and Byrd fail to acknowledge that, for the very small number of individuals in this subset of the total sample—sixteen men and ten women—

most of the incestuous experiences were outside of the nuclear family, primarily with cousins, and that many of these experiences were perceived as positive, especially for the men. This finding suggests that the relationships represented sexual experimentation, not abuse. The key statistic in the paper is that “of the respondents who had experienced incest, 96% reported that they identified themselves as actively homosexual *before* the occurrence of the incestuous event” (emphasis mine). Abbott and Byrd then provide two references alleged to report standard values for CSA at “17% for women” and “5% for men” in the national population. These values fail to cite correctly the respective figures from the references. Finkelhor (**EH #87**) derived estimates based on an analysis of nineteen published studies. He says: “Considerable evidence exists to show that at least 20% of American women and 5% to 10% of American men experienced some form of sexual abuse as children.” He comments further (Finkelhor, p. 34), however, that these values may be too low, and cites a *Los Angeles Times* estimate for females of 27 percent and another by Russell of 34 percent, as likely being more valid because of, respectively, their national scope and careful methodology. Gold and Brown (in the book edited by Ammerman and Hersen, **EH #87**, p. 391) state: “It is generally agreed that the most accurate estimate is that approximately one-third (33%) of all girls and one-sixth (17%) of all boys have been subjected to some form of CSA, broadly defined, by the time they reach their 18th birthday.”

In an earlier reference (**EH #85**), Abbott and Byrd quote Bradford, Ryan, and Rothblum as finding that “25% of about 2000 lesbian women had been sexually abused or raped as children.” The actual figure is 21 percent (Table 5, p. 233). What Abbott and Byrd do not report is the following discussion by those authors who conclude: “The results of the current study indicate that the rate of incest among lesbians (18.7% overall) is quite similar to that among the general female population (16%). The percentage of lesbians who reported having been raped or sexually attacked was the same in the current study as it was in Russell’s (1984) sample of the general female population (34% in both studies for women under age 25).” In summary, there is nothing in these

studies to support Abbott and Byrd's assertion that sexual abuse is implicated "in the etiology of homosexual behavior."

The final reference (EH #88) in this paragraph is an example of a different type of misrepresentation. Abbott and Byrd state that "Holmes and Slap found that 'abused adolescents, particularly those victimized by males, were up to seven times more likely to self identify as gay or bisexual than peers who had not been abused.'" Thus, the reader is led to believe that this is an independent, corroborative research finding. However, the report by Holmes and Slap is a meta-analysis of a body of work performed by other investigators. The quotation above is actually a reference to a study by Shrier and Johnson, but the work of Shrier and Johnson (the identical information) is cited separately by Abbott and Byrd (EH #91) two paragraphs later using different language: "58% of the homosexual adolescents had been sexually molested by a homosexual adult prior to puberty, while only 8% of the heterosexual boys reported sexual abuse." This kind of "double-dipping," in which one reference is disguised so as to be counted twice, is obviously a violation of accepted scholarship. Shrier and Johnson, moreover, are cautious in interpreting the perception of some of the subjects in their clinical sample who "linked their homosexuality to their sexual victimization experience." They state: "It was Finkelhor's impression that the boy who had been molested by a man may label the experience as homosexual and misperceive himself as homosexual based on his having been found sexually attractive by an older man. Once self-labeled as homosexual, the boy may later place himself in situations that leave him open to homosexual activity. *It should be emphasized that the vast majority of homosexuals do not report childhood sexual experiences and also that the vast majority of male pedophiles do not regard themselves as homosexual*" (emphasis mine).

Sandwiched between these purported summaries of academic studies are personal stories of two individuals presented in an attempt to support the view that adolescent sexual abuse can lead to a homosexual orientation. The first comes from an article by Rekers (EH #89), a neuropsychiatrist, who begins his "review of the literature on the formation of homosexual orientation" by citing the different histories of three of his clinical clients and asking if

their experiences are typical (and thus indicative of causal factors) for homosexual adult males as judged from evidence in the professional literature. The story repeated by Abbott and Byrd is about "Shawn," a fifteen-year-old who reported being forced into sexual acts two years earlier by the sixteen-year-old son of one set of Shawn's foster parents. The older boy threatened violence if Shawn disclosed what was happening. At first disgusted and angry, Shawn later developed a preference for this kind of activity. Rekers concludes this anecdote by asking, "But is Shawn's experience a common pathway to homosexual orientation?" Abbott and Byrd conclude their report of this source by stating "Rekers found that '*seduction by an older person of the same sex*' was a common occurrence in the lives of homosexual men" (emphasis mine). In fact, Rekers actually stated exactly the opposite: Bell, Weinberg, and Hammer-smith (1981) "emphasized that their study *did not* provide support for other factors thought to contribute to the development of homosexuality, namely, poor peer relationships, labeling by others, atypical experience with persons of the opposite sex, or *seduction by an older person of the same sex*, even though they allowed for some *atypical individuals (such as my cases of Danny and Shawn)* having had such factors in their particular background" (emphasis mine). Clearly Reker's conclusion is that Shawn's case is neither typical nor consistent with the finding of other investigators and therefore is not valid evidence upon which to generalize any relationship between adolescent abuse and homosexual orientation. Abbott and Byrd completely misrepresent Reker's findings.

Abbott and Byrd's second story comes from the autobiography of Olympic diving champion Greg Louganis (EH# 92). It describes a sexual relationship between Louganis at age sixteen or seventeen and a man in his late thirties, which they portray as revealing the young man's "history of sexual abuse." They omit Louganis's account of his coming out (*Breaking the Surface*, Chapter 8), the details of which support a very different conclusion. Louganis "remembers being attracted to men, as far back as age seven or eight," including an older cousin. Even at that age, he was subjected to homophobic name-calling. For two years, beginning at age twelve, he engaged in frequent heterosexual intercourse with a junior high school classmate. While participating in the

1976 Montreal Olympic games (before the liaison with the older man), he disclosed his homosexuality to a diving teammate and described romantic feelings for a male member of the Russian diving team. He himself initiated the dozen or so encounters with the older man because it provided him with “affection, the holding, the cuddling—more those than the sex.” Louganis states, however, that his preference would have been for associations with gay and lesbian teenagers. He concludes his disclosure: “That said, I don’t regret the affection I exchanged with this man.” This account certainly does not qualify as a “history of sexual abuse” and certainly cannot stand as an example of sexual abuse as a causative factor for homosexual orientation.

In connection with these two personal accounts, Abbott and Byrd continue in their earlier vein by citing the observation of Roesler and Deisher (EH# 90) that the gay men in their study reported same-sex sex before adopting a homosexual identity. From this sequence, Abbott and Byrd tacitly infer a causal relationship. However, the stated research objective of these investigators was to document the common developmental milestones in the youthful years of gay adults. It was a qualitative study in which precise numbers are sometimes omitted. For example, Roesler and Deisher state that “*a few* youths in the study had decided they were homosexual before they had had any sexual experiences with other men” (emphasis mine). They made no claims that the events their subjects reported were responsible for causing their homosexual orientation. Moreover, important details of their findings contradict that supposition. On an average of three years after their first homosexual experience (mean age seventeen), 60 percent of these subjects had intercourse to orgasm with females. Some engaged in “extended heterosexual liaisons.” An average of four years intervened after the first homosexual experience before these young men self-identified as homosexual. These activities and lags suggest efforts *not* to be gay, consistent with their reports of experiencing mental turmoil because of societal revulsion about homosexuality. Although this set of subjects was a “non-clinical” sample, 48 percent had sought psychiatric help, and 31 percent had made a serious attempt at suicide, indicative of an inclination away from, not toward, homosexuality.

Abbott and Byrd's final evidential paragraph deals with a paper by Tomeo and colleagues (**EH #93**; also **EH #82**) focused on whether gay men and lesbians perceived themselves to be homosexual before or after being sexually abused as children. Abbott and Byrd correctly quote Tomeo's percentage values extracted from the "Discussion" section: "68% of the gay males and 38% of the lesbian females did not identify as homosexual until after the molestation." The 38 percent value for females is consistent with data reported in the "Results" section of the paper, but the value for males (68 percent) is not. Tomeo's Table II (p. 538) indicates that 68 percent of the gay males identified as homosexual *before* the abuse—an exact contradiction between the text and the table. When I alerted the senior author of the paper, Dr. Don Templar, to this problem, he rechecked the original research data and confirmed to me by telephone (May 24, 2008) that the 68 percent value in the "Discussion" is a typographical error. The sentence should read "32% [not 68%] of the gay males and 38% of the lesbian females . . ." The experience of at least two-thirds of the participants in this study, therefore, is not consistent with the conclusion that Abbott and Byrd draw from this study—that "the trauma of sexual molestation may, in some unknown way, confuse the child's sexual preference and trigger homoerotic feelings and behavior."

Parenthetically, most of the data in this study were not derived from college students as Abbott and Byrd imply (there were only 10 gay and lesbian people in this cohort), but from 267 homosexuals (28 percent of the total respondents) recruited from street fairs in order to provide a statistically acceptable sample.

The examples of unprofessionalism documented above include the following serious deficiencies: apparent carelessness in reading the research literature, misquoting specific information, interpreting results in ways that contradict the findings of the original authors, providing superficial or partial summaries of research (thus omitting those results and explanations that contradict the original author's preconceptions), and duplicating the alleged evidence. Abbott and Byrd are undoubtedly counting on the probability that few if any of their readers would expend the time and energy, or feel qualified, to check on the accuracy of

their use of the references they make to studies in the published literature.

When a reader identifies an error of the sort just described, the response is probably charitable: “Oops, the authors made a mistake. But even when you do your best, things can fall through the cracks.” However, after detecting the second, third, and fourth errors, the response likely becomes, “I wish the authors had been more careful.” But when there is a repeated pattern of inaccuracy, misrepresentation, and distortion, the reader is led to conclude either that these errors reflect rank scholastic ineptitude or that they are the result of intentional misuse and manipulation—a deliberate tactical decision to take liberties with the published data to spin a conclusion in a predetermined direction that supports the authors’ position.

In their summary paragraph for this section, Abbott and Byrd make a show of even-handedness in admitting that “connection (or correlation) may not mean causation, and many homosexuals do not report a history of sexual abuse.” But the damage has already been done. Many readers, unacquainted with the actual facts established by professional research and influenced by the erroneous notions promulgated in popular literature, will likely decide that “where there’s smoke, there’s fire,” and will concur with Abbott and Byrd: “These studies taken together suggest that childhood sexual abuse may be a contributing factor to later homosexual behavior.” Such an agreement would be highly regrettable, because these studies and accounts do not in fact warrant that conclusion.

Abbott and Byrd then create a hypothetical model (Chapter 5) in which they postulate four influences that contribute to a homosexual orientation: choice, family dysfunction, genes, and social factors (peers, role models, media). The role they allow for genes is minimal, however: Genes are “not direct causative agents in homosexuality”; they may only “influence a person’s temperament and social interaction” (49). Each of these four, they speculate, will make a different relative contribution toward same-sex attraction in the life of any one individual. They offer factitious scenarios to illustrate various possibilities. Then, on the basis of this concept, the authors offer “Practical Advice for Parents” (Chapter 6). This guidance is needed, they assert, for some chil-

dren for whom the “normal neural pathway” leading to heterosexuality “is short circuited” (53).

These suggestions for parents are grouped under the following headings: (1) Build healthy parent-child relationships; (2) Create a happy marriage; (3) Encourage healthy same-sex friendships in childhood; (4) Guard against sexualization by the media; (5) Remediate sexual abuse; (6) Provide value-based sex education at home; and (7) Teach personal responsibility. Of these numbers, 1 and 6 receive the greatest attention.

Contrary to scientific and therapeutic consensus, Abbott and Byrd see dysfunctional parents as perhaps the greatest culprits in the development of same-gender attraction. Of particular concern are the “sensitive son” and the “tomboy daughter,” that is, young children who exhibit childhood gender non-conforming behavior (CGN). The authors blame weak or overbearing mothers and/or fathers for the strong correlation that has been empirically observed between CGN behavior in the early years and homosexuality in adulthood.⁶ With regard to sons, fathers should “look for ways to build up and reinforce the boy’s masculinity,” and “mothers should give love and kindness but must not pamper or mollycoddle sons.” With regard to daughters, a father should “bring confidence into his daughter’s sense of feminine identity,” which will be injured if the mother fails to provide “a true sense of nurturing.” Not only do mental health professionals repudiate assigning fault to parents in this fashion, but they are also contradicted by statements issued by LDS leaders.

For example, in a discussion of homosexuality, Elder Dallin H. Oaks has stated: “We surely encourage parents not to blame themselves and we encourage Church members not to blame parents in this circumstance.”⁷ Further, the counsel provided in the official Church publication *God Loveth His Children* is: “Do not blame anyone—not yourself, not your parents, not God—for problems not fully understood in this life. . . . Please understand that abuse by others or youthful experiences should not create a present sense of guilt, unworthiness, or rejection by God or His Church. Innocent mischief early in life does not predispose a youth toward same-gender attraction as an adult.”⁸ It is important to lift from the souls of the parents of gay children the unjust torment they may bear if they incorrectly assume, as Abbott and

Byrd propose, that something they did or failed to do is responsible for the homosexual orientation of their sons or daughters.

In the twenty pages that Abbott and Byrd devote to treating their seven themes, one finds many commendable recommendations independent of whatever real or imagined effect they might have on sexual orientation. For example, they suggest that parents should “teach and model modesty in dress,” “expose your children to wholesome and appropriate music, movies, books, and TV early in life,” “direct child victims of sexual abuse to a professional therapist,” “open up a dialogue with children about human sexuality,” “discourage early dating (before 16) and encourage group dating,” and “use restrictions, supervision and guidance” against “the sexual wickedness promoted in the media” (62–63).

On the other hand, one also finds unfounded and indefensible generalities, including the statement by psychoanalyst Irving Bieber that he has never met “a male homosexual whose father openly loved and respected him” (55) and the assertion that “if parents would live a ‘normal and happy heterosexual married life,’ very few children would be attracted to homosexuality” (60). There is absolutely no scientific evidence to support these claims.

This propensity for drawing unfounded conclusions unsupported by the facts leads Abbott and Byrd to make statements that are outright falsehoods: “Very few [intersex children] struggle with homosexuality, suggesting that homosexuality is very different from intersex challenges” (71). The fact is that there are adult intersex persons (those having some combination of both male and female reproductive organs—hermaphroditism) who *do* exhibit a high frequency of homosexual orientation. Examples include (1) genetic males with functioning testes, but without the biochemical means to respond to testosterone; they develop female external genitalia, assume a female identity, and are sexually attracted to men, and (2) genetic females exposed prenatally to abnormally high levels of testosterone; they develop masculine characteristics and assume a lesbian or bisexual identity.⁹

A striking feature of Chapter 6 of *Encouraging Heterosexuality* is the authors’ defensiveness. Repeatedly they acknowledge that on, key points of concern, such as whether core sexual orientation can be changed, their prescriptions are at odds with professionals in the field. They speak of the opinions of “so-called ex-

perts" (66), whom they also describe as "the purveyors of political correctness"(67) and whose work they label as "pseudo-psychological" (66). Because "mental health professionals are biased," school counselors, for example, may fail "to help a teen affirm his or her heterosexuality" (67). School personnel as "authority figures may teach, with subtlety, the dominant philosophy of promiscuous sexuality: One is obligated to act upon one's sexual desires without reference to any moral code" (67). These quotations illustrate the importance Abbott and Byrd attach to discrediting anyone whose views about homosexuality differ from their own. As an example, they pejoratively label alternative positions, for example, as "one-sided propaganda by the school, the media, and the medical and psychological communities" (67).

They issue a particularly severe indictment of the publication *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel*.¹⁰ This document was written in recognition of the reality that "lesbian, gay, and bisexual youth must also cope with the prejudice, discrimination, and violence in society and, in some cases, in their own families, school, and communities." *Just the Facts* accurately reports that, in recognizing that sexual orientation is not an illness, "the nation's leading professional, medical, health, and mental health organizations do not support efforts to change young people's sexual orientation through therapy and have raised serious concerns about the potential harm from such efforts." This brochure provides information on pertinent legal and ethical issues and lists additional resources for those with responsibility for the well-being of young people. The contents of the publication are endorsed by a coalition of thirteen mainstream national organizations.¹¹ It is unfortunate that Abbott and Byrd so cavalierly and irresponsibly dismiss the experience and expertise of hundreds of thousands of these dedicated medical and educational professionals.

Abbott and Byrd do not discuss techniques of reorientation (reparative) therapy directly but clearly support its use. They repeatedly mention this kind of treatment and strongly defend the right of individuals to deal with an unwanted sexual orientation in this way. Absent from this discussion, however, is how to deal with the situation when neither their recommendations for parental conduct nor intervention by spiritual or secular counselors

succeed in changing same-sex attraction. When rejection by parents and alienation from the family occur in such circumstances, the consequences are usually devastating. The results of a highly regarded study document that the incidence of negative health measures (depression, attempted suicide, use of illegal drugs, and high-risk sexual behavior, for example) increases dramatically in the face of family rejection.¹² In contrast, even a modest degree of acceptance of gay and lesbian youth by their parents and siblings results in a large reduction in these harmful outcomes.

Abbott and Byrd's set of recommendations for parents is weakened considerably by their own admission that "the reader should be aware that our specific parenting advice has not been empirically tested by research" (69). In fact, their insistence that sexual orientation can be changed is strongly contradicted by the careful review of the published research literature on this subject released in 2009 by the American Psychological Association.¹³

The reason that this book will fail to deliver significant help to LDS and other families with gay and lesbian children is that the authors' approach is intrinsically flawed. Instead of beginning with an open-ended and open-minded investigation of a complex issue and seeking the best information available from knowledgeable sources, they begin with a predetermined and inflexible position—that individuals with a homosexual orientation must be changed. This firm thesis requires two wholly irresponsible actions for anyone who claims to be a professional: (1) contrary data and experience must be altered, reinterpreted, or discounted to comport with their point of view; and (2) those who hold alternative opinions must be silenced, marginalized, or characterized as motivated by evil intent.

The evidence is very strong that homosexual orientation is the result of biological factors, that it is not learned nor is it the result of conscious choice or inadequate parenting, and moreover that it is not subject to change for the vast majority of those affected. Based on these facts, the "encouraging" that should be promoted is a greater outpouring of understanding, compassion, and Christian charity toward our gay and lesbian brothers and sisters from those of us who are in the heterosexual majority.

In conclusion, *Encouraging Heterosexuality* is a book based on poor scholarship, whose major claims are invalidated by the pub-

lished work of biological researchers and which are at odds with professionals in the mental health community. By taking the position that homosexuality is a chosen and changeable condition, Abbott and Byrd have written a dangerous publication that is likely to be harmful to families with gay and lesbian children. Ultimately, it will prove to be injurious to the LDS Church. When parents and Church leaders act on the kind of information that these authors provide, the predictable results will be, in at least some cases, rejection and ostracism from the family, alienation from the Church, engagement in risky personal behavior, and suicide. I hope that there will be efforts by many in the LDS community to prevent such unacceptable outcomes and that fewer such “resources” will be produced in the future to hamper their efforts. Furthermore, an additional consequence to the Church of basing its position on such bad science and scholarship will almost certainly be a lack of credibility as it attempts to engage in civic and religious dialogue with others on this issue.

Appendix

Note: The sources below are cited in the subsection titled “Existing Theories of Homosexuality,” in *Encouraging Heterosexuality*, Chapter 3.

83. Grundlach, R. (1977). Sexual molestation and rape reported by homosexual and heterosexual women. *Journal of Homosexuality*, 2, 367–384.

84. Doll, L. S., Joy, D., Bartholow, B. N., Bolan, G., Douglas, J. M., Saltzman, L. E., Moss, P. M., & Delgado, W. (1992). Self-reported childhood and adolescent sexual abuse among adult homosexual/bisexual men. *Child Abuse and Neglect*, 16, 855–864.

85. Bradford, J., Ryan, C., & Rothblum, E. D. (1994). National lesbian health care survey: Implications for mental health care. *Journal of Consulting and Clinical Psychology*, 62, 228–242.

86. Simari, C. G., & Baskin, D. (1982). Incestuous experiences within homosexual populations: A preliminary study. *Archives of Sexual Behavior*, 11, 329–344.

87. Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children*, 4, 31–53. Quoted in Ammerman, R. T., & Hersne, M. (1999), *Assessment of family violence*. New York: John Wiley.

88. Holmes, W., & Slap, F. (1998). Sexual abuse of boys. *Journal of the American Medical Association*, 280, 183–188.

89. Rekers, G. A. (1999). The development of a homosexual orientation. In C. Wolfe (Ed.), *Homosexuality and American public life* (pp. 62–64). Dallas, TX: Spence Publishing Company.
90. Roesler, T., & Deishner, R. W. (1972). Youthful male homosexuality: Homosexual experience and the process of developing homosexual identity in males age[s] 16 to 22 years. *Journal of the American Medical Association*, 219, 1018–1023.
91. Shrier, D., & Johnson, R. L. (1988). Sexual victimization of boys: An ongoing study of an adolescent medicine clinic population. *Journal of the National Medical Association*, 80, 1189–1193.
92. Louganis, G., & Marcus, E. (1995). *Breaking the Surface*. New York: Random House.
93. Tomeo, E., Templer, D. I., Anderson, S., & Kotler, D. (2001). Comparative data of childhood and adolescence molestation in heterosexual and homosexual persons. *Archives of Sexual Behavior*, 30, 535–541.

Notes

1. A. Dean Byrd, (2009). "Homosexuality: What Science Can and Cannot Say." In D. V. Dahle, A. D. Byrd, S. E. Cox, D. R. Dant, W. C. Duncan, J. P. Livingstone, and M. G. Wells, eds., *Understanding Same-Sex Attraction* (Salt Lake City: Foundation for Attraction Research, 2009).
2. Richard Lewontin, quoted in C. Burr, *A Separate Creation: The Search for the Biological Origins of Sexual Orientation* (New York: Hyperion, 1996), 271–73.
3. Geneticist Francis Collins Responds to NARTH'S Dean Byrd. <http://www.boxturtlebulletin.com/2007/05/25/389> (accessed May 2008).
4. Ibid.
5. Simon LeVay, "The Biology of Sexual Orientation," 2003, updated April 2009, <http://www.simonlevay.com/the-biology-of-sexual-orientation> (accessed January 2010).
6. J. M. Bailey and K. J. Zucker, "Childhood Sex-Typed Behavior and Sexual Orientation: A Conceptual Analysis and Quantitative Review," *Developmental Psychology* 31 (1995): 43–55.
7. Dallin H. Oaks and Lance B. Wickman (joint interview), "Same Gender Attraction," September 2006, <http://www.lde.org/ldsnewsroom/v/index.jsp?vgnextoid=27f71f1dd189f010VgnVCM100000176f620aRCRD&vgnnextchannel=726511154963d010VgnVCM1000004e94610aRCRD&vgnnextfmt=tab1> (accessed January 2007).
8. *God Loveth His Children* (Salt Lake City: Church of Jesus Christ of Latter-day Saints, April 2007), 10; also <http://www.lds.org/portal/site/LDSOrg/memuitem.b3bc55cbf541229058520974e44916a0/> (accessed January 8, 2010).

9. L. Gooren, "The Biology of Human Psychosexual Differentiation," *Hormones and Behavior* 50 (2006): 589–601.

10. Just the Facts Coalition, *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel* (Washington, D.C.: American Psychological Association, 2008), www.apa.org/pi/lgbcc/publications/justthefacts.htm (accessed January 2010).

11. These organizations are the American Academy of Pediatrics, the American Counseling Association, the American Association of School Administrators, the American Federation of Teachers, the American Psychological Association, the American School Counselors Association, the American School Health Association, the Interfaith Alliance Foundation, the National Association of School Psychologists, the National Association of Secondary School Principals, the National Association of Social Workers, the National Education Association, and the School Social Work Association of America.

12. C. Ryan, D. Huebner, R. M. Diaz, and J. Sanchez, "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," *Pediatrics* 123 (2009): 346–52.

13. American Psychological Association, "Insufficient Evidence that Sexual Orientation Change Efforts Work, Says APA. Practitioners Should Avoid Telling Clients They Can Change from Gay to Straight," Press Release, August 5, 2009, <http://www.apa.org/news/press/releases/2009/08/therapeutic.aspx> (accessed August 7, 2009).

Mormonism Goes Mainstream

Mark T. Decker and Michael Austin, eds. *Peculiar Portrayals: Mormons on the Page, Stage, and Screen*. Logan: Utah State University Press, 2010. 196 pp. Photographs, bibliographies, index. Paper: \$24.95. ISBN: 978-087421-773-5

Reviewed by Randy Astle

In an article posted in September 2010 on Patheos.com, a website devoted to the discussion of religion and spirituality, Michael Otterson, managing director of Public Affairs for the LDS Church, wrote: "During the past few years, the Church of Jesus Christ of Latter-day Saints has navigated a period of intense public attention and scrutiny rarely seen during any other time in its history." He buttressed this claim with the fact that for over a year